



# KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602  
Email: [adc@ky.gov](mailto:adc@ky.gov) Website: <http://adc.ky.gov> Phone: (502) 782-8814

## CERTIFIED ALCOHOL AND DRUG COUNSELOR (CADC) APPLICATION

**Description:** Applicants have at least a Baccalaureate degree (in any field) unless the applicant is Certified by the Board as a CADCA II or TCADC ready to take the ADC computer exam and have already obtained required work experience, supervision and trainings. If you have a qualifying Master's Degree or higher, you could be pursuing Licensure (LCADC) instead of Certification (CADC). Review the LCADC application for further details.

1. **18 years of age** or older.
2. **Section 1** of application completed.
3. **Section 2 completed** – describing education attainment of at least a bachelor's degree in any field UNLESS the applicant is certified by the Board as a CADCA II.
4. **Request an official transcript** conferring your highest degree be sent from the registrar of the institution directly to the Board address listed at the top of this page or electronically to [adc@ky.gov](mailto:adc@ky.gov). Issued to student and copies of transcripts are NOT acceptable. Let the Board Administrator know if your last name was different at the time of your degree.
5. **Section 3 completed** – Must have completed **4,000 hours of supervised work experience** working with persons having a substance use disorder. **Refer to the Workplace Experience Substitution Request page** or 201 KAR 35:075 for more information. **Hours required might vary based on education.**
6. **Sign the Affidavit Form 1** at bottom of page 3.
7. **Workplace Experience Substitution Request Form 12** – Review this page and document your request for work substitution, if needed.
8. **Supervision Evaluation(s) Form 7** – Completed and signed by your supervisor(s).
9. **Verification of Classroom Training Form 10**– Completed and documented the **300 classroom hours** of board-approved curriculum related to the knowledge & skills necessary to perform the following ADC competencies and shall include the following 4 domains:
  1. Screening Assessment & Engagement
  2. Treatment Planning, Collaboration & Referral
  3. Counseling
  4. Professional and Ethical Responsibilities
10. **Verification of Clinical Supervision Form 13** – **200 hours** of direct supervision documented and signed by your Board-Approved Supervisor(s) including a minimum of 10 hours in each of the four domains. **Hours required will vary based on level of education achieved.**
11. **Two letters of reference** from Board approved CADC or LCADC counselors.
12. **Submit payment with application** (check or money order ONLY) payable to Kentucky State Treasurer

<b>Certification as an Alcohol and Drug Counselor Application Fee</b>	<b>\$50.00</b>
<b>Certification as an Alcohol and Drug Counselor Exam Fee</b>	<b>\$200.00</b>
<b>Certification as an Alcohol and Drug Counselor Initial Issuance Fee</b> (Due after passing ADC exam)	<b>\$200.00</b>

The completed application may be submitted with payment to the PO Box address at the top of the page.  
Materials must be received by our office at least **10 DAYS PRIOR** to the next scheduled Board Meeting to ensure review.  
Board meeting dates are on our website <http://adc.ky.gov> under "Quick Links" Board Members & Meetings.

## **IMPORTANT INFORMATION**

- **Incomplete applications will not be reviewed.**
- **Applicants will not be notified when their application arrives.**
- **Your check being cashed does not mean your application has been reviewed.**
- **It is the applicant's responsibility to ensure materials have been received by the Board Administrator.**
- **Applicants may contact the office to check on the status of their application. Email is best: [adc@ky.gov](mailto:adc@ky.gov)**

### **For those working to obtain the CADC:**

Supervision hours accrued prior to February 5<sup>th</sup>, 2016 must be with a Kentucky CADC in good standing with the Board for at least 2 years of post-certification experience at the time of supervision. Any supervision occurring after February 5<sup>th</sup>, 2016 must be with a Board-approved CADC or LCADC supervisor of record and Board-approved supervisory contract as tied to the supervisee's active and issued Temporary CADC. One must be an approved and active TCADC, approved by the Board, **prior** to starting supervision and engaging in the practice of alcohol and drug counseling.

### **CADC Requirements by Law:**

Please visit <http://adc.ky.gov> and click on "LEGAL" in the bar across the top of the page. On this page, you will find requirements for the Certified Alcohol and Drug Counselor (CADC).

**200 Hours of Supervision:** Should be documented on the "Verification of Supervision" form 13 found under "Forms & Documents". Sessions should not be documented as "blocks" of dates. Sessions are to be listed individually with the corresponding date, time and board-approved supervisor signature.

**If you have long supervision sessions:** Document as much detail as possible as to what those sessions looked like/the activities completed or it could cause your CADC application to be deferred. Supervision sessions do not "typically" last 3+ hours and should not be occurring every day. For information regarding the difference between "work experience" and working alongside of your board-approved supervisor versus "clinical supervision", please review the laws and regulations booklet found at <http://adc.ky.gov> under "LEGAL".

**4,000 Hours of Relevant Work Experience:** "Work experience" means the hours spent performing the services, tasks, and reports necessary for providing counseling, intervention, or support services to a person with a substance use disorder or that person's significant others (see definitions here: <https://apps.legislature.ky.gov/law/kar/201/035/010.pdf>). You may count any hours working with AOD clients in the past or out of state – paid or unpaid. The Board will determine if you have met this requirement when reviewing your application.

**Workplace Experience Substitution Request:** Based on the type of educational degree you hold (*please visit <http://adc.ky.gov> and click on "LEGAL" in the bar across the top of the page to access 201 KAR 35:075*), you may not be required to complete the full 4,000 hours of required work experience. At the time the Board reviews your CADC application, they will review the amount of hours you have requested and will let you know if they have approved your substitution request. This substitution may alleviate the amount of hours needed working in the field.

**300 Hours of Classroom Training:** Refer to the 201 KAR 35:050 "Curriculum of Study" regulation for more information under "LEGAL" in the bar across the top of the page). **One (1) academic credit hour equals 15 actual training hours.** Depending on the type of degree program you completed, you may have in turn already completed most of the required training classroom hours. Write down the courses you want the Board to review as meeting the classroom training requirement on the "Verification of Classroom Training" form 10 of the CADC application, even if you may be unsure. For example, a 3 credit hour academic course in alcohol and drug counseling would need to be written on the form along with "45" as the amount of actual training hours in the column to the far right. If it is something from your college education, the Board will check your transcripts against what you have written on the form, to make sure those courses are there. If the course title on your transcript isn't clear or obvious (i.e.: not all Ethics courses may have the word "ethics" in the title of the course or HIV/Domestic Violence may not be in the course titles), then the suggestion is to include course descriptions or course syllabi for the Board to review.

### **300 Hours of Classroom Training CONTINUED:**

You may count continuing education trainings or other courses, and submit the course completion certificates along with your CADC application. Please review the 201 KAR 35:040 Continuing Education Regulation (found at <http://adc.ky.gov> under "LEGAL") for pre-approved providers which may help you decide which trainings the Board may accept.

You can also check the Board's meeting minutes to see what courses are approved each month. On our website click Board Members & Meetings under "Quick Links." CE Approvals are good for one (1) year.

**The Board will not make the final determination if the training requirement has been met until they review your complete application.** If they do not approve your training, they will either let you know why and/or will request additional documentation.

### **NEXT STEPS:**

1. *Read the Board's Laws and Regulations Booklet* <http://adc.ky.gov>
2. *Remain under your Board-approved supervisor(s) of record* until you pass the ADC examination and have your CADC officially issued by the Board.
3. *If approved,* you will receive an approval letter sent to your home address or via email, within **approximately 2 weeks** following the Board meeting with information about registering for the exam. Board meeting results **will not be disclosed via phone**. You must wait for your letter or email to arrive.  
  
*If not approved,* you will receive a letter or email of explanation within **approximately 2 weeks following the Board meeting**. Board meeting results **will not be disclosed via phone**. You must wait for your letter or email to arrive. You will have an opportunity to submit additional/missing information in time for the next monthly board meeting so your application can be reviewed a second time.
4. *Prepare to take the IC&RC Alcohol and Drug Counselor (ADC) exam.*  
Exam prep, study materials & practice exams can be found online via IC&RC website <https://www.internationalcredentialing.org/exams>

## **EXAM INFORMATION**

**5. You will know the day you take the exam if you have passed.** If you did not pass, the Board will send instructions for re-examination. If you fail the exam two or more times, a board-approved remediation plan is required, co-signed by your supervisor(s).

After you pass the exam, the Board will receive your score report the next business day. The Board will request by letter payment of the initial Certification fee. Upon receipt of the certification fee, your CADC will be issued within approximately 10 business days. You are not required to renew the CADC for a three (3) year period. Review the continuing education requirements 201 KAR 35:040 found at <https://adc.ky.gov/> under "LEGAL" for more information.

**Certified Alcohol and Drug Counselor Initial Certification Fee     \$200.00**  
(Due after passing exam)

**6. Review requirements for the training program in suicide assessment, treatment, and management** <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=44306>

**7. A minimum of 20 continuing education hours** must be accrued EACH YEAR by a CADC.

**8. It is your responsibility to keep the Board informed** of any change of address, name, contact information, employment and/or supervisor changes. Changes should be submitted using eServices <https://oop.ky.gov/DPLServices/Login.aspx>. From the main menu click RECORD CORRECTION.

**Do not rely on forwarding services of the United States Postal Service.**



# KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero St., 2 SC 32, Frankfort, Kentucky 40601

Phone (502) 782-8814 ~ <http://adc.ky.gov>

- APPLICATION FOR:**
- |  |     |
|--|-----|
| TEMPORARY REGISTRATION AS PEER SUPPORT SPECIALIST        | ( ) |
| REGISTRATION AS PEER SUPPORT SPECIALIST                  | ( ) |
| CERTIFIED ALCOHOL AND DRUG COUNSELOR ASSOCIATE I         | ( ) |
| CERTIFIED ALCOHOL AND DRUG COUNSELOR ASSOCIATE II        | ( ) |
| TEMPORARY CERTIFICATION AS AN ALCOHOL AND DRUG COUNSELOR | ( ) |
| CERTIFICATION AS AN ALCOHOL AND DRUG COUNSELOR           | ( ) |
| LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR ASSOCIATE   | ( ) |
| LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR             | ( ) |
| LICENSED ALCOHOL AND DRUG COUNSELOR                      | ( ) |

## SECTION 1 – APPLICANT INFORMATION

1. \_\_\_\_\_
- |                            |                |            |            |
|----------------------------|----------------|------------|------------|
| Name: First                | Middle         | Last       | Maiden     |
| _____                      |                |            |            |
| Social Security Number     | Date of Birth  | Home Phone | Cell Phone |
| _____                      |                |            |            |
| Mailing Address: Street    | City           | State      | Zip Code   |
| _____                      |                |            |            |
| Employer                   | Business Phone |            |            |
| _____                      |                |            |            |
| Employer's Address: Street | City           | State      | Zip Code   |
| _____                      |                |            |            |
| Home Email                 | Business Email |            |            |
| _____                      |                |            |            |
2. Have you had a credential in Kentucky or any other state that has ever been suspended or revoked?  
☐ YES ☐ NO If yes, give details: \_\_\_\_\_
3. Have you been convicted of a felony or plead guilty, including an Alford plea (other than minor traffic violations) under the laws of the United States in the last 5 years? ☐ YES ☐ NO If yes, what offense? \_\_\_\_\_  
(If yes, send supporting documentation.)
4. Are you credentialed as an Alcohol or Drug Counselor in any other state? ☐ YES ☐ NO  
If yes, what state? \_\_\_\_\_ Type of Credential? \_\_\_\_\_
5. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position from any professional training program, or from the program of any university? ☐ YES ☐ NO  
(If yes, send supporting documentation.)
6. Have you ever been sanctioned by the Kentucky Board of Alcohol and Drug Counselors or by any other credentialing board or professional associations for ethical misconduct? ☐ YES ☐ NO  
(If yes, send supporting documentation.)

7. Are you currently on active military duty? ☐ YES ☐ NO

8. Are you or your spouse a member of the United States military, Reserves, or National Guard, or are you or your spouse a veteran? ☐ YES ☐ NO

If yes, do you currently hold or recently held an equivalent credential issued by another state, the District of Columbia, or any possession or territory of the United States? ☐ YES ☐ NO

If yes, please answer the following questions:

Has your credential issued by another state, the District of Columbia, or any possession or territory of the United States been expired for more than two years? ☐ YES ☐ NO

Is your credential issued by another state, the District of Columbia, or any possession or territory of the United States in good standing? ☐ YES ☐ NO

Has your credential issued by another state, the District of Columbia, or any possession or territory of the United States been suspended for disciplinary reasons? ☐ YES ☐ NO

The United States military service member, Reserves or National Guard member, veteran, or spouse shall submit:

(1) Proof of issuance of a valid license, permit, certificate, or other document issued by another state, the District of Columbia, or any possession or territory of the United States that is active or has been expired for less than two (2) years;

(2) Proof that the valid license, permit, certificate, or other document issued by another state, the District of Columbia, or any possession or territory of the United States is in good standing or was upon the date of expiration; and

(3) His or her DD-214 form or other proof of active or prior military service with an honorable discharge, discharge under honorable conditions, or a general discharge under honorable conditions.

## SECTION 2 – APPLICANT EDUCATION

School	Name and Location	Dates Attended	Date of Graduation	Number of Hours	Degree Obtained
High School/Equivalent					
Baccalaureate					
Master's					
Doctoral					

**Submit proof of your highest education achieved:**

- High school / equivalent - submit a copy of your diploma or certificate.
- Other higher education - submit official transcript sent from registrar of the college or university.

**SECTION 3 – WORK EXPERIENCE (Attach Additional Related Experience If Needed)**

Name of Employer: \_\_\_\_\_  
Title or Position: \_\_\_\_\_  
Employment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Clinical Supervisor: \_\_\_\_\_ Credential Number: \_\_\_\_\_  
Total Number of Work Hours per Week Related to Alcohol and Drug Clients: \_\_\_\_\_  
Describe Work Duties Related to Alcohol and Drug Clients: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Title or Position: \_\_\_\_\_  
Employment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Clinical Supervisor: \_\_\_\_\_ Credential Number: \_\_\_\_\_  
Total Number of Work Hours per Week Related to Alcohol and Drug Clients: \_\_\_\_\_  
Describe Work Duties Related to Alcohol and Drug Clients: \_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I do hereby certify under penalty of law, that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

\_\_\_\_\_  
Applicant's Signature (Do not type or print)

\_\_\_\_\_  
Date



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P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero St, 2 SC 32, Frankfort, Kentucky  
40601 Phone (502) 782-8814 ~ <http://adc.ky.gov>

### **WORKPLACE EXPERIENCE SUBSTITUTION REQUEST**

In order to become a CADC or LADC, you must have completed board-approved experience working with clients who have a substance use disorder:

- High school diploma or jurisdictional equivalent requires 6,000 hours of supervised work experience.
- Associate's degree in a related field requires 5,000 hours of supervised work experience.
- Bachelor's degree in a related field requires 4,000 hours of supervised experience.
- Master's degree or higher in a related field requires 2,000 hours of supervised experience.

A minimum of three (3) years full-time supervised experience in alcohol and drug counseling. For those applicants whose caseload is less than 100 percent with substance abusing clients, a proportionate amount of years of Board-approved experience in alcohol and drug counseling must be documented (i.e., 50 percent workload devoted to alcohol and drug counseling equals 6 years of experience; 75 percent devoted to alcohol and drug counseling equals 4 ½ years, etc.) Pursuant to 201 KAR 35:075 Section 1, you may substitute a degree in a related field for work experience. A master's degree or higher in a related field may be substituted for three thousand (3,000) hours of work experience. A master's degree or higher in a related field, with a specialization in addictions or drug and alcohol counseling may be substituted for 4,000 hours of work experience. A bachelor's degree in a related field may be substituted for two thousand (2,000) hours of work experience.

### **WORK SUBSTITUTION REQUEST**

Applicant Name: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Number of Work Substitution  
Hours Requested: \_\_\_\_\_

\*Official transcripts must be sent from the institution directly to the Board.





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## **SUPERVISION EVALUATION**

(Completed by each Supervisor)

This form must be entirely completed by each supervisor of qualifying experience. Please pay special attention to the number of hours of direct clinical supervision and percentage of applicant's time allotted to chemical dependency clients.

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_ Credential Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Issue of Certification: \_\_\_\_\_ Supervisor's Day Phone Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program or agency where you supervised the applicant: \_\_\_\_\_

I have supervised the applicant's work from \_\_\_\_\_ to \_\_\_\_\_, which includes approximately \_\_\_\_\_  
(Date) (Date)

hours of face to face clinical supervision per month for a total of \_\_\_\_\_ hours.

The approximate percentage of his/her time spent in delivery of services to substance abuse clients: \_\_\_\_\_%

### **PERSONAL ATTRIBUTES:**

Evaluate the applicant as you observe(d) him/her in the following areas of interpersonal relationship with clients:  
(Please use appropriate number as indicated on scale.)

	1	2	3	4	5	6
	/	/	/	/	/	/
	Weak	Fair	Average	Above Average	Superior	NA
_____ A.	Respect for client.					
_____ B.	Care and concern for client.					
_____ C.	Genuineness with client.					
_____ D.	Empathy with client.					
_____ E.	Flexibility with client.					
_____ F.	Clinical Judgment with client.					
_____ G.	Spontaneity with client.					
_____ H.	Capacity for confrontation with client.					
_____ I.	Capacity for appropriate self-disclosure.					
_____ J.	Sense of immediacy.					
_____ K.	Concreteness.					

Applicant's Name: \_\_\_\_\_

## AREAS OF COMPETENCY

The following items are representative of the skills needed by an alcohol and drug counselor in the core functions. Evaluate the applicant as you feel he/she demonstrates his/her abilities in each area. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the scales given.

- \_\_\_\_\_ A. Screening assessment and engagement
- \_\_\_\_\_ B. Treatment planning, collaboration, and referral
- \_\_\_\_\_ C. Counseling
- \_\_\_\_\_ D. Professional and ethical responsibilities

## PROFESSIONAL AND ETHICAL CONDUCT:

1. Employment of fraud or deception in applying for a certificate: ☐ Yes ☐ No. If yes, please comment:  
Comment: \_\_\_\_\_  
\_\_\_\_\_
2. Practice of Alcohol and Drug Counseling under a false or assumed name or the impersonation of another counselor of a like or different name. ☐ Yes ☐ No. If yes, please comment:  
Comment: \_\_\_\_\_  
\_\_\_\_\_
3. Habitual abuse of any mood-altering chemical substance to such an extent as to interfere consistently with the competent performance of his/her duties. ☐ Yes ☐ No. If yes, please comment:  
Comment: \_\_\_\_\_  
\_\_\_\_\_
4. Misrepresentation of one's professional credentials: ☐ Yes ☐ No. If yes, please comment:  
Comment: \_\_\_\_\_  
\_\_\_\_\_
5. Failure to adhere to KRS 309.080 to 309.089: ☐ Yes ☐ No. If yes, please comment:  
Comment: \_\_\_\_\_  
\_\_\_\_\_

Describe what you believe to be significant strengths and / or deficiencies of the applicant:

To be completed upon application for certification or licensure.

I recommend \_\_\_\_\_ for certification / licensure.  
Applicant's Name

I do not recommend \_\_\_\_\_ for certification / licensure.  
Applicant's Name

Signature: \_\_\_\_\_ Credential: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Date Signed: \_\_\_\_\_



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## **CERTIFIED ALCOHOL AND DRUG COUNSELOR** **AND LICENSED ALCOHOL AND DRUG COUNSELOR** **VERIFICATION OF CLASSROOM TRAINING**

In accordance with 201 KAR 35:050, Section 1(3), an applicant seeking certification as an alcohol and drug counselor and licensure as a licensed alcohol and drug counselor shall complete classroom hours which are specifically related to the knowledge and skills necessary to perform the following alcohol and drug counselor domains:

1. Screening assessment and engagement;
2. Treatment planning, collaboration, and referral;
3. Counseling; and
4. Professional and ethical responsibilities

A minimum of ten (10) hours must be accumulated in each of the four domains.

I certify, under penalty of perjury, that I have had training or education in each of the four domains related to the practice of alcohol and drug counseling.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ETHICS TRAINING (6)** – A minimum of 6 hours shall be interactive, face-to-face ethics training related to counseling. PRINT OR TYPE

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

Applicant Name \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_

Applicant Name \_\_\_\_\_

**HIV TRAINING (2)** – A minimum of two (2) hours of training in transmission, control, treatment and prevention of the human immunodeficiency virus. **PRINT OR TYPE**

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

**Total Number of Hours:** \_\_\_\_\_

**DOMESTIC VIOLENCE (3)** – A minimum of three (3) hours of training specific to domestic violence. **PRINT OR TYPE**

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

**Total Number of Hours:** \_\_\_\_\_

**ALCOHOL AND DRUG COMPETENCY TRAINING HOURS.** All training hours shall specifically be related to the knowledge and skills necessary to perform the four alcohol and drug counselor domains:  
1. Screening assessment and engagement; 2. Treatment planning, collaboration, and referral; 3. Counseling; and  
4. Professional and ethical responsibilities.

**PRINT OR TYPE**

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

**Total Number of Hours:** \_\_\_\_\_



**ALCOHOL AND DRUG COMPETENCY TRAINING HOURS** (Make as many copies of this page as needed. Number each page.)  
**PRINT OR TYPE**

**Total Number of Hours on This Page:** \_\_\_\_\_

Supervisee's Name: \_\_\_\_\_



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### VERIFICATION OF CLINICAL SUPERVISION

Highest Educational Level Achieved: \_\_\_\_\_

**Documentation of direct supervision by a Board-Approved Certified Alcohol and Drug Counselor or a Licensed Clinical Alcohol and Drug Counselor must be provided. This form must be completed by the applicant and signed by the clinical supervisor.**

**Clinical supervision shall meet the following minimum requirements:**

- (a) Applicants with a high school diploma or high school equivalency diploma require 300 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains;**
- (b) Applicants with an associate's degree in a relevant field require 250 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains;**
- (c) Applicants with a bachelor's degree in a relevant field require 200 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains; and**
- (d) Applicants with a master's degree or higher in a relevant field require 100 hours of clinical supervision with a minimum of ten (10) hours in each of the four domains.**

In accordance with 201 KAR 35:010, Section 1 (12), "clinical supervision" means a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical and supportive. These activities are observed/reviewed by the clinical supervisor who provides timely positive and constructive feedback to assist the counselor in the learning process. Methods of supervision include: face-to-face, video, observation, or telephone/conference. **A minimum of 10 hours of face-to-face clinical supervision must be documented in each of the four (4) domains.**

APPLICANT/SUPERVISEE'S NAME: \_\_\_\_\_

APPLICANT/SUPERVISEE'S STRENGTHS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT/SUPERVISEE'S WEAKNESSES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Supervisee's Name: \_\_\_\_\_

COMPLETE THE FOLLOWING **SUMMARY** OF CLINICAL SUPERVISION HOURS - SPECIFIC DETAILS MUST ACCOMPANY THIS PAGE. USE AS MANY PAGES AS NECESSARY TO PROVIDE DETAILS OF CLINICAL SUPERVISION. NUMBER EACH PAGE.

DOMAIN	Number of Face-to-Face Hours	TOTAL NUMBER OF HOURS
Screening assessment and engagement		
Treatment planning, collaboration, and referral		
Counseling		
Professional and ethical responsibilities		
TOTAL		

**Affidavit:** I verify, under the penalty of perjury, that the information documented above is true and accurate to the best of my knowledge and belief.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Supervisee's Name: \_\_\_\_\_

## DOMAIN 1: SCREENING ASSESSEMENT AND ENGAGEMENT

(Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

**Total Number of Hours in Screening Assessment and Engagement** \_\_\_\_\_

Page \_\_\_\_\_

Supervisee's Name: \_\_\_\_\_

## DOMAIN 2: TREATMENT PLANNING, COLLABORATION, AND REFERRAL

(Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Treatment Planning, Collaboration, and Referral \_\_\_\_\_**

Page \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

## DOMAIN 3: COUNSELING

(Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Counseling**\_\_\_\_\_

Page \_\_\_\_\_

## **DOMAIN 4: PROFESSIONAL AND ETHICAL RESPONSIBILITIES**

(Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Professional and Ethical Responsibilities** \_\_\_\_\_

Page \_\_\_\_\_