Attachment C

STATE OF NEBRASKA
Department of Health and Human Services
Division of Public Health – Licensure Unit
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Provisional License – Alcohol and Drug Counselor CHANGE IN CLINICAL WORK EXPERIENCE SUPERVISOR

Must be earning **clinical work experience in Nebraska**

NO FEE is required

SECTION A – APPLICANT'S PERSONAL INFORMATION (All individuals who will be supervised must complete this section)				
1	Name:	First:	Middle/MI:	Last:
2	Public Address:	Street/PO/Route:		
		City:	State:	Zip:
3	PLADC Lic #:			
4	Name & Address of the Agency or Program where the Work Experience will be Supervised:	Agency:		
		Program/Department/Division:		
		Street/PO/Route:		
		City:	State:	Zip:
5	Work Telephone:			
6	Your Job Title:			

SECTION B - SUPERVISOR'S PERSONAL INFORMATION (ONLY IDENTIFY NEW SUPERVISOR INFORMATION BELOW) Supervisor(s) must be in Nebraska.					
1.	Supervisor's Name:		First:	Middle:	Last:
	1a	Business Address:	Name of Facility:		
			PO/Street/Route:		
			City:	State:	Zip Code:
	1b	Type of License/ License #:	☐ Licensed Alcohol and Drug Counselor _____Lic # ☐ Licensed Physician _____Lic # ☐ Licensed Psychologist _____Lic #		OPTIONAL: Business Telephone #:

PROVISIONAL LICENSES EXPIRE 6 YEARS FROM DATE OF ORIGINAL ISSUANCE

SECTION C - APPLICATION CATEGORY: No FEE is required for a change in supervisor

☐ **Change in Supervisor requested** Name of Previous Supervisor: _____

If the supervisor is a psychologist, s/he can only supervise, at one time, up to 4 individuals holding either a provisional psychology license, a provisional mental health practitioner license, or a provisional alcohol and drug counselor license.

Before completing this section, please review the *SUPERVISION INFORMATION* on page 3

SECTION D - SUPERVISOR ATTESTATION (The licensees who will be supervising the applicant's **clinical work experience** must complete this section of the application)

Supervisor Must Complete the following:

I _____ (printed name of supervisor) am the supervisor referred to in this application and the statements herein are true and complete. I agree to assume professional responsibility for the work of the supervisee listed in this application and agree that I am competent to provide alcohol and drug counseling services.

☐ I am formally affiliated with the program or agency in which the applicant's clinical work experience will be gained **(if the supervisor is not employed with the program/agency, please provide a copy of the supervisory contractual agreement or other similar evidence);** and
☐ I am not a family member of the applicant.

_____ _____
(Legal Signature of Supervisor) (date)

If the **supervisor is a Physician**, s/he must submit evidence of the following:

1. An American Board of Psychiatry and Neurology subspecialty certification in addiction psychiatry; or
2. An American Society of Addiction Medicine (ASAM) certification; or
3. Significant work in substance abuse treatment, which includes 3 years with at least 20% of time working in the substance abuse treatment field. These physicians must maintain competency by demonstrating that at least 20% of their continuing medical education (CME) is focused on substance abuse issues.

In addiction, these physician supervisors must incorporate knowledge of the 12 core functions and 46 global criteria of substance abuse counseling into the supervisory experience.

If the **supervisor is a Psychologist**, s/he must submit evidence of at least 3 hours of training on the 12 core functions and 46 global criteria pre-approved by the Board of Psychologists. Approved Training Providers are listed on the Department's web site.

SECTION E – APPLICANT'S ATTESTATION

Applicant Must Complete the following:

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

_____ _____
(Signature of Applicant) (date)

SUPERVISION INFORMATION – PLEASE REVIEW

The clinical supervisor must hold one of the following credentials:

(1) Licensed Alcohol and Drug Counselor as defined in 172 NAC 15-002; or
(2) A reciprocity level alcohol and drug counselor credential issued by a member jurisdiction of the IC&RC/AODA, Inc. or its successor (for clinical work experience obtained outside the State of Nebraska); or
(3) The highest level alcohol and drug counselor credential issued by a jurisdiction that is not a member of the IC&RC/AODA, Inc. or its successor if the credential is based on education, experience, and examination that is substantially similar to the license issued in this state as determined by the Board (for clinical work experience obtained outside the State of Nebraska); or
(4) Physician or psychologist licensed under the Uniform Licensing Law, or an equivalent credential from another jurisdiction (if the clinical work experience hours were earned in another state), and sufficient training as determined by the Board of Medicine and Surgery for physicians or the Board of Psychologists for psychologists, in consultation with the Board of Alcohol and Drug Counseling.

(a) For physicians, sufficient training includes:
(i) Holding an American Board of Psychiatry and Neurology subspecialty certification in addiction psychiatry; or
(ii) Holding an American Society of Addiction Medicine (ASAM) certification; or
(iii) Having significant work in substance abuse treatment, which includes 3 years with at least 20% of time working in the substance abuse treatment field. These physicians must maintain competency by demonstrating that at least 20% of their continuing medical education (CME) is focused on substance abuse issues.

In addiction, these physician supervisors must incorporate knowledge of the 12 core functions and 46 global criteria of substance abuse counseling into the supervisory experience.

(b) For psychologists, sufficient training includes at least 3 hours of training on the 12 core functions and 46 global criteria pre-approved by the Board of Psychologists (http://www.hhs.state.ne.us/crl/mhcs/adc/training.htm) A primary supervisor who is a psychologist must:

(i) Hold an active license and his/her license must not have been disciplined, limited, suspended, or placed on probation at any time while holding his/her credential. If any of these actions are taken by the Department during the supervisory period, the supervisor must terminate the supervision immediately and notify the Department of said action; and
(ii) Only supervise, at one time, up to 4 individuals holding either a provisional psychology license, a provisional mental health practitioner license, or a provisional alcohol and drug counselor license.

The clinical supervisor must:

(1) Be formally affiliated with the program or agency in which the work experience is gained (ex: employment in the same program or agency or entered into a contractual agreement for supervision);
(2) Not be a family member; and
(3) Provide at least 1 hour of evaluative face-to-face clinical supervision for each 40 hours of paid alcohol and drug counseling work experience. Face-to-face clinical supervision may include interactive video conferencing/phone conferencing up to 50% of the time. The format for supervision must be either one-on-one or small group. Methods of supervision must include case review and discussion, physical review of written records, and direct observation of a counselor's clinical work.

The supervised clinical work experience must have included:

(1) Carrying a client caseload as the primary alcohol and drug counselor performing the core functions of assessment, treatment planning, counseling, case management, referral, reports and record keeping, and consultation with other professionals for those clients; and
(2) Responsibility for performance of the five remaining core functions although these core functions need not be performed by the applicant with each client in his/her caseload.

Experience that will not count towards licensure includes, but is not limited to:

(1) Providing services to individuals who do not have a diagnosis of alcohol and drug abuse or dependence such as prevention, intervention, and codependency services or other mental health disorder counseling services, except that this does not exclude counseling services provided to a client's significant others when provided in the context of treatment for the diagnosed alcohol or drug client;
(2) Providing services when the experience does not include primary case responsibility for alcohol or drug treatment or does not include responsibility for the performance of all of the core functions; and
(3) Providing mental health disorder counseling services other than alcohol and drug counseling services to a diagnosed alcohol and drug client.

The maximum number of hours of experience that may be accrued are 40 hours per week or 2,000 hours per year.