

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

SUPERVISION AGREEMENT

| Circle the type of certification or license yo | u are seeking: CRSW | LADC | MLADC |
|---|--|-----------------|------------|
| Full Legal Name: | | | |
| First | Middle | Last | |
| Home Physical Address: | Address/City/State/Zip | | |
| Home Mailing Address: | Address/City/State/Zip | | |
| Home or Cell Phone #: | | ess: | |
| Current Employer: | | | |
| Current Employer's Mailing Address: | Address/City/State/Zip | | |
| Business Phone #: | 11001000, 011) , 2100, 21 p | | |
| Position at the place of Employment: | | | |
| To be completed by the applicant's super | visor: | | |
| Supervisor's Name and Title: | | | |
| Supervisor's Credentials and license number | | | |
| Business Name: | Business Address: | | |
| Business Email: | Business Phone: | | |
| As the supervisor, do you meet the requiren | nents to provide supervision | for the followi | ng: Yes No |
| CRSW as described in Alc 404 LADC as described in Alc 405 MLADC as described in Alc 406 | | | |

As the supervisor, are you an employee of the applicants work site? Yes _____ No_____

If you are NOT an employee of the applicant's work site, submit an attached statement which addresses the following:

- 1. The Supervisor's relationship to the candidate's work site.
- 2. A statement acknowledging the supervisor will provide supervision at a location convenient to both the supervisor and supervisee.
- 3. A copy of a written agreement with the applicant's employer that allows the supervisor to review records and files at the applicant's work site.
- 4. A statement that the supervisor has knowledge of the applicant's work site policies; and
- 5. A statement describing how any disagreements between the supervisor and the agency supervisor will be resolved.

"As the candidate, I agree to provide my supervisor with any and all pertinent information concerning all clients and their care in order to make informed, ethical and efficacious decisions for client care. I will inform my supervisor if I engage in any work activities outside of this agreement. My supervisor must authorize all of my work activity. I will resolve all ethical dilemmas and practice issues as directed by my supervisor to the best of my ability. This supervision agreement does not remove any legal or civil responsibilities that I have for my actions related to this role"

| Applicant Signature: | Date: | |
|----------------------|-------|--|
| Applicant Signature. | Dute: | |

"As the supervisor, I agree to provide the candidate with appropriate and efficacious training, guidance and direction to assure a valuable training experience to meet the requirements for licensure as a LADC, MLADC, or certified as CRSW. I specifically acknowledge that I will assume professional and legal responsibility for the candidate and that I will review and have access to the candidate's work records. If I cease to supervise the candidate, if my license becomes invalid, restricted, or sanctioned, or if I wish to terminate my legal and professional responsibility for the candidate's acts or omissions, it is my responsibility to so notify the Board and the candidate in writing, and that until I do, I remain responsible."

| Supervisor Signature: |] | Date: | |
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