



NOTICE:

All NDBACE files are subject to the North Dakota Open Records Law

RETURN FORM TO:

North Dakota Board of Addiction Counseling Examiners
402 E MAIN AVE, Ste #5, Bismarck, ND 58501-4091
Or email an electronic copy to board@ndbace.org

Clinical Supervisor Requirements and Application

The following qualifications and conditions must be met to receive approval as a clinical supervisor.

1. The applicant must have three years (6,000 hours) of supervised experience as a licensed addiction counselor.
2. The applicant must have completed a minimum of twenty contact hours of continuing education in clinical supervision.
3. The applicant must submit two letters of reference and recommendation from board-registered clinical supervisors.

Individuals choosing to continue their clinical supervisor registration must submit verification of completion of 8 hours of clinical supervision-related coursework within the two-year continuing education cycle in order to maintain clinical supervisor status.

Clinical Supervisor Application

I. IDENTIFYING INFORMATION (type or print)

- a. Last Name: _____ First Name: _____
 Middle Name: _____ Maiden Name: _____
- b. Present Home Address: _____
- c. Home Phone: _____ Work Phone: _____
- d. Email Address: _____

II. CURRENT EMPLOYMENT

- a. Agency: _____
- b. Address: _____
- c. Clinical Supervisor's Name: _____
- d. Dates of Employment: _____

**III. EMPLOYMENT HISTORY
(Last three years of employment)**

- a. Agency: _____
- b. Address\Phone: _____
- c. Clinical Supervisor's Name: _____
- d. Dates of Employment: _____

- e. Agency: _____
- f. Address\Phone: _____
- g. Clinical Supervisor's Name: _____
- h. Dates of Employment: _____

IV. NORTH DAKOTA LICENSE INFORMATION

- a. ND License Number: _____
- b. Dates of original certification/licensure: _____
- c. Years of licensed/certified addiction counseling experience: _____

V. CONTINUING EDUCATION VERIFICATION

- a. Attach verification of 20 hours of clinical supervision continuing education contact hours.

VI. SIGNATURE

I verify that this information is true in every respect.

Date

Signature of Applicant

Date

Signature of Clinical Supervisor