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

Request to Provide Supervision

To Be Completed By CADC, LADC, or LCADC Requesting to Become a Board ApprovedSupervisor (Please Check One)   ____CADC
_____ LCADC   ____LADC

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
CERTIFICATION/LICENSURE INFORMATION

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)

Pursuant to 201 KAR 35:070 Supervision experience; KRS 309.083 (4) requires all applicants for certification as an alcohol and drug counselor or licensure as a clinical alcohol and drug counselor to have completed 300 hours of board-approved experience working with alcohol and drug dependent persons under the direct supervision of a certified alcohol and drug counselor or licensed alcohol and drug counselor who has at least two (2) years of post-certification experience or licensure as a clinical alcohol and drug counselor.

Pursuant to KRS 309.0831(3), An applicant for registration as an alcohol and drug peer support specialist shall have completed five hundred (500) hours of board-approved experience working with persons having a substance use disorder, twenty-five (25) hours of which shall have been under the direct supervision of: A certified alcohol and drug counselor or licensed alcohol and drug counselor who has at least two (2) years post-certification experience and had attended the board-sponsored supervision training; or a licensed clinical alcohol and drug counselor who has at least twelve (12) months of post-licensure experience or has attended the board-sponsored supervision training.

Pursuant to 201 KAR 35:070 Section 4(1) A Certified Alcohol and Drug Counselor or Licensed Alcohol and Drug Counselor must have two (2) years of post-certification experience and attend the board-sponsored training to be approved by the board as a supervisor. A Licensed Clinical Alcohol and Drug Counselor must have at least twelve (12) months of post-licensure experience or attend the board-sponsored supervision training to be approved by the board as a supervisor.

Pursuant to 201 KAR 35:070 Section 4 (2) A board approved supervisor shall obtain a minimum of three (3) continuing education hours in supervision theory or techniques in each three (3) year renewal cycle. The board shall suspend its approval of a supervisor if the supervisor does not complete the required continuing education.

Do you currently have any unresolved complaints against your license or certification in this state or any other state? Yes_____ No_____ If Yes, you must submit official documentation of the complaint.

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief.

I further affirm that I have read 201 KAR 35:070 and understand that I assume the responsibility for the practice of and to supervise the registrant, associate I, associate II, temporarily certified, or licensed associate as directed by 201 KAR 35:070.

Once completed please print and apply your original signature to this form and mail to the board address above.

_____   _____
Signature of Applicant   Date

_____
Printed Name

APPLICANT SHOULD KEEP A COPY OF THIS FORM FOR RECORDS