



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
 7 Eagle Square, Concord, NH 03301-2412
 Phone: 603-271-2152

BOARD OF LICENSED ALCOHOL AND OTHER DRUG USE PROFESSIONALS

APPLICANT EVALUATION FORM

Applicant Name: _____

Supervisor's Name: _____ Supervisor's Title: _____

Employment of Supervisor: _____

Supervisor's business address: _____ Supervisor's Phone: _____

Supervisor's Credentials: _____

Beginning date and ending date of supervision: _____

Based on the supervisors knowledge of the applicant for Certified Recovery Support Worker's, a rating of the applicants competency of the 4 domains as follows, as further defined in Alc 313.10 (j):

Competency	Not Acceptable	Fair	Excellent	Don't Know	Not Applicable
Advocacy					
Ethical Responsibility					
Mentoring and Education					
Recovery and Wellness Support					

Based on the supervisor’s knowledge of the applicant for either Licensed Alcohol and Drug Counselor or Master Licensed Alcohol and Drug Counselor, a rating of the applicant’s 18 categories of competency as follows, as further defined in Alc 313.10 (k):

Competency	Not Acceptable	Fair	Excellent	Don’t Know	Not Applicable
Data Collection					
Diagnosis of Alcohol or Drug Dependence					
Initiation of treatment					
Crisis Response					
Knowledge of human growth and development					
Counseling					
Client and counselor therapeutic relationship					
Evaluation					
Termination and follow-up					
Record Keeping					
Verbal Communication					
Knowledge of regulatory issues					
Community utilization					
Knowledge of alcohol and drugs					
Knowledge of sociological factors					
Knowledge of physiological factors					
Knowledge of psychiatric factors					
Knowledge of treatment issues					

Completion of the following evaluator's statement by inserting the applicant's name and the name of the agency or institution, respectively:

"I hereby certify that I have been in a position to observe and have firsthand knowledge of _____ work at _____"

Include a description of the procedures that the clinical supervisor or CRSW supervisor used to supervise and evaluate the applicant:

"I hereby certify that all of the above information is, to the best of my knowledge is true"

Supervisor's Signature and

Title

Date