



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**STATE BOARD OF ALCOHOL AND DRUG COUNSELORS**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035  
TEL: (207)624-8623 – FAX: (207)624-8637

## CERTIFICATE OF SUPERVISION

TO BE COMPLETED BY SUPERVISING CERTIFIED CLINICAL SUPERVISOR

The Certified Clinical Supervisor is responsible for notifying the Board when the applicant/ licensee is no longer under his/her supervision or responsibility. Failure to notify the Board constitutes a violation of Board Rule.

**Applicant/Licensee Information (please print)**

Name of Applicant:		
Address:		
City:	State:	Zip:

<b>Employment:</b> (Please type or print legibly)	
Full Name of Agency you are presently employed at:	Agency License Number
Location of Agency (City or Town)	Agency License Expiration

**Supervising Certified Clinical Supervisor (“CCS”) Information (please print)**

<b>Supervisor:</b> (Please type or print legibly)	
Supervisor Name	
License Number	Contact Phone Number

My signature attests to the present employment of the applicant named above as an alcohol and drug counseling aide and that the requirements of the position conform to the Board’s definition of an alcohol and drug counseling aide. (Please refer to 32 MRS § 6203-A (2) for information on the scope of practice). The verification of supervision as an alcohol and drug counseling aide includes minimum criteria:

\_\_\_\_\_  
Signature of Certified Clinical Supervisor

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