



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
BOARD OF ALCOHOL & DRUG COUNSELORS  
76 NORTHERN AVENUE  
GARDINER, MAINE 04345

Janet T. Mills  
Governor

Joan F. Cohen  
Commissioner

## SUPERVISOR'S AFFIDAVIT

Clinically supervised alcohol and drug counseling experience hours **must** be obtained while both the licensee and supervisor **held active qualifying licenses**. Use a separate form for each clinical supervisor and for each employment setting.

Supervisee Information	
Name:	License Number:
Email Address:	Initial License Issue Date:
Clinical Supervisor Information	
Name:	License Number:
Email Address:	Initial License Issue Date:
Agency Information	
Name:	License Number:
Phone Number:	License Expiration Date:
Address:	
Clinically Supervised Work Experience Information <i>(To be completed by clinical supervisor)</i>	
Start Date:	End Date:
Total clinically supervised work experience hours in alcohol and drug counseling:	
Did the supervisee gain experience in all 12 core functions? <span style="float: right;">Yes      No</span>	
<b>I attest that the information provided on this form is verifiable, factual, and accurate to the best of my knowledge.</b>	
Clinical Supervisor Signature:	Date: