

## SUPERVISED WORK EXPERIENCE REPORT FORM

Name of Applicant for Licensure

---

The supervised work experience required of a person applying for initial licensure must include clinical supervision by an individual licensed in New Hampshire or another state to practice substance use counseling. **The supervisor is required to monitor the applicant's performance and to record the results of the monitoring in a way that allows the results to be reported later.**

Each individual supervising some or all of the applicant's required supervised work experience should complete a separate copy of this form. If the supervisor is no longer with the entity that provided the applicant with the supervised work experience, the individual responsible for the work of the clinical supervisor may complete and sign the form on the basis of the supervisor's records. Please see Alc 306.04 for an explanation of this form.

Please mail the completed form **directly** to the Board at the following address:

Board of Licensing for Alcohol and Other Drug Use Professionals  
Philbrook Building  
121 South Fruit Street  
Concord, NH 03301

**Please type or print:**

---

Name of agency, program, or entity providing some or all of the applicant's  
required supervised work experience

---

Town

State

Zip Code

---

Telephone number

---

Name and title of supervisor completing this form

Did you personally supervise and document the applicant's work experience?  
Yes \_\_\_\_\_ No \_\_\_\_\_

---

State(s) in which the supervisor was, at the time of the supervision, authorized to practice  
substance use counseling, and the license number(s) or other authorization

**Please give an opinion, based on the applicant’s work, of the applicant’s competence in each of the core functions by checking one box for each core function listed.**

<b>Core Function</b>	<b>Acceptable</b>	<b>Not Acceptable</b>	<b>No Opportunity For Supervision</b>
Screening			
Intake			
Orientation			
Assessment			
Treatment Planning			
Counseling			
Case Management			
Crisis Intervention			
Client Education			
Referral			
Reporting/Record Keeping			
Consultation			

I certify that I, or the supervisor whom I am replacing, observed and supervised the work of the individual named at the head of this form. I further certify that the information I have provided on this form is true to the best of my knowledge and belief. I acknowledge that, pursuant to RSA 641:3, the knowing making of a false statement on this form is punishable as a misdemeanor.

---

Signature and Date