

BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS
LICENSED CLINICAL SUPERVISOR
APPLICATION REVIEW

APPLICANT: _____

REVIEWER: _____

DATE: _____

316.02 1. WAS THE APPLICATION FORM FILLED OUT CORRECTLY? Yes ____ No ____

COMMENT: _____

314.02 & 2. WERE 10,000 HOURS (5 YEARS) OF COUNSELING EXPERIENCE AS LADC OR MLADC IN
316.05 APPROPRIATE SETTING DOCUMENTED? Yes ____ No ____

COMMENT: _____

DOES THIS INCLUDE 200 HOURS FACE TO FACE CLINICAL SUPERVISION BY LADC/MLADC? WAS IT
4 HOURS PER MONTH Yes ____ No ____

314.03 & 3. WERE 4,000 HOURS (2 YEARS) OF CLINICAL SUPERVISORY EXPERIENCE DOCUMENTED?
316.02 Yes ____ No ____

314.04 4. WERE 30 HOURS DIDACTIC TRAINING IN CLINICAL SUPERVISION DOCUMENTED AND VERIFIED?
Yes ____ No ____

DID IT INCLUDE ASSESSMENT, EVALUATION, COUNSELOR DEVELOPMENT, MANAGEMENT,
ADMINISTRATION AND PROFESSIONAL RESPONSIBILITY? Yes ____ No ____

WAS NO MORE THAN 25% ONLINE (7.5 HOURS) Yes ____ No ____

315.01 5. WAS THE CLINICAL SUPERVISOR EXAM TAKEN AND PASSED? Yes ____ No ____

COMMENT: _____

316.04(c) LETTERS FROM EVERY JURISDICTION? Yes ____ No ____

316.04(b) 6. CURRENT CRIMINAL RECORD CHECK/FINGERPRINTS? Yes ____ No ____

DO YOU RECOMMEND LICENSING? IF NO, PLEASE GIVE REASON BELOW: Yes ____ No ____

COMMENT: _____

SIGNATURE: _____ DATE: _____