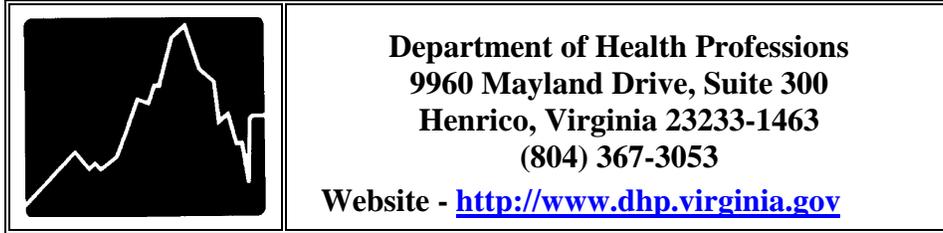


**COMMONWEALTH OF VIRGINIA  
BOARD OF COUNSELING**



**PAPER APPLICATION INSTRUCTIONS FOR  
REGISTRATION OF SUPERVISION FOR CERTIFIED SUBSTANCE ABUSE  
COUNSELOR**

**Application:**

**Fee:** A \$50.00 registration fee for initial applicants and a \$25.00 registration fee for add or change paid by check or money order made payable to the “Treasurer of Virginia”. This fee is non-refundable. The application can be used for one year from date of receipt.

**Supporting documentation:**

Upon completion of the **Paper Application for Registration of Supervision**, you will be required to submit to the Board office the following items in one complete package:

- Note: A new application, fee and supporting documentation must be submitted for each addition or change.

**Verification of Education:** An official transcript with conferral date of your Bachelor’s degree is required.

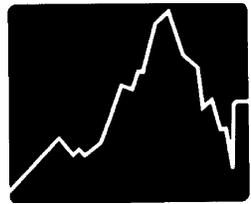
- If you have been previously approved by the Board for supervision, a duplicate transcript is not required.

**Name Change:** Documentation must be provided if your name has legally changed through marriage, divorce, or a court order and is different on any of your documentation. A photocopy of your marriage license or a copy of the court order must be provided.

**Verification of Out-of-State Supervisor:** If applicable, you must provide an official verification of license of your supervisor if they are licensed in another state and supervision will occur in another state.

**YOU SHOULD NOT BEGIN COUNTING HOURS TOWARDS CSAC CERTIFICATION UNTIL YOU HAVE  
RECEIVED WRITTEN BOARD APPROVAL.**

**COMMONWEALTH OF VIRGINIA  
BOARD OF COUNSELING**

	<p><b>Department of Health Professions</b>  <b>9960 Mayland Drive, Suite 300</b>  <b>Henrico, Virginia 23233-1463</b>  <b>(804) 367-3053</b></p> <p>Website - <a href="http://www.dhp.virginia.gov">http://www.dhp.virginia.gov</a></p>
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**PAPER APPLICATION FOR REGISTRATION OF SUPERVISION  
FOR CERTIFIED SUBSTANCE ABUSE COUNSELOR**

Initial Application		Add/Change Supervisor	
Applicant's Name (Last, First)		Applicant's Email Address	
Social Security Number or Virginia DMV Control Number*		Date of Birth (MM/DD/YY)	
Mailing Address (Street and/or Box Number, City, State, Zip Code)		Telephone Number Home: Alternate:	
Are you the spouse of a member of the U. S. military who has been transferred to Virginia and did you leave employment to accompany your spouse to Virginia?      Yes      No			
Name and address of proposed supervision work site where applicant will receive hours towards CSAC certification (ONE LOCATION ONLY)			
<b>EDUCATION:</b> List in chronological order each school or other institution where course work has been completed.			
Institution Name		Type of Degree Received	
Institution Name		Type of Degree Received	
<b>ANSWER THE FOLLOWING QUESTIONS:(For any affirmative answers, please review Guidance Document 115-2 on website)</b>			
1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, state what type of occupational examination and where:		Yes	No
2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? If yes, explain in detail on a separate sheet of paper.		Yes	No
3. Have you ever been convicted of a violation of or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations and driving under the influence.) If yes, explain in detail on a separate sheet of paper and provide court documents.		Yes	No
4. In the last twelve (12) months, have you been unable to practice by reason of excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? If yes, explain in detail on a separate sheet of paper.		Yes	No
5. Have you ever been censored, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice? If yes, explain in detail on a separate sheet of paper.		Yes	No

<b>SUPERVISOR TO PROVIDE THE FOLLOWING:</b>	
Supervisor's Name (Last, First)	Supervisor's Business Name and Address
Supervisor's Telephone Number	Supervisor's Email Address
Virginia License/Certification Number	Virginia License/Certification Type
1. Will the supervised experience include a minimum of one hour and a maximum of four hours per week of supervision between the supervisor and the applicant?	Yes      No
2. Will the applicant provide substance abuse counseling by applying a counseling process, treatment strategies and rehabilitative services to help an individual to: <ul style="list-style-type: none"> <li>a. Understand his substance abuse use, abuse or dependency</li> <li>b. Change his drug-taking behavior so that it does not interfere with effective physical, psychological, social or vocational functioning.</li> </ul>	Yes      No
<b>SUPERVISOR QUALIFICATIONS.</b> Please indicate if you are one of the following:	
1. Licensed Substance Abuse Treatment Practitioner	Yes      No
2. Virginia CSAC & National Certification in Substance Abuse Training (include copy of certificate)	Yes      No
3. Virginia CSAC with at least two years post-certification experience	Yes      No
4. A licensed professional counselor, licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, medical doctor, or registered nurse <i>and possess a board-recognized national certification in substance abuse counseling?</i> (include copy of certificate)	Yes      No
5. A licensed professional counselor, licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, medical doctor, or registered nurse <i>and a minimum of one year experience in substance abuse counseling and at least 100 hours of substance abuse didactic training as required by 18VAC115-30-50(B)(1) of the Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants</i> (include copies of certificates)	Yes      No

**DECLARATION OF SUPERVISOR AND APPLICANT**

We, \_\_\_\_\_ (name of supervisor), and \_\_\_\_\_ (name of applicant) hereby certify that:

1. We have reviewed and understand the Virginia Board of Counseling Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants;
2. We understand that we must observe and comply with the supervision requirements set forth in the regulations;
3. The supervisor is assuming responsibility for the professional activities of the prospective applicant under their supervision once the supervisory arrangement is accepted;
4. The supervisor is not providing supervision for activities for which prospective applicant has not had appropriate education;
5. The supervisor must be available to the prospective applicant on a regularly scheduled basis for supervision;
6. We have reviewed and understand the job description of the prospective applicant under supervision;
7. We understand that the supervisor is responsible for notifying the Board regarding any termination or change in supervision.

We will comply with the Laws and Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants and hereby agree to this supervision which is being registered with the Virginia Board of Counseling.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

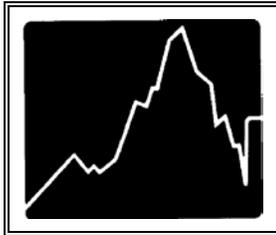
\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

# COMMONWEALTH OF VIRGINIA

## BOARD OF COUNSELING



Department of Health Professions  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463  
(804) 367-3053

Website: <http://www.dhp.virginia.gov>

### SUPERVISOR OUT-OF-STATE LICENSURE VERIFICATION

#### **Part I. To be completed by the applicant:**

INSTRUCTIONS		PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK
Name of Applicant (Last, First)			
Mailing Address (Street and/or Box Number, City, State, Zip)			
Applicants Email Address		Home and/or Cell Telephone Number	

#### **Part II. Supervisor's information to be verified:**

Last Name _____	First Name _____	M.I. _____
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#### **Part III. To be completed by state Board where supervisor is licensed:**

INSTRUCTIONS		PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK
Title of License/Certification	License/Certification Number		
Issue Date	Expiration Date		
Is there any public information relating to this license?			
Yes (specify details on a separate sheet)		No	
Certification by the authorized Licensure Official of the State of _____			
I certify that the information is correct.			
Authorized Licensure Official Name and Title _____			
State Seal		Title of Board _____	
		Telephone Number _____	
		Email Address _____	
		Date _____	