



New Hampshire Alcohol & Drug Abuse Counselors Association
Credentialing Support Partnership
130 Pembroke Road, Suite 150, Concord, NH 03301
603-225-7060 NHADACA.ORG

Credentialing Support Partnership - Application Form

Date: _____

Participant Information

Name: _____

Phone: _____ Email: _____

Home Address: _____

Educational Degree/Major: _____

School: _____ Graduation Date: _____

If Master's degree, is it a 60 credit degree with clinical internship? Yes No

of Other Training Hours Completed (CEs, if any): _____

Have you reviewed the Adopted Alc 300 Rules? Yes No

Have you taken the IC&RC Exam? Yes No

Have you ever received supervision towards credentialing (LADC/MLADC) at any other agencies? If yes, where and how long?

How do you see this program supporting your needs for credentialing?

How did you hear about the Credentialing Support Partnership?

Agency Information

Agency Name: _____

Agency Mailing Address: _____

Agency Setting: _____

Applicant Position: _____

Length of Time at Agency: _____

Name/Credentials of Clinical Supervisor: _____

Position/Title: _____

Phone: _____ **Email:** _____

Based on the requirements specific to the Supervision Agreement (Alc 313.09(2)(i)(1-5), If the supervisor is not an employee of the applicant's work site, an attached statement which addresses the following:

1. The supervisor's relationship to the candidate's work site;
2. A statement acknowledging the supervisor will provide supervision at a location convenient to both the supervisor and supervisee;
3. A copy of a written agreement with the applicant's employer that allows the supervisor to review records and files at the applicant's work site;
4. A statement that the supervisor has knowledge of the applicant's work site policies; and
5. A statement describing how any disagreements between the supervisor and the agency supervisor will be resolved;

By signing below, I understand that the employee/applicant has expressed interest in becoming part of the Credentialing Support Partnership through the NH Alcohol & Drug Abuse Counselors Association and is supported by the applicant's agency. By enrolling in this program, the applicant would receive direct/indirect clinical supervision and guidance through the credentialing process. NHADACA ensures that all NH State Administrative Rules (Alc 300) and Federal Confidentiality Laws (HIPAA/42 CFR Part 2) are adhered to and will provide all required documentation to ensure compliance.

Clinical Supervisor Signature

Date

Please complete the application form to the best of your ability - this form helps us to better understand your current status with the credentialing program. Please email completed application to credentialing@nhadaca.org. Your application will be reviewed for eligibility and you will be notified by the Credentialing Support Partnership of your eligibility status.