



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
SUPERVISED WORK EXPERIENCE REPORT FORM

Name of Applicant and any other names used: _____

Name of the Agency, program, or other entity providing the supervised work experience:

Address of the Agency: _____

Telephone Number of the agency: _____

Name and Title of the Supervisor completing and signing the form, or the name and title of the replacement:

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

List the state in which the supervisor was authorized to practice substance use counseling, integrated co-occurring mental health counseling, or recovery support worker at the time they supervised the applicant:

List the approximate total number of hours the supervisor supervised the Applicant: _____

Provide your opinion of the applicant's competence in the performance of each of the 12 core functions or 4 domains, reported by checking off one of the following rating choices.

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

or

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

“I certify that I am aware that the statutory definition of ‘supervision’ is an ongoing regularly occurring process of examination, critique, and improvement of a counselor’s skills, directed by the counselor’s designated clinical supervisor, and is typically one to one or small group in structure, and utilizes the methods of intensive case review and discussion, and direct and indirect observation of clinical practice and the administrative definition of CRSW supervision. I certify that I, or a supervisor responsible to me, observed and supervised the work of the individual named at the head of this form, and further certify that the information I have provided on this form is true to the best of my knowledge and belief”

Supervisor Signature

Date Form Completed