

ADC Supervisor Application Continued...

Please Circle:

<p>1. I have three years of alcohol and drug counseling experience:</p> <p><input type="checkbox"/> Resume: Attach your professional resume that includes your educational information, your practice experience, and your practice locations. Dates related to this information are essential.</p> <p><input type="checkbox"/> License Verification: If you are not licensed through BBHT, please request that license verification, including any disciplinary and/or corrective action information, be mailed directly to the BBHT from the licensing authority for the license under which you plan to supervise alcohol and drug counselors.</p>	YES	NO
<p>2. I have successfully completed 12 hours of training in clinical and ethical supervision:</p> <p><input type="checkbox"/> Attach copies of your transcript(s) or certificate(s) that reflect(s) your training in clinical and ethical supervision.</p> <p>If “no,” you will be required to complete this training in order to be eligible for the “approved supervisor” designation of the Board.</p>	YES	NO
<p>3. Are you currently under investigation or have you 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?</p> <p><input type="checkbox"/> If yes, attach detailed information and copies.</p>	YES	NO

Signature: _____ **Date:** _____

Notes:

1. The requirements for ADC supervisors are found in Minnesota Statutes section 148F. 04. The Board’s website, www.bbht.state.mn.us, has links to BBHT’s statutes and rules.
2. The \$30 application fee is collected pursuant to Minnesota Statutes section 148F.115, subd. 12. Pursuant to Minn. Stat. sec. 604.113, there will be a \$30 service charge on all checks not honored by your bank.
3. The Board does not endorse any particular supervision course. The law indicates that the training must total 12 hours and may include course work, continuing education courses, workshops, or a combination thereof.
4. Any supervision that you provide prior to achieving the Approved Supervisor designation may be found unacceptable by the Board.
5. Please complete this form and mail it with the \$30 fee and requested attachments to:
 Minnesota Board of Behavioral Health and Therapy
 2829 University Avenue S.E., Suite 210
 Minneapolis, MN 55414