



CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC)
VERIFICATION OF SUPERVISION FORM

GENERAL INFORMATION - PLEASE TYPE OR PRINT CLEARLY		
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 _____		
Did the applicant receive a minimum of one (1) hour and a maximum of four (4) hours of face-to-face supervision per 40 hours of work experience while under your direct supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, explain on separate page	
Total amount of in-person hours of supervision with the supervisee.	Individual Hours:	Group Hours:
How many hours of supervised experience in the practice of clinical substance abuse counseling services did the supervisee provide under your direct supervision ? (Do not include hours obtained under another supervisor)	_____ hours	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Change his drug-taking behaviors so that it does not interfere with effective physical, psychological, social or vocational functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the applicant complete a minimum of 160 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;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Intake of clients by performing the administrative and initial assessment tasks necessary for admission to a program;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Orientation of new clients to program's rules, goals, procedures, services, costs and the rights of the client;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Assessment of client's strengths, weaknesses, problems, and needs for the development of a treatment plan;	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Treatment planning with the client to identify and rank problems to be addressed, establish goals, and agree on treatment processes;	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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<ul style="list-style-type: none"> f. Counseling the client utilizing specialized skills in both individual and group approaches to achieve treatment goals and objectives; g. Case management activities which bring services, agencies, people and resources together in a planned framework of action to achieve established goals; h. Crisis intervention responses to clients' needs during acute mental, emotional or physical distress; i. Education of clients by providing information about drug abuse and available services and resources; j. Referral of clients in order to meet identified needs unable to be met by the counselor and assisting the client in effectively utilizing those resources; k. Reporting and charting information about the client's treatment, progress, and other client related data; and l. Consultation with other professionals to assure comprehensive quality care for the client 	<table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>In your opinion has the applicant demonstrated competency sufficient for certification of substance abuse counseling?</p>	<table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No												
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<p>I certify that I have carefully read the laws and regulations related to the Certified Substance Abuse Counselors and Substance Abuse Counseling Assistants through the Virginia Board of Counseling, which are available at http://www.dhp.virginia.gov/counseling.</p> <p>I certify by my signature below that the information provided on this form has been personally provided and reviewed by me, and that statements made on the form are true and complete.</p> <p>Further, I attest that I meet the supervisor qualifications as set forth in 18VAC115-30-60.</p> <p>I agree to the above certification.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Supervisor's Signature</td> <td style="text-align: center;">Date</td> </tr> </table>		_____	_____	Supervisor's Signature	Date										
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