

**Addictive Disorders Regulatory Authority
(ADRA)**

SAMPLE FORM FOR AIHE AUDIT REPORT

Date: _____

NAME AND CREDENTIALS OF Certified Clinical Supervisor (CCS): _____

Address: _____

Re: Year: _____ **AUDIT OF (Name of AIHE):** _____

This report contains confidential information in relation to:

NAME OF AIHE: _____ **AIHE #** _____,

and is provided for the sole purpose of renewing registration as an AIHE. A careful review of the institution and its policies and procedures was conducted on **DATE OF AUDIT:** _____ to determine its

compliance with the ADRA's requirements. The institution receives ongoing consultation from **NAME:** _____ regarding the quality and content of its substance abuse

counseling curriculum. SHE/HE is REGISTERED AS A CCS and/or MEETS THE REQUIREMENTS FOR A QUALIFIED PROFESSIONAL SUPERVISOR, and has evidence from the ADRA for proper waiver. The institution currently offers **NUMBER OF:** _____ courses in substance abuse counseling.

All courses ARE/ARE NOT taught by instructors who are qualified to teach substance abuse courses. Lists of the courses offered and the instructors at the institution are enclosed for your records. The curriculum offered by the institution **DOES / DOES NOT** adequately provide education directly related to substance abuse counseling and the twelve core functions. (LIST ANY DEFICIENCIES). _____

The institution **DOES / DOES NOT** provide students with the opportunity to gain experience through practicum and internship courses. Students can generally receive **NUMBER OF HOURS:** _____ of

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SAMPLE AIHE AUDIT WORKPAPER

| The following items should be reviewed and verified during the audit of an AIHE: | YES | NO |
|--|-------|-------|
| 1. Has the institution maintained its accreditation by a recognized regional accrediting body? Verify by reviewing the appropriate documents. | _____ | _____ |
| 2. Does the institution receive ongoing consultation about the quality and content of its substance abuse counseling curriculum from either a CCS or a qualified professional supervisor? | _____ | _____ |
| a. Verify CCS designation by requesting a copy of the individual's current CCS card. | _____ | _____ |
| b. A qualified professional supervisor is: | | |
| 1) a LAC who has been certified and has worked in a licensed or ADRA approved substance abuse program for a minimum of two years or | _____ | _____ |
| 2) a credentialed professional such as a board certified social worker, licensed psychologist, or licensed physician with documented proof of their competence in addiction counseling. (A SPECIALITY CERTIFICATION FROM THEIR DISCIPLINE WILL SUFFICE) If not specialty certified a waiver from the ADRA is required. | _____ | _____ |
| c. Verify that an individual not registered as a CCS is qualified by requesting a copy of the individual's current license and specialty certification in addictions counseling or a copy of their waiver from the ADRA with a copy of their curriculum vitae. | _____ | _____ |
| 3. If the institution does receive ongoing consultation, does it appear to accept and implement the recommendations, if any, made by the CCS or the qualified professional supervisor? | _____ | _____ |
| 4. Does the institution have a continuous quality improvement program? | _____ | _____ |

If yes, give a brief description of how the institution implements this program. (Attach an additional sheet if necessary.)

| | | |
|---|-------|-------|
| 5. If the institution has a continuous quality improvement program, does it maintain full records of that program? Verify by reviewing the records. | _____ | _____ |
|---|-------|-------|

- | | YES | NO |
|---|-------|-------|
| 6. Does the curriculum adequately provide education directly related to substance abuse counseling and the 12 core functions? Provide a list of the substance abuse courses offered by the institution on the attached sheet. | _____ | _____ |
| 7. Is the faculty adequately qualified to teach substance abuse courses? Provide a list of all faculty members who teach substance abuse courses and their credentials. | _____ | _____ |
| 8. Does the institution provide its students with the opportunity to participate in practicum and internship courses? If yes, briefly explain the institution's policy on such courses including things such as: (1) the number of hours of credit the students receive; (2) where do the students intern; etc. | _____ | _____ |

(Attach an additional sheet if necessary.)

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SUBSTANCE ABUSE COURSES OFFERED

Note: You may either complete this form or submit a copy of the page from the institution's current course catalog with the necessary course information. Remember you must submit **all** of the information requested below, so if, for example, the catalog does not list who teaches each course, you must add that information to the copy you will submit with your audit.

Course #: _____ **Course Title:** _____

Professor(s): _____

Course Description: _____

Course #: _____ **Course Title:** _____

Professor(s): _____

Course Description: _____

Course #: _____ **Course Title:** _____

Professor(s): _____

Course Description: _____

Course #: _____ **Course Title:** _____

Professor(s): _____

Course Description: _____

(attach additional sheets as needed)

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FACULTY MEMBERS OF AIHE

| Name | Credentials/Qualifications |
|-------------|-----------------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |
| 13. _____ | _____ |
| 14. _____ | _____ |
| 15. _____ | _____ |

(make additional pages as needed)