

California Association for Alcohol/Drug Educators



Verification of Supervised Clinical Work Experience Hours

Applicant: Please have your supervisor(s) fill out and sign the form below and submit it with your Initial Certification Application for the CATC credential. CAADE certification standards require you to have a minimum of 2,240 supervised work experience hours, which is about one year full time work. The following Summary of Hours Form should reflect **clinical experience** as outlined in the *TAP 21 Addiction Counselor Competencies publication (SAMHSA)*. You may submit forms from your fieldwork site and from more than one center if the total is at least 2,240 hours.

Applicant Name: _____ **Registration Number:** _____

This is to certify that the applicant worked with SUD clients at the below agency:

Agency Name _____

Address: _____

City: _____ State: _____ Zip: _____

Dates completed: From _____ to _____

Total Hours Completed at Facility: _____

Clinical Supervisor's Name: _____

A clinical supervisor is either certified as an addiction counselor or licensed as a mental health professional in good standing in the state of California. Accepted credentials/licensures include CATC, LAADC, CADC II, RAS, LMFT, LPCC LCSW, Interns registered with the California Board of Psychology or the California Board of Behavioral Sciences and licensed PhD/PsyD or MD.

Type of Credential/License: _____ Credential/License Number: _____

Please Describe Clinical Training (This may include Assessment, Treatment Planning, Referral, Case Management, 1:1 Counseling, Group Counseling, Intake, Orientation, Crisis Intervention, Client Education, Documentation, Consultation, and Professional & Ethical Responsibilities):

I further certify that I am currently licensed or a certified addiction counselor as recognized by the California Department of Health Care Services (DHCS). I certify that the above information is true and permit CAADE to verify all hours.

Applicant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____