

# Addictive Disorder Regulatory Authority (ADRA)

## APPLICATION for LPP, CPP or RPP

### 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 Prevention Professional. 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.

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. Program Coordination                   | 1                    | 2 | 3 | 4 | 5 | 6 | D/K        | N/A            |
| 2. Education and Training                 | 1                    | 2 | 3 | 4 | 5 | 6 | D/K        | N/A            |
| 3. Community Organization                 | 1                    | 2 | 3 | 4 | 5 | 6 | D/K        | N/A            |
| 4. Public Policy                          | 1                    | 2 | 3 | 4 | 5 | 6 | D/K        | N/A            |
| 5. Professional Growth and Responsibility | 1                    | 2 | 3 | 4 | 5 | 6 | D/K        | N/A            |
| 6. Planning and Evaluation                | 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 LPP, CPP or RPP #: \_\_\_\_\_

\_\_\_\_\_ 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**

**628 North Fourth Street**

**Baton Rouge, LA 70802**

**CONFIDENTIAL -- DO NOT RETURN THIS FORM TO THE APPLICANT**