



APPLICATION to become an ADACBGA-APPROVED CLINICAL SUPERVISOR

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

The preferred credential for a clinical supervisor is the ADACBGA’s Certified Clinical Supervisor (CCS) and/or the IC&RC International Certified Clinical Supervisor (ICCS). Other acceptable credentials for clinical supervisors, **which will require case-by-case approval by the ADACBGA ahead of the provision of Clinical Supervision**, are:

- A. Licensed Professional Counselor (LPC) who also holds the Certified Professional Counselor Supervisor (CPCS) through LPCA of Georgia and/or the Approved Clinical Supervisor (ACS) through the Center for Credentialing & Education (CCE) of the National Board for Certified Counselors (NBCC),
- B. Licensed Clinical Social Worker (LCSW) who also holds board certification in Clinical Supervision through the American Board of Examiners in Clinical Social Work (ABE) or otherwise qualifies to offer clinical supervision under the rules of the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists,
- C. Licensed Marriage and Family Therapist (LMFT) who also holds the Approved Supervisor designation through the American Association for Marriage and Family Therapy (AAMFT),
- D. Certified Clinical Supervisor (CCS) through the Georgia Addiction Counselors Association (GACA) *including proof of having taken and passed the NCC AP’s written clinical supervisor examination (“Grandfathered” individuals who did not take an exam shall not be approved for the provision of Clinical Supervision)*,
- E. National Clinical Supervision Endorsement (NCSE) through the National Association of Alcohol & Drug Abuse Counselors (NAADAC), and/or
- F. Individuals who were providing Clinical Supervision as of 1/1/20 and in the process of obtaining their ADACBGA CCS **or** Who hold another nationally recognized addiction credential whose scope includes the provision of Clinical Supervision with at least 10 years’ experience as an alcohol and drug abuse counselor and not less than 5 years’ experience as a Clinical Supervisor (*this option shall only be available during the 6 month period immediately following 1/1/20 and requires case-by-case scrutiny*).

If the clinical supervisor does not hold the ADACBGA CCS and/or IC&RC ICCS but instead holds one of the other acceptable credentials for clinical supervisors listed above, the clinical supervisor must first be approved by the board **ahead** of the provision of clinical supervision to the candidate, provide documentation of a minimum of two (2) years practice and supervisory experience specific to substance use treatment and/or the treatment of co-occurring disorders, and must document a minimum of 5 hours of co-occurring- or substance use- specific continuing education hours each year.

Under which category above (A-F) are you applying to become an ADACBGA-approved Clinical Supervisor?

A B C D E F G E

F If “F,” are you in the process of obtaining your CCS? Yes No If “No,” which other nationally-recognized addiction credential whose scope includes the provision of Clinical Supervision do you hold? _____



Applicants to become ADACBGA-Approved Clinical Supervisors that do not hold the ADACBGA CCS and/or IC&RC ICCS must submit this completed application form as well as the following items:

1. Copy of relevant credential and any other documents indicated in A-F above (acknowledging ADACBGA will conduct primary source verification on the credential or endorsement).
2. Clinical Supervisor Professional Reference Form that is completed, signed, and mailed directly to the ADACBGA Offices by a professional who holds an ADACBGA CCS, IC&RC ICCS, and/or one of the credentials indicated in A-E above.
3. The applicant must initial and sign the "Assurance and Release Ethics Statement" form provided in this application packet to indicate he or she has read and understands an ADACBGA-approved Clinical Supervisor's obligations to uphold the ADACBGA Code of Ethics and other professional norms of the field.
4. Submission of CE certificates for a minimum of 5 hours of co-occurring or substance use- specific CE hours in the last year.

Professional holding an ADACBGA CCS, IC&RC ICCS, and/or one of the credentials indicated in A-E above who will be submitting the Clinical Supervisor Professional Reference Form:

Name _____ Credential(s): _____

By submitting and signing this application to become an ADACBGA-Approved Clinical Supervisor, I attest and acknowledge:

- All the information provided in this application and supplemental application materials and forms is true and correct,
- I will always adhere to the ADACBGA Code of Ethics while providing Clinical Supervision as an ADACBGA-Approved Clinical Supervisor as well as the NAADAC Code of Ethics and any other Code of Ethics relevant to my professional credential(s),
- I will promptly report any individual holding or seeking an ADACBGA credential to the ADACBGA Ethics Committee should I become aware of unethical professional conduct by the same,
- I understand that I must keep the credential(s) active and in good standing that my approval to become an ADACBGA-Approved Clinical Supervisor is based upon and/or that I must obtain my ADACBGA CCS by the time period indicated on my ADACBGA-Approved Clinical Supervisor Letter,
- I will not provide Clinical Supervision to candidates seeking or professionals who hold ADACBGA credentials prior to the date indicated on my Approved Supervisor letter,
- I must have a minimum of two (2) years practice and supervisory experience specific to substance use treatment and/or the treatment of co-occurring disorders as well as any other specifications indicated in my selection of A-F above,
- I must complete a minimum of 5 hours of co-occurring- or substance use- specific continuing education hours each year, and
- I recognize ADACBGA's right to revoke my Approved Clinical Supervisor status at any time should I be found to be in violation of these terms or to have otherwise violated the ADACBGA Code of Ethics, NAADAC Code of Ethics, or any other Codes of Ethical Conduct relevant to my professional credential(s).

Signature of Applicant with Credential(s)

Date

**Mail to:
ADACBGA President
777 Cleveland Ave SW, Suite 605
Atlanta, GA 30315**

FOR ADACBGA USE ONLY:

APPROVED DENIED Signature of ADACBGA President _____



**ASSURANCE AND RELEASE
ETHICS STATEMENT**

Applicant: Please *initial* next to each statement before signing at the bottom to indicate you have read and understand your obligations to uphold the ADACBGA Code of Ethics and other professional norms of the field.

_____(Initial) I hereby attest that all the information given herein is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied Approved Clinical Supervisor status, or revocation of same, upon discovery.

_____(Initial) I have read, understand, and agree to act in accordance with the ADACBGA Code of Ethics, NAADAC Code of Ethics, and any other codes of ethical conduct recognized by my profession and in compliance with any and all codes of professional conduct in effect in the State of Georgia.

_____(Initial) I acknowledge the right of ADACBGA to verify the information in this application or to seek further information from employers, schools, credentialing bodies, or persons mentioned herein.

_____(Initial) I further understand that that it is my responsibility to maintain my credential under which I am granted status as an Approved Clinical Supervisor. I understand that it is an ethical violation to provide Clinical Supervision if my credential has expired. *I understand that I must keep my contact information up-to-date with the ADACBGA at all times, as failure to retrieve a certified letter or respond to an email shall not be a valid reason to failure to respond to official correspondence from the ADACBGA and/or the Ethics Committee.*

_____(Initial) I agree to have my current valid certificate or license on display or easily accessible if I am providing Clinical Supervision.

_____(Initial) I will hold ADACBGA, its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they, or any of them, may take in connection with this application and/or failure of the Board to bestow upon me status as an Approved Clinical Supervisor.

_____(Initial) I further understand that ADACBGA may post on their website and provide to IC&RC my contact information for their data base, along with my applicable credential(s), level, and expiration date.

Signature

Date

Printed Name



**APPROVED CLINICAL SUPERVISOR
PROFESSIONAL REFERENCE**

Applicant _____

Reference's Name _____ Credential(s) _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Mobile Phone _____

Relationship to Applicant _____ Length of time known _____

Are you an ADACBGA Certified Clinical Supervisor (CCS)? YES NO

The above applicant is applying for recognition as an Approved Clinical Supervisor with the ADACBGA. It is our request that you provide information to the Certification Board regarding the applicant and their relationship with you and others. In addressing interpersonal relationships, it is the belief that these traits impact the ethical provision of clinical supervision. Your evaluation is of utmost importance in this approval process.

Please complete the following statements:

The applicant may be an asset to the field as an Approved Clinical Supervisor because he/she is: _____

The applicant may be a liability to the field as an Approved Clinical Supervisor because he/she is: _____

General Comments: _____

OFFICIAL RECOMMENDATION: I, the undersigned **DO** **DO NOT** recommend the applicant to become an Approved Clinical Supervisor with the Alcohol & Drug Abuse Certification Board of Georgia, Inc.

I hereby certify that all information given herein is true and complete to the best of my knowledge.

Signature of Reference

Date

This form, along with a letter of formal recommendation on your letterhead, must be sent directly to the ADACBGA at
777 Cleveland Ave SW, Suite 605, Atlanta, GA 30315.