CSAC-A VERIFICATION OF EXPERIENCE WHILE UNDER SUPERVISION

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<th>GENERAL INFORMATION</th>
<th>PLEASE TYPE OR PRINT CLEARLY</th>
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<tr>
<td>Name of Applicant (Last, First, Middle)</td>
<td>Applicants Email Address</td>
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<th>SUPERVISOR'S EVALUATION:</th>
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<tr>
<td>Supervisor’s Name (Last, First)</td>
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Worksite Name and Address where substance abuse tasks were performed:

Dates of supervision: From: ______________ to ______________

Did the applicant complete a minimum of 180 hours of experience performing the following tasks with substance abuse clients with at least eight hours for each task?

- a. Screening clients and gathering information used in making the determination for the need for additional professional assistance; (Circle Yes or No) Yes No
- b. Intake of clients by performing the administrative and initial assessment tasks necessary for admission to a program; (Circle Yes or No) Yes No
- c. Orientation of new clients to program's rules, goals, procedures, services, costs and the rights of the client; (Circle Yes or No) Yes No
- d. Assisting the client in identifying and ranking problems to be addressed, establish goals, and agree on treatment processes; (Circle Yes or No) Yes No
- e. Implementation of substance abuse treatment plan as directed by the supervisor; (Circle Yes or No) Yes No
- f. Implementation of case management activities that bring services, agencies, people and resources together in a planned framework of action to achieve established goals; (Circle Yes or No) Yes No
- g. Assistance in identifying appropriate crisis intervention responses to clients; needs during acute mental, emotional or physical distress; (Circle Yes or No) Yes No
- h. Education of clients by providing information about drug abuse and available services and resources; (Circle Yes or No) Yes No
- i. Facilitating the client’s utilization of available support systems and community resources to meet needs identified in clinical valuation or treatment planning; (Circle Yes or No) Yes No
- j. Reporting and charting information about client's treatment, progress, and other client-related data; and (Circle Yes or No) Yes No
- k. Consultation with other professionals to assure comprehensive quality care for the client (Circle Yes or No) Yes No

In your opinion has the applicant demonstrated competency sufficient for certification of substance abuse counseling? (Circle Yes or No) Yes No

I declare that, to the best of my knowledge, the foregoing is true and correct.

__________________________________________  __________________________________
Supervisor's Signature                                                                                                                                         Date