



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
Ongoing Supervision Application

Date: _____

Participant Information

Name: _____

Phone: _____ **Email:** _____

Home Address: _____

What credential do you currently hold that you are seeking to maintain with supervision?

CRSW LADC

Date of initial certification/licensure: _____ **Certification/License #:** _____

What is the expiration date for your certification/license? _____

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

Have you reviewed the Alc 400 Rules? **Yes** **No**

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

Why are you seeking external supervision?

How did you hear about the Credentialing Support Partnership?

Agency Information

Agency Name: _____

Agency Mailing Address: _____

Agency Setting: _____

Applicant Position: _____

Length of Time at Agency: _____

Name/Credentials of Onsite Supervisor: _____

Position/Title: _____

Phone: _____ **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 ongoing direct/indirect clinical supervision (LADCs), or direct/indirect supervision (CRSWs). 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.