

This form should be used when, as a supervisor, any part of the supervision you provided to a supervisee for purposes of LADC licensure occurred on or before June 30, 2005. You may otherwise choose to complete the ADC Approved Supervisor form if you wish to obtain the "Approved Supervisor" designation from the Board.

**Minnesota Board of Behavioral Health and Therapy
ADC Supervisor Credential Verification Form**

Your name (F/M/L): _____

Name of your **supervisee**: _____

Dates of supervision: _____

Your Current Mailing Address: _____

City, State, Zip, County: _____

Phone: (_____) _____ Email: _____

This address is my (circle): HOME WORK Gender (check): Male Female

License under which you provided supervision: Type: LADC _____

License number: _____ Issue date: _____ State: _____

Other licenses held (including licensure in other states): _____

Please Circle your responses to the following three questions:

<p>1. I had four years of alcohol and drug counseling experience prior to the date I began supervising the supervisee named above.....</p> <p><input type="checkbox"/> You must attach your professional resume that includes your educational information, your practice experience, and your practice locations. Dates related to this information are essential; and</p> <p><input type="checkbox"/> If you are not an LADC, you must request that an official License Verification, including any disciplinary and/or corrective action information, be mailed directly to the BBHT from the licensing authority for the license you held/hold and under which you provided supervision.</p>	<p align="center">YES</p>	<p align="center">NO</p>
<p>2. I had successfully completed a course or workshop in clinical supervision prior to the date I began supervising the supervisee named above:.....</p> <ul style="list-style-type: none"> • YES: attach copies of your transcript(s) or certificate(s) that reflect(s) your training as a supervisor. • NO: in a detailed, written letter, please provide a description of your informal <i>training</i> in clinical supervision. Do NOT substitute a letter describing your experience as a supervisor (although this information may be included in your letter). You must provide pertinent information such as who provided the training, what their qualifications were, when the training occurred, how the training occurred, and what information was imparted. Please note that declarations to another licensing board that you are competent to provide supervision are not sufficient. You must describe in detail the basis for that declaration. If you have not completed formal or informal supervision training, the supervision you provided to the above named supervisee may not be approved by the Board. 	<p align="center">YES</p>	<p align="center">NO</p>

Your printed name: _____

3. Are you currently under investigation <i>or</i> have you in the past had disciplinary, non-disciplinary corrective, or legal action taken against you by any person, professional organization, registering/certifying/licensing body, or legal agency for civil, criminal, or professional misconduct? <input type="checkbox"/> If yes, you must attach detailed information and copies.	YES	NO
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Your Signature: _____ **Date:** _____

Notes and Directions:

1. Please list your email address on page 1 if you wish to have the Board office correspond with you regarding your file by email. The Board office does not release email addresses to outside parties for any reason.
2. Please complete this form and mail it with the requested attachments to:
The Minnesota Board of Behavioral Health and Therapy
335 Randolph Avenue, Suite 290
St. Paul, MN 55102

Thank you for assisting our licensure applicant by providing this very important information.