

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

## ALCOHOL AND DRUG TRAINEE

## **SUPERVISOR INFORMATION**

Fax: 410-358-1610

Trainee's Name:

Tra	inee's Address:
Tra	inee's Authorized to Practice Date: ADT #:
Tra	inee's Social Security #Trainee's Expiration Date:
Naı	ne of Supervisor:
Sup	pervisor's License or Certification:
Apj	proved Supervisor Ref. # (if applicable):
	pervisor's Place of Employment
Sup	pervisor's Employment Address
Sup	pervisor's Employment Telephone Number:
СО	MAR 10.58.07.02: An approved alcohol and drug supervisor means:
(a)	A licensed clinical alcohol and drug counselor;
(b)	A certified professional counselor-alcohol and drug;
(c)	A certified associate counselor-alcohol and drug who is approved by the Board;
(d)	A licensed clinical professional counselor, a licensed clinical marriage and family therapist, or a licensed clinical professional art therapist who is both approved by the Board and eets the requirements for licensure under COMAR 10.58 or
(e)	An individual who is approved by the Board and a licensed mental health care provider under the Health Occupations Article, Annotated Code of Maryland.
	**Individuals listed in (c), (d), or (e) above must document a minimum of 5 years of experience delivering alcohol and drug counseling services including but not limited to the activities listed in COMAR 10.58.07.14.05B.
	tified Supervised Counselors –Alcohol and Drug (CSC-AD) certification are <b>not</b> authorized to provide ervision according to COMAR 10.58.07.09.
sup	firm that I will provide supervision for the applicant above and that I am an approved alcohol and drug ervisor as specified in COMAR 10.58.07.02. Furthermore, I affirm that the information provided on this m is true and accurate.
Sup	pervisors Signature:Date: