



MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Board of Professional Counselors and Therapists  
4201 Patterson Avenue, Suite 316  
Baltimore, Maryland 21215  
(410) 764-4732  
[www.dhmh.maryland.gov/bopc](http://www.dhmh.maryland.gov/bopc)

**LICENSED CLINICAL ALCOHOL AND DRUG APPROVED SUPERVISOR**  
**PLEASE READ BEFORE COMPLETING APPLICATION**

Current Clinical Alcohol and Drug Approved Supervisors, and LCADC (Licensed Clinical Alcohol and Drug Counselor) license holders are **NOT** required to complete this application and can continue to provide supervision.

**QUALIFICATIONS:**

As of November 11, 2013, to qualify as an Licensed Clinical Alcohol and Drug Supervisor applicants must be a Licensed Clinical Health Care provider under the Maryland Health Occupations Article **AND** have at least 3 years' experience in alcohol and drug counseling that includes 3,000 hours of direct client contact **AND** meet at least one of the following options by December 31, 2016.

1. Option 1: Two years' documented experience providing counseling supervision.
2. Option 2: 3 credit (5 quarter credit) graduate level course in counseling supervision from a regionally accredited college or university.
3. Option 3: 18 CEU's (continuing education units) in counseling supervision from an approved CEU program.
4. Option 4: Hold the Clinical Supervisor credential issued by ICRC (International Certification Reciprocity Consortium) or NAADAC (National Association for Alcohol and Drug Abuse Counselors).

After December 31, 2016 applicants must meet Option 2, Option 3, or Option 4.

**SUPERVISEES:**

Licensed Clinical Alcohol and Drug Approved Supervisors provide supervision for the following:

1. LGADC (Licensed Graduate Alcohol and Drug Counselor)
2. CPC-AD (Certified Professional Counselor-Alcohol and Drug)
3. CAC-AD (Certified Associate Counselor – Alcohol and Drug)
4. CSC-AD (Certified Supervised Counselor-Alcohol and Drug) and
5. Alcohol and Drug Trainees pursuing either the CSC-AD or CAC-AD and LGADC or LCADC.

The following are **INELIGIBLE** to provide supervision for Graduate Alcohol and Drug Counselors or Alcohol and Drug Trainees pursuing licensure:

1. Licensed Graduate Counselors (Ex: LGADC, LGPC, LGMFT, LGSW, etc)
2. CPC-AD (Certified Professional Counselor-Alcohol and Drug)
3. CAC-AD (Certified Associated Counselor-Alcohol and Drug)
4. CSC-AD (Certified Supervised Counselor-Alcohol and Drug) LCSW and LSWA
5. Alcohol and Drug Trainee Counselors
6. A relative

**LICENSED CLINICAL ALCOHOL AND DRUG APPROVED SUPERVISOR  
APPLICATION & INSTRUCTIONS**

**SUBMIT NON-REFUNDABLE \$200.00 APPLICATION FEE: CHECK OR MONEY ORDER MADE OUT TO "BOARD OF PROFESSIONAL COUNSELOR AND THERAPISTS" AND COMPLETE THE APPLICANT INFORMATION BELOW:**

APPLICANT INFORMATION				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
NAME (TYPE OR PRINT)	LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME
DATE OF BIRTH	SOCIAL SECURITY #	HOME PHONE #	CELL PHONE #	EMAIL ADDRESS
LICENSE NUMBER	ATTACH A COPY OF YOUR CURRENT LICENSE			
HOME ADDRESS				
STREET	CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)				
STREET	CITY	COUNTY	STATE	ZIP CODE
BUSINESS INFORMATION				
PLACE OF BUSINESS				
BUSINESS ADDRESS	STREET	CITY	COUNTY	STATE
BUSINESS PHONE NUMBER	BUSINESS EMAIL		STATE	ZIP CODE

**CREDENTIALS AND EXPERIENCE:**

**AFTER DECEMBER 31, 2016 APPLICANTS MUST MEET OPTION 2, OPTION 3, OR OPTION 4.**

I hereby affirm that I am a ( LCPC,  LCMFT,  LCPAT,  Other (LCSW-C, Psychologist, APRN, MD) \_\_\_\_\_).  
I have (3) three years experience in alcohol and drug counseling including 3,000 hours of direct client contact, **AND** I meet at least (1) **one** of the options listed below.

**PLEASE CHECK APPROPRIATE BOX AND ATTACH A COPY OF YOUR LICENSE AND REQUESTED DOCUMENTATION  
SIGN AND DATE THE BOTTOM OF THIS FORM**

- Option 1: Two years documented experience providing counselor supervision (*Have supervisor, employer or (colleague if in private practice)*) complete the "Experience Verification" section and attach it along with your application). **DO NOT ATTACH A RESUME.**
- or
- Option 2: Completed 3 semester credit (5 quarter credit) graduate level course in counseling supervision. (*Complete "Alcohol and Drug Coursework: Option 2" section and attach official transcript along with your application.*)
- or
- Option 3: Completed 18 CEU's (Continuing Education Units) in a Board approved continuing education program in counseling supervision. (*List CEU's in "Alcohol and Drug Coursework: Option 3" section and attach copies of CEU certificates along with your application.*)
- or
- Option 4: Hold the Clinical Supervisor credential from the ICRC (International Certification Reciprocity Consortium) or NAADAC (National Association of Alcoholism and Drug Abuse Counselors) Clinical Supervisor (NCESSADP) (*Attach a copy of this credential along with your application*)

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Board of Professional Counselors and Therapists**  
**Licensed Clinical Alcohol and Drug Approved Supervisor**  
**Experience Verification: OPTION 1**

The person named below has applied to the Maryland Board of Professional Counselors and Therapists to become a **Licensed Clinical Alcohol and Drug Approved Supervisor**. Your documentation of the applicant's alcohol and drug counseling experience will enable the Board to evaluate whether this applicant meets the requirements for "Approved Supervisor Status". **Please attest to the following statement and return the form to the applicant in the sealed envelope with the sealed flap signed.**

(Print name of applicant) \_\_\_\_\_ has a minimum of 3 years' experience in alcohol and drug counseling, **including** 3000 hours of direct client contact **AND** has a minimum of 2 years' documented experience providing alcohol and drug supervision while working at (place of employment) \_\_\_\_\_ as a (job title) \_\_\_\_\_ from (dates of experience) \_\_\_\_\_ to \_\_\_\_\_.

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**I HEREBY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF.**

Check one:  Applicant's supervisor  Applicant's employer  Applicant's colleague (have colleague submit a copy of their mental health credential)

Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip code)

Daytime Contact: \_\_\_\_\_

Email \_\_\_\_\_

**ALCOHOL AND DRUG COURSE WORK**  
**Licensed Clinical Alcohol and Drug Approved Supervisor**  
**College Credits: OPTION 2**

**COUNSELING SUPERVISION COURSE:** This 3 semester credit (5 quarter credit) graduate level course(s) may include but not limited to (1): Role and responsibilities of a supervisor, (2) the needs of the supervisee, supervisor, and the agency setting while maintaining a clear ethical perspective, (3) the roll and responsibilities of a supervisor at gatekeeper to the profession, (4) methods for building effective and appropriate relationships with clients, (5) models for group supervision and (6) models and modalities for practice intervention. **PLEASE LIST THE COURSE BELOW AND ATTACH AN OFFICIAL TRANSCRIPT FROM A REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY WITH THIS FORM. UNOFFICAL TRANSCRIPTS ARE NOT ACCEPTABLE.**

<b>Name</b>	<b>Street Address/ P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email</b>	<b>Home Phone Number</b>	<b>Cell</b>	<b>Business Phone</b>	

<b><i>Required Courses</i></b>	<b><i>Course number(s) &amp; Course title(s) Must be on transcript</i></b>	<b><i>Credits Earned</i></b>	<b><i>College/University</i></b>	<b><i>Date</i></b>	<b><i>Grade</i></b>
<b>Counseling Supervision (Graduate Level)</b>					
<b>Additional Course</b>					



**LICENSED CLINICAL ALCOHOL AND DRUG APPROVED SUPERVISOR**  
**ALCOHOL AND DRUG SUPERVISOR CREDENTIAL:**  
**OPTION 4: ICRC OR NAADAC**

<b>Name</b>	<b>Street Address/ P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email</b>	<b>Home Phone Number</b>	<b>Cell</b>	<b>Business Phone</b>	

**PLEASE CHECK APPROPRIATE BOX AND ATTACH A COPY OF YOUR CREDENTIAL TO THIS FORM**

I CURRENTLY HOLD THE CLINICAL SUPERVISOR (CS) CREDENTIAL ISSUED BY THE IC & RC (*INTERNATIONAL CERTIFICATION AND RECIPROCITY CONSORTIUM*) THAT IS CURRENT, ACTIVE, AND IN GOOD STANDING FROM THE STATE OF \_\_\_\_\_.  
*(Maryland, Virginia, DC, etc)*

**OR**

I CURRENTLY HOLD THE NATIONALLY ENDORSED CLINICAL SUPERVISOR FOR SUBSTANCE ABUSE DISORDER PROFESSIONALS CREDENTIAL (NECSSAP) ISSUED BY NAADAC (*NATIONAL ASSOCIATION OF ALCOHOL AND DRUG ABUSE COUNSELORS*) THAT IS CURRENT, ACTIVE, AND IN GOOD STANDING FROM THE STATE OF \_\_\_\_\_.  
*(Maryland, Virginia, DC, etc)*