

**CERTIFIED CLINICAL SUPERVISOR
INSTRUCTIONS FOR COMPLETING THE
“WORK EXPERIENCE VERIFICATION RECORD”**

1. **APPLICANT CONSENT TO RELEASE INFORMATION.** Applicant completes this section. Applicant must sign and date form, giving permission for the clinical director to provide information and documentation regarding the applicant’s work experience to ADAD. After completing, applicant gives this form to the clinical director.

2. **CLINICAL DIRECTOR DOCUMENTATION OF APPLICANT WORK EXPERIENCE INFORMATION.** Clinical director prints name, program unit where applicant worked, organization, address, phone numbers (day and evening), job title and check off all credentials/Licenses.

3. **ALCOHOL AND OTHER DRUG WORK EXPERIENCE (Includes credit for degrees)**
 - Alcohol and Drug Counseling Work Experience – (Minimum of 6000 hours)
 - Put “CSAC” if applicant is currently CSAC certified.
 - Alcohol and Other Drug Counselor Supervision Experience (minimum of 4,000 hours)
 - Face-to-Face Clinical Supervision (minimum 200 hours included in the 4,000 hours)

4. **CLINICAL DIRECTOR’S CERTIFICATION AND SIGNATURE.** Certification, signature and Date. Clinical director will sign and date document certifying that the Work Experience Verification Record of the applicant is true to the best of his/her knowledge.

IF YOU HAVE ANY QUESTIONS RELATED TO THIS FORM, PLEASE CONTACT ADAD CERTIFICATION OFFICE AT 808-692-7518.

PLEASE COMPLETE THE WORK EXPERIENCE VERIFICATION RECORD AND FORWARD IT TO:

CERTIFICATION OFFICE
ALCOHOL AND DRUG ABUSE DIVISION
601 KAMOKILA BOULEVARD, ROOM 360
KAPOLEI, HAWAII 96707

**CERTIFIED CLINICAL SUPERVISOR
WORK EXPERIENCE VERIFICATION RECORD**

APPLICANT CONSENT TO RELEASE INFORMATION	
** TO BE COMPLETED BY APPLICANT ** (PLEASE PRINT)	
APPLICANT NAME:	
HOME ADDRESS:	HOME TELEPHONE NO.:
BY MY SIGNATURE BELOW, I AM AUTHORIZING THE CLINICAL DIRECTOR IDENTIFIED BELOW TO PROVIDE INFORMATION AND DOCUMENTATION TO THE STATE OF HAWAII, DEPARTMENT OF HEALTH, ALCOHOL AND DRUG ABUSE DIVISION (ADAD)	
APPLICANT SIGNATURE:	DATE:

INFORMATION AND INSTRUCTIONS TO CLINICAL DIRECTOR: PLEASE COMPLETE THIS FORM WHICH REFLECTS YOUR KNOWLEDGE OF THE APPLICANT'S WORK EXPERIENCE AND SUPERVISORY WORK EXPERIENCE WHILE EMPLOYED AT THE WORK SETTING INDICATED. BE SURE THAT THE APPLICANT HAS SIGNED THE ABOVE "APPLICANT CONSENT TO RELEASE INFORMATION" ALLOWING YOU TO MAKE AVAILABLE TO ADAD INFORMATION AND DOCUMENTATION REGARDING HIS/HER WORK EXPERIENCE NEEDED TO MEET THE CERTIFICATION REQUIREMENTS.

CLINICAL DIRECTOR INFORMATION AND CREDENTIALS	
** TO BE COMPLETED BY CLINICAL DIRECTOR ** (PLEASE PRINT)	
DO NOT COMPLETE THIS WORK EXPERIENCE VERIFICATION RECORD UNLESS THE RELEASE IS SIGNED	
CLINICAL DIRECTOR'S NAME	PROGRAM UNIT WHERE APPLICANT WORKED
CLINICAL DIRECTOR'S ORGANIZATION AND ADDRESS	CLINICAL DIRECTOR'S PHONE NO. DAY: EVENING:
JOB TITLE OF CLINICAL DIRECTOR	EMAIL ADDRESS:
CHECK ALL CREDENTIALS/LICENSES THAT VERIFY YOUR STATUS AS A QUALIFIED HEALTH PROFESSIONAL <input type="checkbox"/> CSAC <input type="checkbox"/> CSAP <input type="checkbox"/> CCS <input type="checkbox"/> CCJP <input type="checkbox"/> CCDP <input type="checkbox"/> LICENSED CLINICAL SOCIAL WORKER <input type="checkbox"/> LICENSED PSYCHOLOGIST <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> LICENSED ADVANCED PRACTICE REGISTERED NURSE	

**IF YOU HAVE ANY QUESTIONS RELATED TO THIS FORM, PLEASE CONTACT
ADAD CERTIFICATION OFFICE AT 808-692-7518.**

ALCOHOL AND OTHER DRUG WORK EXPERIENCE

Alcohol and Drug
Counselor Supervisory
Experience

Alcohol and Drug Counseling Work Experience:..... _____ hours
(Minimum of 6,000 hours. Put "CSAC" if currently CSAC certified.)

Alcohol and Drug Counselor Supervision Experience:..... _____ hours
(Minimum of 4,000 hours)

Face to Face Clinical Supervision Provided:..... _____ hours
(Minimum of 200 hours, included in the 4,000 hours above)

CLINICAL DIRECTOR'S CERTIFICATION AND SIGNATURE

I HAVE REVIEWED OUR ORGANIZATION'S RECORDS AND CERTIFY THAT THE INFORMATION PROVIDED ON THIS WORK EXPERIENCE VERIFICATION RECORD OF THE ABOVE-NAMED APPLICANT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF CLINICAL DIRECTOR

DATE