Verification of Supervision
Board of Examiners of Alcoholism and Drug Abuse Counselors

I _____, hereby attest that I have completed a minimum of three (3) years or six thousand (6,000) hours of supervised experience providing counseling services to persons with addiction problems.

I understand that a Registered Clinical Supervisor, approved by the Board of Examiners of Alcoholism and Drug Abuse Counselors, will verify my supervised experience based on the documentation presented to the SBEADAC.

_____	_____
Signature of Applicant	**Signature – Registered SBEADAC Supervisor**
_____	_____
Date	**Date**

I, _____ _____
Name Credentials
have been the supervisor of:_____
from the time frame of:_____.
Her/his duties consisted of:_____
_____
_____
_____
_____
_____
_____
_____
_____
Signed:_____ Date:_____