NORTH DAKOTA BOARD OF ADDICTION COUNSELING EXAMINERS

NDBACE

NOTICE:
All NDBACE files are subject to the North Dakota Open Records Law
RETURN FORM TO:
North Dakota Board of Addiction Counseling Examiners
P. O. Box 1053
Bismarck, ND 58502
Board@ndbace.org

REFERENCE FORM

Clinical Supervision

An application for Clinical Supervision requires Reference Forms from **two registered clinical supervisors.**

This form must be submitted directly from the reference to the NDBACE

Applicant's Name: _____

Reference Name: _____

Position: _____

Relationship to Applicant: _____

Work Address: _____

Phone and Email: _____

1. In what capacity and for how long have you known the applicant listed above?

2. To the best of your knowledge, has this person ever been convicted of an offense that has a direct bearing upon this person's ability to practice addiction counseling or supervise counselors?
   ☐ Yes ☐ No If yes, please explain:

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Or email an electronic copy to board@ndbace.org

3. To the best of your knowledge, is this person currently using any mood-altering chemicals which interfere with the performance of his or her practice of the profession of addiction counseling or supervision of counselors?

   ☐ Yes ☐ No If yes, please explain:

4. Do you have knowledge of any incidents, issues or concerns that should be considered by the board in determining this applicant's eligibility for registration as a Clinical Supervisor?

   ☐ Yes ☐ No If yes, please explain:

5. What is your assessment of this person's ability to engage in supervision addiction counselors?

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6. Do you recommend this applicant for approval to become a Registered Clinical Supervisor?

☐ Yes ☐ No Please explain:

7. Please make any additional comments that will help the Board of Addiction Counseling Examiners in reviewing this applicant's request for Clinical Supervision registration.

Signature: _____

Title: _____

Date: _____