

**INSTRUCTIONS FOR COMPLETING WORK EXPERIENCE
VERIFICATION RECORD FOR
CSAC CANDIDATES
FOR VOLUNTEER/NON-PAID**

1. **APPLICANT CONSENT TO RELEASE INFORMATION.** Applicant completes this section giving permission for the supervisor to provide information and documentation regarding the applicant's work experience to ADAD. Applicant gives this form to the supervisor.
2. **SUPERVISOR:** Print name, program unit where applicant worked, your organization and address and a day and evening phone number, and a copy of your job description. **Remember: You must mail us the form directly; not the supervisee! Forms to be sent in on a quarterly basis or each internship/field experience term.**
3. **APPLICANT EMPLOYMENT STATUS.** Check whether work was volunteer, or formal internship. Check all that apply. Print applicant's job title, dates of employment, and a copy of the job description. Print the percentage of the time actual work experience was in the 12 core function areas (see clarification of 12 core functions below). For total work experience hours, multiply the total hours' applicant worked in your program by the percent of time working in the 12 core function areas to arrive at a total number of supervised experience hours. Enter this number in the space provided. This total should include the total of supervised practical training hours from below.
4. **SUPERVISED PRACTICAL TRAINING.** Each applicant must complete intensive training in the 12 Core Functions, with a minimum of 20 hours training and experience in each core function and a total of 400 hours. ***This experience must be supervised by a CSAC which is eligible for reciprocity.*** "Intensive training" means at least one hour of supervision for every 8 hours of performance. Typically, this involves teaching the applicant about each core function, demonstrating how each function is accomplished, the applicant sitting in while a certified staff member performs the function, the applicant performing the function with a certified staff member present, and, finally, performing the function independently but with review and feedback by a certified staff member. This differs significantly from the more usual supervision where the supervisee is expected to function more or less independently with typically one hour of supervision for every 40 hours of performance.
5. **THE 12 CORE FUNCTIONS.** The only experience that qualifies as supervised experience for a substance abuse counselor applicant is experience applying the 12 Core Functions in addressing the substance abuse treatment needs of clients. Each core function should be applied as follows:
 - screening for substance abuse problems
 - intake to your substance abuse services
 - orientation to your substance abuse program
 - assessment of substance abuse problems and their ramifications
 - treatment planning to address substance abuse problems
 - counseling (individual, group, and family) with the focus on substance abuse and recovery
 - case management that addresses treatment and recovery issues of substance abuse clients
 - crisis intervention with substance abuse clients
 - client/family education around addictive substances and recovery issues
 - referral for services that a program cannot provide for substance abuse clients
 - substance abuse treatment reports and records keeping
 - consultation in addressing treatment needs of substance abuse clients
6. **SUPERVISOR CERTIFICATION.** Print name and job title and check each credential that applies. Sign and date the form, then complete the one-and-a-half-page evaluation signing and dating that form where indicated. **NOTE: The 400 hours of practical training must be supervised by a CSAC. All remaining hours must be supervised by a CSAC or licensed clinical healthcare professional as indicated on the form. Any alterations to the form will not be valid.**
7. Return completed forms to: ADAD Certification Office **(Must be mailed from supervisor!)**

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

WORK EXPERIENCE VERIFICATION RECORD

INFORMATION AND INSTRUCTIONS TO SUPERVISOR: PLEASE COMPLETE THIS FORM WHICH REFLECTS YOUR KNOWLEDGE OF THE APPLICANT'S 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 ANY AND ALL INFORMATION REGARDING HIS/HER WORK EXPERIENCE NEEDED TO MEET THE CSAC ELIGIBILITY REQUIREMENTS. DO NOT COMPLETE THIS WORK EXPERIENCE VERIFICATION RECORD UNLESS THE RELEASE IS SIGNED IF YOU HAVE QUESTIONS RELATED TO THIS FORM, PLEASE CONTACT THE ADAD CERTIFICATION OFFICE AT 808-692-7518

TO BE COMPLETED BY SUPERVISOR (PLEASE PRINT)	
SUPERVISOR NAME:	PROGRAM UNIT WHERE APPLICANT WORKED
SUPERVISOR ORGANIZATION AND ADDRESS	SUPERVISOR CONTACT NUMBER AND EMAIL

VOLUNTARY OR OTHER NON-PAID WORK EXPERIENCE		<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> FORMAL ITNERSHIP/FIELD EXPERIENCE
APPLICANT JOB TITLE	DATES OF EMPLOYMENT FROM: TO:	% OF TIME PERFORMING 12 CORE FUNCTIONS	TOTAL WORK EXPERIENCE HOURS

** actual dates of employment needs to be indicated or subject to disapproval*

SUPERVISED PRACTING TRAINING

(MINIMUM: 20 HOURS IN EACH CORE FUNCTION / TOTAL OF 400 HOURS)

APPLICANTS MUST COMPLETE SUPERVISED PRACTICAL TRAINING THAT INCLUDES 400 HOURS IN THE 12 CORE FUNCTIONS WITH A MINIMUM OF 20 HOURS IN EACH CORE FUNCTION. *THIS EXPERIENCE MUST BE SUPERVISED BY A CSAC WHICH IS ELIGIBLE FOR RECEIPROCITY.* THERE SHOULD BE A MINIMUM OF 1 HOUR OF SUPERVISION FOR EACH 8-10 HOURS OF PERFORMANCE. SUPERVISION SHOULD BE DIRECTED TOWARDS TEACHING THE KNOWLEDGE/SKILLS OF ALCOHOL/DRUG COUNSELING. IN EACH OF THE FOLLOWING 12 CORE FUNCTIONS, ENTER THE TOTAL NUMBER OF HOURS IN WHICH YOU PROVIDED SUPERVISED PRACTICAL TRAINING TO THE APPLICANT AS PART OF HIS/HER WORK EXPERIENCE.

Screening	Intake	Orientation	Assessment	Treatment Planning	Counseling	Case Management	Crisis Intervention	Client Education	Referral	Report And Record Keeping	Consultation	Total

SUPERVISOR CERTIFICATION – DO NOT ALTER OR VERIFICATION WILL NOT BE VALID

I HAVE REVIEWED OUR RECORDS AND CERTIFY THAT THE INFORMATION PROVIDED ON THE WORK EXPERIENCE AND SUPERVISED PRACTICAL TRAINING (IF APPLICABLE) OF THE ABOVE-NAMED APPLICANT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF APPLICANT SUPERVISOR

JOB TITLE OF APPLICANT SUPERVISOR

CHECK ALL CREDENTIALS OR LICENSES THAT VERIFY YOUR STATUS AS A QUALIFIED HEALTH PROFESSIONAL

CSAC LICENSED CLINICAL SOCIAL WORKER LICENSED PSYCHOLOGIST

LICENSED MARRIAGE AND FAMILY THERAPIST LICENSED PHYSICIAN LICENSED ADVANCED PRACTICE REGISTERED NURSE

SIGNATURE OF APPLICANT SUPERVISOR

DATE

PLEASE COMPLETE THE ATTACHED EVALUATION AND FORWARD IT ALONG WITH THIS WORK EXPERIENCE VERIFICATION TO:

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

CONFIDENTIAL EVALUATION

The following items are representative of the skills needed by a certified substance abuse counselor in the 12 Core Functions. Please evaluate the applicant as you feel he/she demonstrates his/her abilities in each area. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the following scale:

1 2 3 4 5 X
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 Minimum Ability Below Average Ability Average Ability Above Average Ability Outstanding Ability Unknown or Not Observed

CLINICAL SKILLS/ABILITIES	EVALUATION (Circle One)	COMMENTS
SCREENING: Demonstrated competency in determining appropriateness for admission to a program	1 2 3 4 5 X	
INTAKE: Demonstrated competency in client intake process	1 2 3 4 5 X	
CLIENT ORIENTATION: Demonstrated competency in client orientation and motivation	1 2 3 4 5 X	
ASSESSMENT: Demonstrated competency in the use of psycho-social tools for assessing the intensity and extent of a client's problem with chemical dependency	1 2 3 4 5 X	
TREATMENT PLANNING: Demonstrated competency in establishing treatment goals and objectives for client	1 2 3 4 5 X	
COUNSELING: Demonstrated competency in individual counseling	1 2 3 4 5 X	
COUNSELING: Demonstrated competency in group counseling	1 2 3 4 5 X	
COUNSELING: Demonstrated competency in counseling of the family of the client and significant others	1 2 3 4 5 X	
CASE MANAGEMENT: Demonstrated competency in coordinating multiple treatment activities and support systems for the client	1 2 3 4 5 X	
CRISIS INTERVENTION: Demonstrated competency in crisis intervention	1 2 3 4 5 X	
CLIENT EDUCATION: Demonstrated competency in didactic presentations	1 2 3 4 5 X	

REFERRAL: Demonstrated competency in identifying the needs of the client that cannot be met by the counselor and assisting the client to utilize other agency or community resources available	1	2	3	4	5	X	
REPORTS/RECORD KEEPING: Demonstrated competency in writing reports and maintaining records	1	2	3	4	5	X	
CONSULTATION: Demonstrated competency in ability to relate to other professionals to assure comprehensive, quality care for the client	1	2	3	4	5	X	
SELF-EVALUATION: Ability to evaluate one's own shortcomings; accept guidance or suggestions (openness to the supervisory process)	1	2	3	4	5	X	

CLINICAL SKILLS/ABILITIES	EVALUATION (Circle One)						COMMENTS
DECISION-MAKING: Ability to make decisions and initiate action with minimal or no supervision	1	2	3	4	5	X	
CONFIDENTIALITY: Ability to comply with State and Federal laws pertaining to client's rights and confidentiality	1	2	3	4	5	X	
ETHICS: Ability to comply with the Code of Ethics [HAR 11-177.1-33]	1	2	3	4	5	X	

SUPERVISOR CERTIFICATION

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN AND ON ANY ATTACHMENTS IS TRUE TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE OF APPLICANT SUPERVISOR	DATE