



**KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS**

Mailing: P.O. Box 1360, Frankfort, KY 40602  
Delivery: 500 Mero St. 2 SC 32, Frankfort, KY 40601  
502-782-8814  
<http://adc.ky.gov>

**APPLICATION FOR GRANDPARENTING AS A CERTIFIED CLINICAL SUPERVISOR**

1. An applicant for a certified clinical supervisor shall submit an application along with a \$50 application fee (check or money order ONLY) payable to the Kentucky State Treasurer.
2. Note: After the Board's approval of the application, the applicant shall submit \$200 for the certification fee for a certified clinical supervisor.

**SECTION 1 – APPLICANT INFORMATION**

Each section of the application must be completed.

_____	_____
<b>Name</b>	
_____	_____
<b>Address</b>	<b>Employer's Address</b>
_____	_____
<b>City/State/Zip Code</b>	<b>City/State/Zip Code</b>
_____	_____
<b>Home Phone</b>	<b>Business Phone</b>
_____	_____
<b>Home Email</b>	<b>Business Email</b>
_____	_____
<b>Social Security Number</b>	<b>Certificate Number</b> _____
Date you were approved by the Board to provide supervision: _____	

1. Have you had a credential in Kentucky or any other state that has ever been suspended or revoked?  
 Yes  NO If yes, give details: \_\_\_\_\_
2. 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?  
\_\_\_\_\_ (send supporting documentation).

3. Are you credentialed as an Alcohol or Drug Counselor in any other state?  YES  NO  
 If yes, what state? \_\_\_\_\_ Type of Credential? \_\_\_\_\_
4. 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.)
5. 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.)
6. Are you currently serving in the military?  YES  NO

**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

**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*					

An official transcript conferring highest degree was previously submitted to the Board.