

**VERIFICATION OF EMPLOYMENT  
 FOR AN ALCOHOL AND  
 DRUG COUNSELOR**

**STATE OF NEBRASKA**

Department of Health and Human Services  
 Division of Public Health – Licensure Unit  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-4970

**In order to consider employment hours, the clinical supervisor listed on this 'Verification of Employment' form must match the supervisor registered with the Department.**

**APPLICANT'S NAME:** \_\_\_\_\_

**Dear Current/Previous Employer:** I am applying to the Department of Health and Human Services, Division of Public Health, Licensure Unit, for licensure as an alcohol/drug counselor. Verification of work experience is required as part of the application process. Attach a copy of my official job description for all positions held.

**Instructions to Employer:** List all positions held beginning with the most recent and work backwards. If a position changed from part-time to full-time or vice versa, list it as a separate period of employment. If the clinical supervisor for a position changed, list each supervisor and the dates of supervision.

I verify that (Name of Applicant/Employee):	
has been employed at (name of agency):	

in the following positions:

POSITION TITLE	FROM M/D/Y	TO M/D/Y	PAID HOURS WORKED PER WEEK	CLINICAL SUPERVISOR	SUPERVISOR'S CERTIFICATES/ LICENSES

The applicant was involved in the provision of alcohol and drug treatment services for \_\_\_\_\_ percentage (%) of hours per week.

**I have attached a copy of the applicant's official job description for each position held.**

Employer:	
Address:	

\_\_\_\_\_  
 Signature of Verifying Person

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Telephone

Return this form and attachment(s) **DIRECTLY TO: Alcohol and Drug Counseling, Licensure Unit** at the address listed above.

**DO NOT RETURN THIS FORM TO THE APPLICANT**