

New Hampshire Board of Licensing for Alcohol and Other Drug Use
Professionals

Supervision Agreement
(To be submitted immediately)

PART 1 – TO BE COMPLETED BY CANDIDATE

I am a candidate for: LADC _____ MLADC _____

Candidate Name: _____

Home Address: _____
Street

City State Zip

Email Address: _____

Telephone Number: _____

Name of Employer: _____

Employer's Address: _____
Street

City State Zip

Employer's Telephone Number: _____

Position at Place of Employment: _____

PART 2 – TO BE COMPLETED BY SUPERVISOR

Supervisor Name: _____

Business Name: _____

Business Address: _____

Street

City

State

Zip

Email Address: _____

Business Telephone: _____

Your Position: _____

Credentials and License Number(s): _____

Are you an employee of your supervisee's clinical site? _____

If you answered "no" to this question, please attach a written statement which addresses the following:

1. Your relationship to the candidate's employer/clinical site.
2. A statement acknowledging you will provide supervision at the candidate's place of employment/clinical site.
3. A copy of a written agreement with the candidate's employer that allows you to review records, files, etc. at the supervisee's place of employment/clinical site.
4. A statement that you have knowledge of the candidate's employer's policies.
5. How any disagreements between the contracted supervisor and the agency supervisor will be resolved.

CANDIDATE – PLEASE READ CAREFULLY, SIGN AND DATE

As the candidate, I agree to provide my supervisor with any and all pertinent information concerning all clients and their care in order to make informed, ethical and efficacious decisions for client care. I will inform my supervisor if I engage in any clinical activities outside of this agreement. My supervisor must authorize all of my clinical activity. I will resolve all ethical dilemmas and practice issues as directed by my supervisor to the best of my ability. This supervision agreement does not remove any legal or civil responsibilities that I have for my actions related to this role.

Candidate's Signature and Date

SUPERVISOR – PLEASE READ CAREFULLY, SIGN AND DATE

As the supervisor, I agree to provide the candidate with appropriate and efficacious training, guidance and direction to assure a valuable training experience to meet the requirements for licensure as a LADC or MLADC. I specifically acknowledge that I will assume professional and legal responsibility for the candidate and that I will review and have access to the candidate's clinical records. If I cease to supervise the candidate, if my license becomes invalid, restricted or sanctioned, or if I wish to terminate my legal and professional responsibility for the candidate's acts or omissions, it is my responsibility to so notify the Board and the candidate in writing, and that until I do, I remain responsible.

Supervisor's Signature and Date