

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	y hold in New Hampshire:	
	e Counselor and License number: orug 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:	
experience in the substance use and int 200 contact hours of face-to-face clinic acknowledge that, pursuant to RSA 64	ours) of my work experience has been clausered co-occurring disorders field and cal supervision that I have provide to oth 1:3, the knowingly making a false stater I have read Alc 500 and if I am licensed	I includes a minimum of ners I supervise. I ment on this application
Applicant Signature		Date