

**Addictive Disorder Regulatory Authority
(ADRA)**

SAMPLE FORM FOR ATI AUDIT REPORT

NAME of CCS: _____ CCS #: _____

ADDRESS of ATI: _____

NAME OF ATI: _____ ATI #: _____

DATE OF AUDIT: _____

Recommend renewal of registration as an ADRA. YES NO

This report contains confidential information in relation to ATI #: _____, and is provided for the sole purpose of renewing registration as an ATI. A careful review of the institution and its policies and procedures was conducted to determine its compliance with the ADRA's requirements. NAME: _____ is responsible for the overall supervision of the training program. 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 also has the following qualified professionals on staff to assist with the training program:

NAMES OF OTHER QUALIFIED PROFESSIONALS: _____

The institution currently employs NUMBER OF trainees: _____. Of those ALL / # OF are registered as CIT's: _____. The CIT's FOLLOW/DO NOT FOLLOW a clearly documented training program. (INCLUDE EXPLANATION IF DO NOT FOLLOW) The institution APPEARS / DOES NOT APPEAR to provide adequate training, experience, and supervision in the twelve core functions and the global criteria of each to its trainees. (LIST ANY DEFICIENCIES). _____

The institution MAINTAINS / DOES NOT MAINTAIN a continuous quality improvement program and MAINTAINS / DOES NOT MAINTAIN complete records of that program. It is my professional opinion, based on the above information, that NAME OF ATI: _____ be APPROVED/DENIED for the renewal of their registration as ATI # _____. I have enclosed a copy of my audit work papers to exhibit my findings and the basis for my opinion.

INCLUDE ANY RECOMMENDATIONS YOU MAY HAVE FOR THE ATI.

Approval Signature

Date

Certified Clinical Supervisor Name & Number

Addictive Disorder Regulatory Authority (ADRA)

SAMPLE ATI AUDIT WORKPAPER

The following items should be reviewed and verified during the audit of an ATI:

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| 1. Is the institution licensed appropriately to provide substance abuse treatment or substance abuse counseling services? Verify by requesting a copy of the license. | Yes | No |
| 2. Is the individual responsible for the overall supervision of the training program either a Certified Clinical Supervisor (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 Licensed Addictions Counselor, Certified Addictions Counselor or Registered Addictions Counselor 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.
c. Verify that an individual not registered as a CCS is qualified by requesting a copy of the individual's current license and curriculum vitae. | Yes | No |
| 3. Are all substance abuse counselor trainees employed by the institution registered with the ADRA as counselors-in-training (CITs)? Verify by requesting copies of each trainee's current CIT card. | Yes | No |
| 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.) | Yes | No |
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| 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 institution have planned duties and a documented training program for trainees to follow? If yes, review the program to determine the adequacy of the training provided at the institution. | Yes | No |

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| 7. Does the institution appear to provide adequate training, experience, and supervision in the 12 core functions and the global criteria of each to its trainees? | | |
| a. Screening (5 global criteria) | Yes | No |
| b. Intake (3 global criteria) | Yes | No |
| c. Orientation (3 global criteria) | Yes | No |
| d. Assessment (5 global criteria) | Yes | No |
| e. Treatment planning (4 global criteria) | Yes | No |
| f. Counseling (7 global criteria) | Yes | No |
| g. Case management (2 global criteria) | Yes | No |
| h. Crisis intervention (3 global criteria) | Yes | No |
| i. Client education (2 global criteria) | Yes | No |
| j. Referral (5 global criteria) | Yes | No |
| k. Reports and record keeping (3 global criteria) | Yes | No |
| l. Consultation with professionals (3 global criteria) | Yes | No |
| 8. Does each CIT meet with his/her supervisor for at least one hour of direct supervision per week? | Yes | No |
| 9. Does the supervisor document the number of hours spent discussing each core function with each CIT? Verify that this documentation exists. | Yes | No |
| 10. Does the supervisor document the number of hours that each CIT spends working in each of the 12 core functions each week? Verify that this documentation exists. | Yes | No |