

Addictive Disorders Regulatory Authority (ADRA)

APPLICATION for CCGC

SUPERVISOR'S EVALUATION CONFIDENTIAL

Applicant's **NAME:** _____ **Date:** _____

TO: Supervisor's Name: _____

The applicant listed above is applying to the ADRA for certification as a Licensed, Certified or Registered Addictions Counselor (LAC, CAC or RAC). The information requested is an essential part of the ADRA's evaluation of the competence of the applicant and must be on file before the application can be processed.

The ADRA believes that your observation will lead to a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation plus that received from other references and the data furnished by the applicant will be used in determining eligibility for certification. This evaluation is confidential. Please return it within a week directly to the ADRA office. Your cooperation is greatly appreciated.

I hereby request this confidential evaluation. _____
Applicant's Signature

On the basis of your knowledge of the above named applicant, rate his/her skill in each area listed below. Circle the appropriate number or check the appropriate box..

Rating Scale: 1 = poor, 2 = fair, 3 = acceptable, 4 = good, 5 = very good, 6 = superior

Exhibits skill in:	Poor -----> Superior						Don't Know	Not Applicable
1. Screening	1	2	3	4	5	6	D/K	N/A
2. Intake	1	2	3	4	5	6	D/K	N/A
3. Orientation	1	2	3	4	5	6	D/K	N/A
4. Assessment	1	2	3	4	5	6	D/K	N/A
5. Treatment Planning	1	2	3	4	5	6	D/K	N/A
6. Counseling	1	2	3	4	5	6	D/K	N/A
7. Case Management	1	2	3	4	5	6	D/K	N/A
8. Crisis Intervention	1	2	3	4	5	6	D/K	N/A
9. Client Education	1	2	3	4	5	6	D/K	N/A
10. Referral	1	2	3	4	5	6	D/K	N/A
11. Reports and Record Keeping	1	2	3	4	5	6	D/K	N/A
12. Consultation with Professionals	1	2	3	4	5	6	D/K	N/A

Additional Comments: _____

SUPERVISOR'S EVALUATION

(Continued)

CONFIDENTIAL

Supervisor's Name: _____

Supervisor's Position: _____

Agency/Institution: _____

Office Address: _____

City, State: _____ Zip: _____

Office Phone: (_____) _____ - _____

STATEMENT

I hereby certify that I have been in a position to observe and have first-hand knowledge of

_____ works (ed) at _____
Name of Applicant Name of work setting

I have observed the applicant's work from _____ to _____
Date Date

He/she was employed as a/an _____
Applicant's Position

I used the following procedures to supervise and evaluate the applicant: _____

I offer the following recommendation: _____

(Attach additional sheets if necessary)

I hereby certify that this rating is, to the best of my knowledge, truthful, and reflects as accurately as possible my knowledge of the applicant.

Supervisor's Signature: _____ Date: _____

_____ I am registered with the ADRA as a counselor supervisor: CCS #: _____

_____ I am not registered, but am attaching a copy of my license and curriculum vitae.

The ADRA reserves the right to request additional information from you concerning this applicant.

RETURN THIS FORM DIRECTLY TO:

ADRA - Certification
628 North Fourth Street
Baton Rouge, LA 70802

CONFIDENTIAL -- DO NOT RETURN THIS FORM TO THE APPLICANT