



**New Hampshire Alcohol & Drug Abuse Counselors Association
Credentialing Support Partnership
130 Pembroke Road, Suite 150, Concord, NH 03301
603-225-7060 NHADACA.ORG**

**Credentialing Support Partnership
Clinical Supervision (LADC/MLADC) Supervision Application**

Date: _____

Participant Information*

Name: _____

Phone: _____ **Preferred Email:** _____

Home Address: _____

How do you see this program meeting your credentialing needs:

Information for Ongoing Supervision (skip if seeking initial supervision)

Date of initial licensure: _____ **License #:** _____

What is the expiration date for your license? _____

Have there ever been any disciplinary actions taken against your credential? Yes No

What is your knowledge with the Alc 400 Rules? None Some Good

Have you been regularly attending ongoing trainings for your credential? Yes No

Have you been regularly attending ongoing supervision for your credential? Yes No

If yes, with who: _____

Information for Initial Supervision (skip if seeking ongoing supervision)

I have read Alc 302.01 administrative rules and acknowledge I meet the eligibility requirements for applicants under the Board of Licensing for Alcohol and Other Drug Use Professionals: Yes No, please explain:

Which of the following do you hold or working towards:

For a Master's degree, was it at least 60 credits including a clinical internship? Yes No

Have you had or do you currently have a supervisory agreement on file with OPLC? No

If yes, with who: _____

Have you taken & passed the IC&RC Exam required for credentialing? Yes No

How many work experience hours under supervision have you completed? _____ N/A

How many direct/indirect supervision hours have you completed? _____ N/A

How many of the required SUD/COD training hours have you completed? _____ N/A

Agency Information

Agency Name: _____

Agency Mailing Address: _____

Agency Setting: _____

Applicant Position: _____ **Length of Time at Agency** _____

Name/Credentials of Onsite Supervisor: _____

Position/Title: _____

Supervisor Phone: _____ **Supervisor Email:** _____

Based on the definitions outlined in RSA 330-C:2 and Alc 401.01(b)(c), NHADACA requires that a Memorandum of Understanding (MOU) and a Quality Service Organization Agreement (QSOA) are in place prior to any services being provided. NHADACA will provide supervision remotely via Zoom, and may request to review files, or provide observation at the applicant's work site or remotely (if appropriate). Additionally, NHADACA requires access to the applicant's work site policies to better provide support with ongoing supervision.

By signing below, I understand that the employee/applicant has expressed interest in becoming part of the Credentialing Support Partnership through the NH Alcohol & Drug Abuse Counselors Association and is supported by the applicant's agency. By enrolling in this program, the applicant would receive initial or ongoing direct/indirect clinical supervision. NHADACA ensures that all NH State Administrative Rules (Alc 300 & 400) and Federal Confidentiality Laws (HIPAA/42 CFR Part 2) are adhered to and will provide all required documentation to ensure compliance.

Agency Supervisor Signature

Date

Applicant Signature

Date

*Please complete the application form to the best of your ability - this form helps us to better understand your current status. Include a **job description** if able, and email completed application to credentialing@nhadaca.org. Your application will be reviewed for eligibility and you will be notified by the Credentialing Support Partnership.