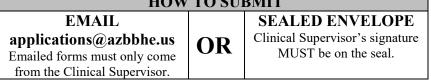


Governor

STATE OF ARIZONA BOARD OF BEHAVIORAL HEALTH EXAMINERS 1740 WEST ADAMS STREET, SUITE 3600 PHOENIX, AZ 85007 PHONE: 602.542.1882 FAX: 602.364.0890 Board Website: www.azbbhe.us Email Address: information@azbbhe.us

> TOBI ZAVALA Executive Director

ADDICTION COUNSELING VERIFICATION OF CLINICAL SUPERVISION FORM HOW TO SUBMIT



- Form must be completed by Clinical Supervisor.
- IMPORTANT: Clinical Supervisors must submit documents demonstrating compliance with the Board's Clinical Supervisor education requirements. Have you previously submitted your training documents to the Board for review OR are you included on the Board's Clinical Supervisor Registry □ Yes □ No If no, you must attach documents demonstrating compliance.

R4-6-101 (A) (11)

"Clinical Supervision" means direction or oversight provided face to face or by videoconference or telephone by an individual qualified to evaluate, guide, and direct all behavioral health services provided by a licensee to assist the licensee to develop and improve the necessary knowledge, skills, techniques, and abilities to allow the licensee to engage in the practice of behavioral health ethically, safely, and competently.

A SUPERVISEE INFORMATION						
Legal Name (First Name Last Name)						
Current AZ Board License(s) #	Issue Date(s)	Expiration Date(s)				
Email Address		Preferred Phone				
Supervisee's Title During Supervision	Title of Agency/Practice Where Supervised Work Was Performed					
Address	City		State	Zip Code		
B CLINICAL SUPERVISOR INFORMATION						
Legal Name (First Name Last Name)						
Current AZ Board License(s) #	Title		Preferred Phone			
Email Address		During Supervision I Was:				
		□ Hired as an outside Clinical Supervisor *				
* NOTE : Applicants using a Clinical Supervisor wh Supervisor Exemption Request Form if not previous provide Supervised Private Practice.						

During the supervision period, did you have an active license with the AZ Board of Behavioral Health Examiners?					
$\Box YES \Box NO$					
If NO, a credential verification must be attached from the regulating entity including: professional's name, credential title and number, issue and expiration dates, credential status, and past disciplinary actions.					
the and number, issue and expiration dates, creaential status, and past disciplinary denois.					
C REPORT OF CLINICAL SUPERVISION HOURS					
REPORTING PERIOD: (Do NOT use "current" or "present")					
to					
Start Date (month, day, & year)End Date (month, day, & year)					
Did you provide qualifying clinical supervision throughout the entire time period being verified above? VES NO					
Please list the months that you did not provide qualifying clinical supervision and give an explanation below:					
CLINICAL SUPERVISION HOURS					
1. Total hours of individual supervision provided:					
2. Total hours of group supervision of 2 supervisees provided:					
3. Total hours of group supervision of 3-6 supervisees provided					
4. Total hours of direct observation of supervisee providing treatment					
Direct observation hours cannot be counted in individual or group supervision hours (lines 1-3). Total should only reflect time the clinical supervisor observed in a face-to-face setting, video/teleconference, or audio/video					
reflect time the clinical supervisor observed in a face-to-face setting, video/leteconference, or auato/video recording.					
TOTAL HOURS OF CLINICAL SUPERVISION					
(Sum of lines 1-4)					
OVERALL RATING					
Please consider the supervisee's skills in individual/group psychotherapy, psychoeducation, assessment, diagnosis, and					
	nent, diagnosis, and				
ethical conduct when determining your selection below (must choose one):	-				
ethical conduct when determining your selection below (must choose one): Below satisfactory Satisfactory Above Satisfactory	-				
ethical conduct when determining your selection below (must choose one):	-				
ethical conduct when determining your selection below (must choose one): Below satisfactory Satisfactory Above Satisfactory	-				
ethical conduct when determining your selection below (must choose one): □ Below satisfactory □ Satisfactory □ Above Satisfactory □ Above rating (optional):	-				
ethical conduct when determining your selection below (must choose one): Below satisfactory Satisfactory Above Satisfactory	-				
ethical conduct when determining your selection below (must choose one): □ Below satisfactory □ Satisfactory □ Above Satisfactory □ Above rating (optional):	-				
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ethical conduct when determining your selection below (must choose one): Below satisfactory Satisfactory Explanation of above rating (optional): F SUPERVISOR ATTESTATION I,	ry counseling (including in compliance for the <i>tation demonstrating</i> 2 and certify that the				
ethical conduct when determining your selection below (must choose one): Below satisfactory Satisfactory Above Satisfactory Explanation of above rating (optional): F SUPERVISOR ATTESTATION I,	ry counseling (including in compliance for the <i>tation demonstrating</i> 2 and certify that the				
ethical conduct when determining your selection below (must choose one): Below satisfactory Satisfactory Above Satisfactory Explanation of above rating (optional): F SUPERVISOR ATTESTATION I, (Clinical Supervisor) certify that: • (Supervisee) was engaged in the supervised practice of substance abuse of assessment, diagnosis and treatment) that met the Board's requirements as reported above. • I have complied with the Board's Clinical Supervisor educational requirements and have remained if reporting period above. • Clinical Supervisors who are not included on the Board's registry must submit document compliance • I have read and understand the clinical supervision requirements in A.A.C. R4-6-211 and R4-6-212 clinical supervision identified above complied with those requirements. • I have maintained clinical supervision documentation in compliance with the Board's rules and th such documentation upon request.	ry counseling (including n compliance for the <i>tation demonstrating</i> 2 and certify that the at I agree to provide				
ethical conduct when determining your selection below (must choose one):	ry counseling (including in compliance for the <i>tation demonstrating</i> 2 and certify that the at I agree to provide ect to the best of my may be grounds for				
ethical conduct when determining your selection below (must choose one): Below satisfactory Satisfactory Above Satisfactory Explanation of above rating (optional): F SUPERVISOR ATTESTATION I,	ry counseling (including in compliance for the <i>tation demonstrating</i> 2 and certify that the at I agree to provide ect to the best of my may be grounds for				

Signature of Supervisor

Date