



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

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VERIFICATION OF CLINICAL SUPERVISION FOR LSATP LICENSURE

GENERAL INFORMATION - PLEASE TYPE OR PRINT CLEARLY

Name of Applicant (Last, First, Middle)	Applicant's Email Address
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SUPERVISOR'S EVALUATION:

Supervisor's Name (Last, First)	License Number:	License Type:	Supervisor's Telephone Number
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Business Name and Address of Residency Work Site Where Clinical Hours Were Obtained (ONE LOCATION ONLY)

Dates of supervision: From (mm/dd/yy): _____ To (mm/dd/yy): _____ Total Months: _____

Did the resident receive a minimum of one (1) hour and a maximum of four (4) hours of in-person supervision per 40 hours of work experience while under your direct supervision ?	Yes	No
	If no, explain on separate page	

Total amount of in-person hours of supervision with the resident.	Individual Hours:	Group Hours:

Did the applicant complete a minimum of 3,400 hours of supervised residency in substance abuse treatment working with various populations, clinical problems and theoretical approaches under your direct supervision ? If not, how many? _____	Yes	No
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Did the resident complete at least 2,000 hours of face-to face client contact in providing clinical substance abuse treatment services while under your direct supervision ? If not how many? _____	Yes	No
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Did the applicant demonstrate minimum competencies of clinical evaluation while under your direct supervision?	Yes	No
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Did the applicant demonstrate minimum competencies of treatment planning, documentation and implementation while under your direct supervision?	Yes	No
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Did the applicant demonstrate minimum competencies of referral and service coordination while under your direct supervision?	Yes	No
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Did the applicant demonstrate minimum competencies of individual and group counseling and case management while under your direct supervision?	Yes	No
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Did the applicant demonstrate minimum competencies of client family and community education while under your direct supervision?	Yes	No
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Did the applicant demonstrate minimum competencies professional and ethical responsibility while under your direct supervision?	Yes	No
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In your opinion has the applicant demonstrated competency sufficient for licensing and the independent practice in clinical substance abuse treatment services? If not, explain on separate page.	Yes	No
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I declare that, to the best of my knowledge, the foregoing is true and correct. This evaluation has been discussed with the resident and a copy has been provided to the resident.

Supervisor Signature: _____ Date: _____