

BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS  
CERTIFIED RECOVERY SUPPORT WORKER (CRSW)  
APPLICATION REVIEW

APPLICANT: \_\_\_\_\_

REVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

- |                  |  |  |
|------------------|--|--|
| 303.01<br>303.02 | 1. DOCUMENTATION OF 500 HOURS OF PAID OR VOLUNTEER WORK WITHIN 10 YEARS?<br><br>DOES IT INCLUDE DIRECT SERVICES TO CLIENTS IN APPROPRIATE SETTING?   | Yes___ No___<br><br>Yes___ No___   |
| 303.02(b)        | 25 HOURS SUPERVISION<br><br>BY WHOM W/CREDENTIALS?<br><br>IS SUPERVISION SETTING APPROPRIATE?<br><br>LETTER FROM EMPLOYER?   | Yes___ No___<br><br>Yes___ No___<br><br>Yes___ No___<br><br>Yes___ No___                     |
| 303.03           | 2. 46 HOURS OF EDUCATION IN THE 4 DOMAINS?<br><br>16 Hours ETHICS/CONFIDENTIALITY<br><br>6 Hours HIV/AIDS<br><br>6 Hours SUICIDE PREVENTION<br><br>50% PREAPPROVED<br><br>NO MORE THAN 50% ON-LINE | Yes___ No___<br><br>Yes___ No___<br><br>Yes___ No___<br><br>Yes___ No___<br><br>Yes___ No___ |
| 303.04           | 3. CRIMINAL BACKGROUND CHECK?<br><br>ARE THERE ANY FELONIES?   | Yes___ No___<br><br>Yes___ No___   |
| 303.01 & 04      | 4. HIGH SCHOOL DIPLOMA, G.E.D., OR TRANSCRIPT OF HIGHER EDUCATION?   | Yes___ No___   |
| 303.04           | 5. 2" X 2" PHOTO?  | Yes___ No___   |
| 305.01           | 6. DATE OF EXAM? _____ PASSED? _____   | Yes___ No___   |
| 303.03           | 7. LETTER FROM ANY OTHER JURISDICTIONS?  | Yes___ No___   |

REVIEWER RECOMMENDATION: I (**RECOMMEND**) (**DOT NOT RECOMMEND**) THAT THIS APPLICATION BE ACCEPTED AS COMPLETE AND THAT ALL MINIMUM REQUIREMENTS HAVE BEEN MET.

COMMENTS: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_