



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
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CSAC VERIFICATION OF CLINICAL SUPERVISION

GENERAL INFORMATION	PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK
Name of Applicant (Last, First, Middle)	Applicants Email Address	
SUPERVISOR'S EVALUATION:		
Supervisor's Name (Last, First)	Supervisor's Telephone Number	
Supervisor's License/Certification Type:	Supervisor's License/Certification Number:	
Business Name and Address of Work Site Where Clinical Hours Were Obtained (ONE LOCATION ONLY)		
Dates of supervision: From: _____ to _____	(Circle Yes or No)	
Did the applicant receive a minimum of one (1) hour and a maximum of four (4) hours of face-to-face supervision per week while under your direct supervision?	Yes No	If not, explain on separate page
Did the applicant receive a minimum of 100 total hours of supervision, with no more than 50 of the 100 hours obtained in group supervision while under your direct supervision?	Yes No	If not, how many? _____
Did applicant complete a minimum of 2,000 hours of supervised experience in the delivery of clinical substance abuse counseling services?	Yes No	If not, how many? _____
Did the applicant demonstrate minimum competencies of applying a counseling process, treatment strategies and rehabilitative services to help an individual to:		
a. Understand his substance abuse use, abuse or dependency?	Yes	No
b. Change his drug-taking behaviors so that it does not interfere with effective physical, psychological, social or vocational functioning?	Yes	No
Did the applicant complete a minimum of 180 hours of experience performing the following tasks with substance abuse clients with <u>at least eight hours</u> for each task?		
a. Screening clients to determine eligibility and appropriateness for admission to a particular program	Yes	No
b. Intake of clients by performing the administrative and initial assessment tasks necessary for admission to a program;	Yes	No
c. Orientation of new clients to program's rules, goals, procedures, services, costs and the rights of the client;	Yes	No
d. Assessment of client's strengths, weaknesses, problems, and needs for the development of a treatment plan;	Yes	No
e. Treatment planning with the client to identify and rank problems to be addressed, establish goals, and agree on treatment processes;	Yes	No

