



Janet T. Mills
Governor

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

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 (To be completed by clinical supervisor)	
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? Yes No	
I attest that the information provided on this form is verifiable, factual, and accurate to the best of my knowledge.	
Clinical Supervisor Signature:	Date: