



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>

SUPERVISORY AGREEMENT

To Be Completed By Applicant and Supervisor (Please Check One)

Certified Associate Temporary Certification Licensed Associate

INSTRUCTIONS

1. Forms submitted without the appropriate signatures will be returned.
2. The completed form may be submitted to the Kentucky Board of Alcohol and Drug Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 500 Mero St., 2 SC 32, Frankfort, Kentucky 40601.

SECTION 1 APPLICANT INFORMATION

First Name _____ Middle Name _____ Last Name _____
/ / () - () -

Social Security Number _____ Home Telephone _____ Work Telephone _____

Email Address _____

Street Address _____

City _____ State _____ Zip Code _____

SECTION 2 SUPERVISOR INFORMATION

First Name _____ Middle Name _____ Last Name _____

Email Address _____

Street Address _____

City _____ State _____ Zip Code _____
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Telephone Number _____ Type of License/Certification Held and Number _____
/ / / /

Date of issue (Attach a copy) _____ Expiration Date (Attach a copy) _____

Date of Board Approved
Supervision Training (Attach copy
of certificate of attendance)

Number of Supervisee's Currently
Providing with Board Approved
Supervision

SECTION 3
INFORMATION RELATED TO SUPERVISED EXPERIENCE

Applicant Name _____

Name of organization or agency where experience will be gained (complete a separate form for each setting.)

Street Address of Organization or Agency

City

State

Zip Code

Average number of hours expected to be gained per week: _____

- Type of Setting:
- | | |
|--|---|
| <input type="checkbox"/> State/Government Agency | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> DUI/Private Practice |
| <input type="checkbox"/> School | <input type="checkbox"/> Rehab Center |

Type of peer support/counseling experience to be gained (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Rehabilitation Center | <input type="checkbox"/> Judicial/Corrections |
| <input type="checkbox"/> Child & Adolescent | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Group Counseling |
| <input type="checkbox"/> Family Treatment | |
| <input type="checkbox"/> Other | |

Describe

Describe specifically, and in detail, what work experience will be obtained to meet the criteria in the following four (4) domains: (a) Screening assessment and engagement; (b) Treatment planning, collaboration, and referral; (c) Counseling; and (d) Professional and ethical responsibilities. (201 KAR 35:070)

Describe specifically, and in detail, how supervision will focus on: (a) Screening assessment and engagement; (b) Treatment planning, collaboration, and referral; (c) Counseling; and (d) Professional and ethical responsibilities.(201KAR 35:070)

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board Law and Regulations related to supervised experience and that all supervised experience will be completed in accordance with board rules;
- That I will meet with my supervisor at a minimum of 2 hours two (2) times a month of documented supervised experience;
- That I will abide by all rules of the board, including ethics requirements;
- That I understand the alcohol and drug counselor associate I certification/alcohol and drug counselor associate II certification/temporary certification/clinical alcohol and drug counselor associate license is only valid while I practice under supervision;
- That I notify the board if this supervisory arrangement is terminated; and
- That I understand any additional supervisors and settings shall be approved by the board in advance.

Signature of Applicant

Date

Printed Name

This agreement shall not be effective until the board has issued the letter approving the agreement.

I, as the board-approved supervisor of the above-named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That all supervised experience will be completed in accordance with the Law and Regulations related to supervised experience and all subsequent board rules.
- That I will provide supervision to the above name applicant at least 2 hours two times a month of documented experience.
- That I understand the full professional responsibility for services of the supervisee shall rest with the supervisor.
- That I understand the supervisory arrangement is only valid while my credential remains in good standing.
- That I will notify the board if the supervisory arrangement is terminated.
- That I understand that I shall not serve as a supervisor of record for more than twelve persons obtaining experience for peer support/certification/licensure at the same time.

Signature of Supervisor

Date

