

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



**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**  
**CERTIFIED CLINICAL SUPERVISOR**

**APPLICANT INFORMATION**

**Section 1.**

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

Date of Credentialing: \_\_\_\_\_

Credential Number: \_\_\_\_\_

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? \_\_\_\_\_

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

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.)

## Section 2. EDUCATION

In accordance with 2021 Ky. Acts ch. \_\_, sec. 1 (Senate Bill 166) and 201 KAR 35:020, an applicant seeking certification as a certified clinical supervisor shall have thirty (30) classroom hours of classroom hours of board-approved curriculum with a minimum of five (5) classroom hours in each of the five (5) IC&RC clinical supervision domains, which are listed below:

1. Counselor Development
2. Professional and Ethical Standards
3. Program Development and Quality Assurance
4. Assessing Counselor Competencies and Performance
5. Treatment Knowledge

Additionally, the thirty (30) classroom hours shall include three (3) hours of board-sponsored training.

**CLINICAL SUPERVISION COMPETENCY TRAINING HOURS** All training hours shall specifically related to the knowledge and skills necessary to perform the five clinical supervision counselor domains: **1. Counselor Development; 2. Professional and Ethical Standards; 3. Program Development and Quality Assurance; 4. Assessing Counselor Competencies and Performance; 5. Treatment Knowledge.**

### PRINT OR TYPE

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

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

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

**CLINICAL SUPERVISION COMPETENCY TRAINING HOURS** (Make as many copies of this page as needed. Number each page.)

**PRINT OR TYPE**

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

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

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

**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:	_____		
_____			

**WORKPLACE EXPERIENCE SUBSTITUTION**

In order to become a Certified Clinical Supervisor, you must have completed board-approved experience working with clients who have a substance use disorder, which includes 10,000 hours of alcohol and drug counseling specific work experience plus 4,000 hours of ADC supervisor work experience (4,000 hours may be included in the 10,000 hours and must include 200 hours of face-to-face clinical supervision).

- An associate’s degree in behavioral science may substitute for 1,000 hours.
- A bachelor’s degree in behavioral science may substitute for 2,000 hours.
- A Master’s degree in behavioral science may substitute for 4,000 hours.

**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. This is not required if official transcripts were submitted for another credential issued to you by the Board.

**Section 4. Supervision Experience**

Do you have two-hundred (200) hours of providing face-to-face or interactive video supervision related to a credential issued by the Board or of a credential transferrable through reciprocity from an IC & RC member board.  YES  NO

If yes, provide copies of supervision logs of two-hundred (200) hours of supervision.

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. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

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