

**Addictive Disorder Regulatory Authority
(ADRA)**

CASE PRESENTATION

By:

Applicant's name (please type)

COUNSELOR'S STATEMENT

I hereby certify that I prepared this case presentation and that it represents an actual/typical case of mine.

I also understand that this material may be reviewed by the Certification Board and its designated agents for evaluation and research purposes.

SIGNATURE: _____

DATE: _____

SUPERVISOR'S STATEMENT

I hereby certify that I have read this case presentation, that it represents an actual/typical client case of the applicant, and that, to the best of my knowledge, it was prepared by the applicant.

NAME: _____
(please type)

TITLE: _____

NAME OF AGENCY: _____

SIGNATURE: _____

DATE: _____