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

PEER SUPPORT SPECIALIST
VERIFICATION OF SUPERVISION

This section must be completed by the applicant and signed by the supervisor. Make as many copies of these pages as needed. Number each page.

Documentation of 25 hours of direct supervision by a Board-Approved Certified Alcohol and Drug Counseloror a Licensed Clinical Alcohol and Drug Counselor must be documented in the four domains: 1. Advocacy; 2. Mentoring/Education; 3. Recovery/Wellness Support; or 4. Ethical Responsibilities. Methods of supervision include: face-to-face, video, or observation.

DATE OBSERVED	Domain Covered	LENGTH OF SESSION	METHOD OF SUPERVISION	SUPERVISOR'S SIGNATURE (Must be legible)

Applicant Name_____ **Total Number of Hours** _____