

SUD Counselor Supervision Reporting Form

Form Type

☐ NEW ☐ INFORMATION UPDATE *Any changes (e.g., name, registration #, supervision status, etc.) must be immediately reported to QMS/MCST.

Registered Supervisee Information (select all that apply)

County Employee

CA Consortium of Addiction Programs & Professionals [CCAPP]

or

Addiction Counselor Certification Board of CA [ACCBC]

Contract Employee

CA Association of DUI Treatment Programs [CADTP]

Name:

Registration Type:

Registration #:

Phone:

Email:

Program/Clinic:

Service Chief/Program Director:

Certified/Licensed Supervisor Information

Name:

Certified/License Type:

Certification/License #:

Phone:

Email:

Program/Clinic:

Service Chief/Program Director:

Supervision Term

Start Date:

End Date:

If terminating supervision, complete this section:

Reason for termination:

Certified

Change of Supervisor

Termination of Employment

Other

- If changing supervisor, additionally submit required document(s) for new supervisor

- If certified, date of promotion per HR:

- If terminating employment, date of termination:

- If other, please specify:

SUPERVISOR RECOMMENDATIONS:

- Supervisor must be certified or a licensed provider.
- Possess a current and active certification/license.
- Weekly Supervision is recommended until the supervisee is certified.
- Supervisors are to stay current with the CCAAPP, ACCBC and CADTP requirements.
- It is the responsibility of the direct supervisor to ensure the registered staff meets the CCAPP, ACCBC or CADTP requirements.
- Supervision shall be provided and documented for ALL registered/waivered employees, interns, and volunteers. If supervision is not provided the individual is prohibited from providing and billing services.

I certify that I understand the responsibilities regarding clinical supervision and that the clinical supervision provided meets the requirements as specified by the certifying organization. I attest that the information submitted on this form is true and correct:

Registered Supervisee Signature

Date

Certified/Licensed Supervisor Signature

Date

*Please complete in full and submit to: AQISManagedCare@ochca.com For questions, please contact QMS main line: 714-834-5601.