



**VERIFICATION OF APPROPRIATE SUPERVISION**  
Post-Graduate Supervised Experience

This form is to be **filled out by the supervisor** when the applicant's supervision is completed. Include this form with your application in a separate, sealed envelope with the supervisor's signature across the seal.

Applicant's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervision was given from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year)

**DESCRIPTION OF COUNSELING SERVICES RENDERED BY APPLICANT UNDER YOUR SUPERVISION**

1. Location where the supervision took place: \_\_\_\_\_  
\_\_\_\_\_

2. In your opinion, has the applicant demonstrated competency in counseling practice sufficient for certification in the District of Columbia? YES NO

Please elaborate: \_\_\_\_\_  
\_\_\_\_\_

**Please complete the information below to indicate your qualification to be an approved supervisor. Qualifications are outlined in the *Addiction Counseling Regulations – Chapter 87 Section 8715***

**PLEASE MAKE SURE COMPLETE BOTH PART I AND PART II BELOW**

**PART I:**

**What licensure do you hold? (Please mark)**

- Licensed Professional Counselor
- Licensed Clinical Psychologist
- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Medical Doctor
- Licensed Registered Nurse

Supervisor's License Number: \_\_\_\_\_

Date License Issued: \_\_\_/\_\_\_/\_\_\_ Date of Expiration: \_\_\_/\_\_\_/\_\_\_

Issued in State of: \_\_\_\_\_

**FORM D**

**PART II:**

**Which of the following qualifications do you hold: (Please Mark)**

- Do you hold a national certification in substance abuse counseling through the National Association for Alcoholism and Drug Abuse Counselors (NAADAC-NCC) or the National Board of Certified Counselors (NBCC)?**

\*If yes, please indicate your certification number: \_\_\_\_\_

- Are you a current certified addiction counselor II (CAC II) through the District of Columbia Board of Professional Counseling?**

\*If yes, please indicate your certification number: \_\_\_\_\_

- Documentation of a minimum of one (1) year of experience in substance abuse counseling and at least one hundred (100) hours of didactic training in the covered areas outlined in §8703.1?**

\*If yes, please sign below attesting to having the experience and didactic training mentioned above. Please note that the Board of Professional Counseling has the authority to request this documentation at anytime.

Print Name: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_