



The **Indiana** Association for Addiction Professionals



a NAADAC Affiliate 

**Verification of Direct Clinical Supervision**

The clinical supervisor that is fulfilling the required direct supervision will need to complete this form. If there is more than one clinical supervisor, a separate form must be completed for each one. Note: Effective Jan. 1, 2007, this supervisor **MUST** hold one of the following credentials: **(1) ICAC II with a Master’s Degree in human services or related health field; (2) NCAC II with a Master’s Degree in human services or related health field; (3) MAC; (4) ASAM-accreditation.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP+4: \_\_\_\_\_

Phone: (w) \_\_\_\_\_ / \_\_\_\_\_ FAX: \_\_\_\_\_ / \_\_\_\_\_

(e-mail): \_\_\_\_\_

Please indicate your credential level. **Note: Copies of current credentials must be attached.**

- ICAC II with a Master’s Degree in human services or related health field**
- NCAC II with a Master’s Degree in human services or related health field**
- MAC**
- ASAM-certification**
- Other** \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I certify that I have provided \_\_\_ hours of individual direct supervision and provided \_\_\_ hours of group direct supervision to this applicant. I attest that this candidate has competently performed the required counseling skills/functions and engages in ethical practice.

Signature/Date: \_\_\_\_\_

Please forward this form to: Indiana Association for Addiction Professionals

ATTN: Certification Committee Chair

4582 NW Plaza W Drive, Suite 15

Zionsville, IN 46077-9270