

**BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE
PROFESSIONALS**

APPLICATION FOR LICENSED CLINICAL SUPERVISOR

BIOGRAPHICAL DATA

Name: _____

Work Address: _____

Work Telephone: _____

Current license and number: _____

Month and Year of original MLADC/LADC license: _____

Have you read, and do you agree to abide by, the ethical requirements found in Alc 500?

Yes ____ No ____

CONFIDENTIAL PAGE

Name: _____

Home Address: _____

Home Telephone: _____

CERTIFICATION OF WORK EXPERIENCE

I certify that at least 2 years (4,000 hours) of my work experience has been clinical supervisory experience in the AODA field and includes a minimum of 200 contact hours of face-to-face clinical supervision that I have provided to others I supervise.

Signature

Date

By signing above, the applicant confirms that the information on this application and on any supporting documents is true, accurate, and complete to the best of his or her belief. The applicant acknowledges that the knowing making of a false statement on the application form is a misdemeanor under RSA 641:3.

New Hampshire Board of Alcohol & Other Drug Use Professionals
121 South Fruit Street, Suite 303
Concord NH 03301
Tel: (603) 271-6761