

## INSTRUCTIONS FOR COMPLETEING THE “WORK EXPERIENCE VERIFICATION RECORD”

1. CLINICAL SUPERVISOR: Print name, program unit where the applicant worked, your organization, address, and an email and a contact phone number.
2. CLINICAL SUPERVISION means on-the-job teaching, training, guidance, direction, and review of an applicant’s client-related activities by a qualified clinical supervisor. Supervision includes monitoring the applicant’s development and use of knowledge and skills relevant to professional practice.
3. APPLICANTS EMPLOYMENT STATUS. Check whether work was full-time, part-time, volunteer, or formal internship. Check all that apply. Print applicants job title and dates of employment (If dates are not indicated, work verification will be rejected.) Indicate the percentage of time actual work experience was in the 12 core function areas. 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 the total number of supervised experience hours. Enter this number in the space provided.
4. THE 12 CORE FUNCTIONS. The only experience that qualifies as supervised experience for a substance use disorder counselor applicant is experience applying the 12 Core Functions in addressing the SUBSTANCE USE TREATMENT needs of a client. Each applicant must complete intensive training in the 12 Core Functions with a minimum of 20 hours training and experience in each core and a total of 400 hours. ***In addition, ADAD may request the type of applications (i.e., screen tool, assessment, treatment planning, etc.) are being used or request for a case study of the candidate’s work performance. Please add an attachment if additional comments or recommendations are needed.***  
“Intensive training” means at least one hour of serv for every 8 hours of performance. Typically, this involves teaching the applicant about each core functions, demonstrating how each function is accomplished, the applicant sitting in while a certified staff member performs the function, the applicant performing the functions 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.

Each core function should be applied as follows:

- Screening for substance use (SU) problems
  - Intake to your SU services
  - Orientation to your SU program
  - Assessment of SU problems and their ramifications
  - Treatment planning to address SU problems
  - Counseling (individual, group, and family) with the focus on substance use disorder(s) and recovery
  - Case management that addresses treatment and recovery issues of SU clients
  - Crisis intervention with substance use disorder clients
  - Client/family education that a program can not provide substance use disorder clients
  - Substance use disorder treatment reports and record keeping
  - Consultation in addressing treatment needs or substance use disorders clients
6. SUPERVISOR CERTIFICATION. Print name and job title and check each credential that applies. Sign and date the form, then complete the evaluation signing and dating that form where indicated. Supervisor may need to submit a copy of their certification upon request from the STATE. CSAC supervision hours shall be clinical supervised by a CSAC who is eligible for reciprocity. If supervisor and candidates are not sure if the supervisor fails in this criterion, please contact ADAD. ***Any alterations to the form will be voided.***
7. Any supervision that is performed and does not meet these requirements will not be accepted and may be address by the STATE.
8. Supervisor please complete the form and return to:

**Alcohol and Drug Abuse Division**  
**Attn: Quality and Improvement Office**  
**601 Kamokila Blvd., Room 360Kapolei, Hawaii**  
**96707**  
**or**  
**Email: [angela.bolan@doh.hawaii.gov](mailto:angela.bolan@doh.hawaii.gov)**  
**Fax: 808-692-7521**

## WORK EXPERIENCE VERIFICATION RECORD

### INFORMATION AND INSTRUCTIONS TO SUPERVISORS

*Please complete this form which reflects your knowledge of the applicant's work experience while at the work setting indicated. Please make sure the applicant has signed the above consent form. Do not complete this work experience verification record unless the release is signed. If you have any questions, please contact ADAD at 808-692-7518.*

*The applicant/candidate must have a signed consent release form signed and provided to you prior to you filling this out. Please submit the applicant/candidate consent form with this form. Supervisor(s) may, mail, fax or email this directly to ADAD. A e-signature may be accepted.*

**All areas need to be filled out, to include comment or recommendations section to be considered complete.**

**If you have any questions or concerns, please contact Angela Bolan at [angela.bolan@doh.hawaii.gov](mailto:angela.bolan@doh.hawaii.gov)**

**Name of Candidate:**

Supervisors Name:	
Work site where applicant performed hours:	
Organization Address:	
Supervisor Email	Contact Number:

### WORK EXPERIENCE

Applicant Job Title :			
Full time :	Part-Time:	Internship:	Volunteer :
Date of this work verification	Start Date:	End Date:	
% Of time performing 12 Core Functions :		Total Hours:	

Supervised 12 Core Functions  
(Minimum: 20 hours in each core functions ~ 400 hours total)

12 Core Functions	Hours
Screening	
Intake	
Orientation	
Assessment	
Treatment Planning	
Counseling	
Case Management	
Crisis Intervention	
Client Education	
Referral	
Report and Record	
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 12 Core Functions (if applicable) of the above-names applicant is true to the best of my knowledge and belief. In addition, I am certified to supervise based requirements indicated on this form and that is aligned with the Hawaii Administrative Rules 11.177.1.*

Name of Application Supervisor:		
Job Title of Applicant Supervisor:		
CSAC Number:	Effective Date:	Expiration Date:

Check all other credential s or licenses that very your status as a qualified health professional as approved by the State ( <i>note only CSAC with eligibility for reciprocity eligible to sign 12 core functions</i> )	
Licensed Clinical Social Worker	Licensed Psychologist
Licensed Marriage and Family Therapist	Licensed Physician
Licensed Advance Practiced Registered Nurse	

\_\_\_\_\_  
Signature

Date:

## CONFIDENTIAL EVALUATION

The following items are representation of the skills need by a certified substance abuse counselor in the 12 Core Functions. Please evaluate the applicant's as you feel he/she demonstrates his/her abilities in ear area. Mark the rating most nearly descriptive of the applicant's demonstration skills using the following scale (see fig. 1). Be mindful that the rating is review and if deem necessary, ADAD may contact you for more clarification. If more space is needed for comments and recommendations, please attached a word document.

1                      2                      3                      4                      5                      x  
 /-----/-----/-----/-----/-----/-----/-----

1- Minimum ability , 2- Below Average Ability , 3- Average Ability, 4-Above Average Ability, 5- Outstanding Ability, X Unknow/Not Observed

Clinical Skills/Abilities	Evaluation Rating	Comments/Recommendations and tools may have been used if applicable:
<b>Screening:</b> Demonstrate competency in determining for admission to a program		
<b>Intake:</b> Demonstrate competency in clint intake process		
<b>Client Orientation :</b> Demonstrate competency in client orientation and motivation		
<b>Assessment:</b> Demonstrate competency in the use of psycho-social tools for assessing the intensity and extent of a client's problem with substance use disorder		
<b>Treatment Planning:</b> Demonstrate competency in establishing treatment goals and objectives for a client		
<b>Counseling:</b> Demonstrate competency in individual counseling		
<b>Counseling :</b> Demonstrated competency in group counseling		
<b>Counseling:</b> Demonstrate competency in counseling of the family of the client and significate others		
<b>Case Management:</b> Demonstrated competency in coordinating multiple treatment activities and support systems for the client		

### CONFIDENTIAL EVALUATION (continue)

Clinical Skills/ Abilities	Evaluation	Comments/Recommendations and tools may have been used if applicable:
<b>Crisis Intervention:</b> Demonstrated Competency in crisis intervention		
<b>Client Education:</b> Demonstrate competency in didactic presentation		
<b>Referral:</b> 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		
<b>Reports/Record Keeping:</b> Demonstrated competency in writing reports and maintaining records		
<b>Consultation:</b> Demonstrated competency in ability to relate to other professionals to assure comprehensive quality care for the client		
<b>Self-Evaluation:</b> Ability to evaluate one's own shortcomings: accept guidance or suggestions (openness to the supervisory process)		

### Other Confidential Evaluation

Clinical Skills/Abilities	Evaluation	Comments/Recommendations
<b>Decision-Making:</b> Ability to make decisions and initiate action with minimal or no supervision		
<b>Confidentiality:</b> Ability to comply with State and Federal laws pertaining to client's rights and confidentiality		
<b>Ethics:</b> Ability to comply with the Code of Ethics [ HAR 11-177.1-33]		

*I certify that the information contained herein and on any attachments is true to the best of my knowledge.*

\_\_\_\_\_  
Signature of Applicants Supervisor

Date: