

EMPLOYMENT VERIFICATION FORM

(Make copies as necessary)

Dear Employer:

The individual listed below is applying for a New Hampshire license as a Licensed Alcohol and Drug Counselor (LADC) or Master Licensed Alcohol and Drug Counselor (MLADC). The information requested is an essential part of the verification of the counseling experience of the applicant, and must be received by the Board of Alcohol and Other Drug Use Professionals before the application can be processed.

Your verification along with other references and date furnished by the applicant will be used in determining eligibility for licensing. Please remember that you are verifying that this individual does actual substance use disorder counseling and other related duties in the performance of his/her job. The process can only be as good as you and others make it by careful and truthful reporting.

APPLICANT NAME _____

STATEMENT

This verifies that the above named applicant has/had been employed at

Print Agency/Institution Name

in the position of _____
Print Applicant's Title

from _____ to _____.

In this position, the applicant worked full / part time (circle one), _____ days a week, _____ hours per day for a total of _____ hours.

I have attached a copy of the applicant's written job description. (Failure to provide a written job description will delay the processing of the application.)

Signature of Verifying Authority and Title

Date

Please return this form and attachment(s) to: The Board of Licensing for Alcohol and Other Drug Use Professionals, Philbrook Building, 121 South Fruit Street, Concord, NH 03301

DO NOT RETURN THIS FORM TO THE APPLICANT