

## 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 LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS INITIAL LICENSED CLINICAL SUPERVISOR APPLICATION FORM

| Check the type of license you currently  | hold in New Hampshire:   |  |
|--|--|--|
|  | Counselor and License number:<br>ug Use Counselor and License num  | · · · · · · · · · · · · · · · · · · ·  |
| Full Legal Name:First  | Middle   | Last   |
| Any other names used:  |  |  |
| Home Physical Address:   | Address/City/State/Zip   |  |
| Home Mailing Address:  | Address/City/State/Zip   |  |
| Home or Cell Phone #:  | Personal E-Mail Address: _   |  |
| Current Employer:  |  |  |
| Current Employer's Mailing Address: _  | Address/City/State/Zip   |  |
| Business Phone #:  | Business E-Mail Address: _   |  |
| "I certify that at least 2 years (4,000 hou experience in the substance use and inte 200 contact hours of face-to-face clinica acknowledge that, pursuant to RSA 641 form is punishable as a misdemeanor. It promise to abide by them" | grated co-occurring disorders field an<br>al supervision that I have provide to of<br>:3, the knowingly making a false state | d includes a minimum of<br>thers I supervise. I<br>ement on this application |
| Applicant Signature  |  | Date   |