

**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 BEADAC.

Signature of Applicant

**Signature – Registered BEADAC
Supervisor**

Date

Date