Evaluator's Statement

Applicant's Name: _____

I hereby certify that I have been the Clinical Supervisor in a position to observe and/or supervise the applicant's work at the: _____

I have observed this applicant's work from _____ to _____

I have provided _____ hours of supervision, and my clinical supervision has included all four required domains.

The information I am giving is my best judgment of this applicant's capabilities to be certified as:

O Alcohol and Drug Counselor (ADC) **O** Advanced Alcohol and Drug Counselor (AADC) **O** Clinical Supervisor (CS)

Comments:_____
_____
_____
_____
_____

Clinical Supervisor Information:

Print Name: _____

CS Certificate Number and Expiration Date: _____

Signature: _____

Date: _____

Agency: _____

Agency Address: _____

Phone Number: _____

Email Address: _____