

APPLICANT'S NAME: _____

SUPERVISOR'S EXPERIENCE AND EDUCATION
Supervisor is a licensed mental health practitioner (see 18 VAC 115-60-80);

1. Who has two years post-licensure substance abuse treatment experience;

DATES OF EMPLOYMENT		PLACE OF EMPLOYMENT (Complete Address)	DUTIES
FROM	TO		

Employment verified by: _____
Signature Title

AND

2. One hundred hours of didactic instruction in substance abuse treatment;

COURSE/WORKSHOP/SEMINAR	DATE	HOURS

AND

3. Training or Experience in Supervision.

DOCUMENT A THREE CREDIT OR FOUR QUARTER HOUR GRADUATE LEVEL COURSE IN SUPERVISION OR AT LEAST 20 HOURS OF CONTINUING EDUCATION IN SUPERVISION OFFERED BY A PROVIDER APPROVED UNDER 18VAC115-60-116.	DATE	HOURS

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE COMMONWEALTH OF VIRGINIA THAT THE FOREGOING IS TRUE AND CORRECT.

Supervisor's Signature

Date