

Substance Use Disorder Credentialing P.O. Box 47877 Olympia, WA 98504-7877 360-236-4700

Verification of Substance Use Disorder Professional Supervision and Experience Note: Use one form per supervisor for each time frame worked.

motor doc one ronn per c	aportion for outli time man	io mornoai				
Applicant						
Name: Last	Name: Last First		Middle		Birth date (mm/dd/yyyy)	
Address:						
City:		State:		Zip C	Code:	
Phone (enter 10 digit #)	Business phone (enter 10 digit #)					
Direct Supervisor						
The above applicant require professional. Please compl	es verification of supervised ex ete the following.	perience for c	ertificati	on as a Sı	ıbstance U	se Disorder
Supervisor Name: Last	First	Middle	Middle Credential #		l #	
Street Address			Phone (enter 10 digit #)			
City State		State		Zip Code		
Supervised Experience (W	AC 246-811-045)					
From (mm/dd/yyyy): To (mm/dd/yyyy):						
•	urs of face-to-face client contact of face-to-face client contact of the contact		•	observation	on or I assi	gned a
Signature of Supervisor				Date		
Direct Supervisor						# of Hours
Face-to-face clinical evaluation (100 hours required)						
Other clinical evaluation (100 hours required)						
Face-to face counseling to include: Individual counseling, group counseling, and counseling family, couples, and significant others (600 hours required)						
Discussions of professiona	and ethical responsibilities (5	0 hours require	ed)			
practice, professional readi education. Documentation	tions: Understanding addictior ness, referral, service coordina to include screening, intake as charge summaries, and other o	ation, client, far sessment, trea	mily, and atment p	d commun	ity	
BA degree = 1,150 hours MA degree = 650 hours		foundations foundations counselors an				
	Total Nu	umber of Supe	ervised	Experien	ce Hours	

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Substance Use Disorder Professional Statement of Qualifications

Note to Supervisor:

To be considered an **appropriate supervisor**, your qualifications must either meet or exceed the requirements of a certified Substance Use Disorder Professional in the state of Washington. You must be eligible to take the examination required for certification and have at least three-thousand hours of experience in a state approved Substance Use Disorder treatment agency. The three thousand hours are in addition to the supervised experience hours needed to be eligible to become a Substance Use Disorder professional. Twenty-eight clock hours of recognized supervised training may be substituted for one thousand hours of experience. You are not a blood or legal relative, significant other, cohabitant of the supervisee, or someone who has acted as the person supervised's primary counselor.

Do not sign this form verifying applicant's hours unles documentation if called upon to do so.	ss you meet the criteria and can provide
My qualifications include:	
I certify the above information is, to the best of my knowled may request additional information, if needed, to evaluate I also attest that I meet or exceed the educational and sup WAC 246-811-049).	the application of the individual named on this documer
Signature of Supervisor	 Date

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Please return this form directly to the address above.