



BOARD OF ALCOHOL AND DRUG ABUSE COUNSELORS

REQUEST FOR CERTIFICATE OF QUALIFIED CLINICAL SUPERVISION

Pursuant to rule 1200-30-1-.10;

Before supervision may begin, the supervisor of an applicant for licensure as an alcohol and drug abuse counselor shall obtain from the Board a Certificate of Qualified Clinical Supervision by answering the following questions and fulfilling the requirements on the following pages:

The applicant has been a licensed alcohol and drug abuse counselor for at least five (5) years; and the applicant has received thirty-six (36) or more contact hours of supervision of at least one (1) Alcohol and Drug Abuse Counselor under the sponsorship of a Board Certified Supervisor.

APPLICANT FOR CLINICAL SUPERVISOR NAME AND LICENSE NUMBER:

DATE FIRST LICENSED: _____

SPONSORING SUPERVISOR: _____

SPONSORING SUPERVISOR'S LICENSE #: _____

I, _____, will attest to the supervision of
Supervisor
_____, who has requested to be issued
Applicant

a Certificate of Qualified Clinical Supervision, _____

has met all the qualification of certification per 1200-30-1-.10.

Signature of Supervisor

Date

Signature of Applicant

Date

NOTE: Those licensees who met the qualification set forth in the rules and regulations of supervision, and were supervising, before May 21, 2004 will be grandfathered.

Rev. 07/16



TENNESSEE BOARD OF ALCOHOL AND DRUG ABUSE COUNSELORS
CERTIFICATE OF QUALIFIED CLINICAL SUPERVISION

AFFIDAVIT

This affidavit must be completed by all licensed alcohol and drug abuse counselors wishing to provide supervision to applicants for licensure as an alcohol and drug abuse counselor. **Once completed, return the affidavit to the Board's administrative office: Board of Alcohol and Drug Abuse Counselors, 665 Mainstream Drive, Nashville, Tennessee 37243.**

STATE OF _____

COUNTY OF _____

1. I, _____, am licensed as an Alcohol and Drug Abuse Counselor in the State of _____. My license number is _____ and the date of my initial licensure was _____.

2. I understand that according to Tenn. Comp. R. Regs. 1200-30-1-.10(2) (2004) of the rules governing licensure of alcohol and drug abuse counselors in Tennessee, before supervision of an applicant for licensure as a licensed alcohol and drug abuse counselor may begin, the supervisor must obtain a Certificate of Qualified Supervision from the Board. The supervisor must meet the following requirements in order to receive a Certificate of Qualified Supervision:

(a) The supervisor has been a licensed alcohol and drug abuse counselor for at least five (5) years; and,

(b) The sponsoring supervisor has two (2) years experience supervising licensed alcohol and drug abuse counselors OR has received at least thirty-six (36) or more contact hours (by an approved supervisor) of his/her supervisory work by supervision of at least one (1) person doing alcohol and drug abuse counseling.

3. I understand that supervision provided by an applicant's parents, spouse, former spouse, siblings, children, cousins, in laws (present or former), aunts, uncles, grandparents, grandchildren, stepchildren, employees, present or former counselor, present or former romantic partner, or anyone sharing the same household shall not be acceptable toward fulfillment of licensure requirements. Any exceptions must be approved by the Board prior to such supervision. A supervisor shall not be considered the employee of the applicant, if the only compensation received by the supervisor consists of payments for the actual supervisory hours. (Tenn. Comp. R. & Regs. 1200-30-1-.10(5))

4. I understand that supervision provided prior to the issuance of the Certificate of Qualified Supervision will not be acceptable. Supervision that began prior to February 18, 2004, and was consistent with the Board rules effective prior to that date will be permitted to continue. (Tenn. Comp. R. & Regs. 1200-30-1-.10(4)).

5. I hereby attest that I understand and meet all of the requirements described above and am licensed in good standing.

Further the affiant sayeth not.

(Signature)

Sworn to and subscribed before me, _____, a notary public in and for said county and state on this the _____ day of _____, 20_____.

Notary Public: _____

Commission Expires: _____

Affix Seal Here

