

INSTRUCTIONS FOR COMPLETING THE “WORK EXPERIENCE VERIFICATION RECORD”

1. **APPLICANT CONSENT TO RELEASE INFORMATION.** Applicant completes this section giving permission for the supervisor to provide information and documentation regarding the applicant’s work experience to ADAD. Applicant gives this form to the supervisor.
2. **SUPERVISOR:** Print name, program unit where applicant worked, your organization and address and a day and evening phone number.
3. **APPLICANT EMPLOYMENT STATUS.** Check whether work was full-time, part-time, volunteer, or formal internship. Check all that apply. Print applicant’s job title and dates of employment. Print the percentage of the time actual work experience was in the 12 core function areas (see clarification of 12 core functions below). For total work experience hours, multiply the total hours applicant worked in your program by the percent of time working in the 12 core function areas to arrive at a total number of supervised experience hours. Enter this number in the space provided. This total should include the total of supervised practical training hours from below.
4. **SUPERVISED PRACTICAL TRAINING.** Each applicant must complete intensive training in the 12 Core Functions, with a minimum of 20 hours training and experience in each core function and a total of 400 hours. This experience must be supervised by a CSAC. “Intensive training” means at least one hour of supervision for every 8 hours of performance. Typically, this involves teaching the applicant about each core function, demonstrating how each function is accomplished, the applicant sitting in while a certified staff member performs the function, the applicant performing the function with a certified staff member present, and, finally, performing the function independently but with review and feedback by a certified staff member. This differs significantly from the more usual supervision where the supervisee is expected to function more or less independently with typically one hour of supervision for every 40 hours of performance.
5. **THE 12 CORE FUNCTIONS.** The only experience that qualifies as supervised experience for a substance abuse counselor applicant is experience applying the 12 Core Functions in addressing the substance abuse treatment needs of clients. Each core function should be applied as follows:
 - screening for substance abuse problems
 - intake to your substance abuse services
 - orientation to your substance abuse program
 - assessment of substance abuse problems and their ramifications
 - treatment planning to address substance abuse problems
 - counseling (individual, group, and family) with the focus on substance abuse and recovery
 - case management that addresses treatment and recovery issues of substance abuse clients
 - crisis intervention with substance abuse clients
 - client/family education around addictive substances and recovery issues
 - referral for services that a program can not provide for substance abuse clients
 - substance abuse treatment reports and records keeping
 - consultation in addressing treatment needs of substance abuse clients
6. **SUPERVISOR CERTIFICATION.** Print name and job title and check each credential that applies. Sign and date the form, then complete the one and a half page evaluation signing and dating that form where indicated. NOTE: The 400 hours of practical training must be supervised by a CSAC. All remaining hours must be supervised by a CSAC or licensed clinical healthcare professional.
7. Return completed forms to:

Certification Office
Alcohol and Drug Abuse Division
601 Kamokila Blvd., Room 360, Kapolei, HI 96707

**APPLICATION FOR CERTIFIED SUBSTANCE ABUSE COUNSELOR
WORK EXPERIENCE VERIFICATION RECORD**

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| **TO BE COMPLETED BY APPLICANT**(PLEASE PRINT) | |
| APPLICANT CONSENT TO RELEASE INFORMATION | |
| APPLICANT NAME | |
| HOME ADDRESS | HOME TELEPHONE NO. |
| BY MY SIGNATURE BELOW, I AM AUTHORIZING THE SUPERVISOR IDENTIFIED BELOW TO PROVIDE INFORMATION AND DOCUMENTATION TO THE STATE OF HAWAII, DEPARTMENT OF HEALTH, ALCOHOL AND DRUG ABUSE DIVISION (ADAD) | |
| APPLICANT SIGNATURE | DATE |

INFORMATION AND INSTRUCTIONS TO SUPERVISOR: PLEASE COMPLETE THIS FORM WHICH REFLECTS YOUR KNOWLEDGE OF THE APPLICANT'S WORK EXPERIENCE AND/OR SUPERVISED PRACTICAL TRAINING WHILE EMPLOYED AT THE WORK SETTING INDICATED. BE SURE THAT THE APPLICANT HAS SIGNED THE ABOVE "APPLICANT CONSENT TO RELEASE INFORMATION" ALLOWING YOU TO MAKE AVAILABLE TO ADAD ANY AND ALL INFORMATION REGARDING HIS/HER WORK EXPERIENCE NEEDED TO MEET THE CSAC ELIGIBILITY REQUIREMENTS.

DO NOT COMPLETE THIS WORK EXPERIENCE VERIFICATION RECORD UNLESS THE RELEASE IS SIGNED
IF YOU HAVE QUESTIONS RELATED TO THIS FORM, PLEASE CONTACT THE ADAD CERTIFICATION OFFICE AT 808-692-7518

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| **TO BE COMPLETED BY SUPERVISOR**(PLEASE PRINT) | |
| SUPERVISOR NAME: | PROGRAM UNIT WHERE APPLICANT WORKED |
| SUPERVISOR ORGANIZATION AND ADDRESS | SUPERVISOR PHONE DAY: EVENING: |

APPLICANT EMPLOYMENT STATUS

UNDER THE APPROPRIATE HEADING, INDICATE THE APPLICANT'S JOB TITLE DURING EMPLOYMENT; DATES OF EMPLOYMENT (MONTH/YEAR); PERCENTAGE OF TIME SPENT PERFORMING IN THE 12 CORE FUNCTION AREAS; AND TOTAL WORK EXPERIENCE HOURS IN THE 12 CORE FUNCTIONS (INCLUDING SUPERVISED PRACTICAL TRAINING, IF APPLICABLE).

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|--|-------------------------------------|---|---|
| PAID WORK EXPERIENCE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME | | | |
| APPLICANT JOB TITLE | DATES OF EMPLOYMENT FROM: TO: | % OF TIME PERFORMING 12 CORE FUNCTIONS: _____ % | TOTAL WORK EXPERIENCE HOURS (INCLUDING SUPERVISED PRACTICAL TRAINING: _____ |
| VOLUNTARY OR OTHER NON-PAID WORK EXPERIENCE <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> FORMAL INTERNSHIP OR FIELD PLACEMENT | | | |
| APPLICANT JOB TITLE | DATES OF EMPLOYMENT FROM: TO: | % OF TIME PERFORMING 12 CORE FUNCTIONS: _____ % | TOTAL WORK EXPERIENCE HOURS (INCLUDING SUPERVISED PRACTICAL TRAINING: _____ |

SUPERVISED PRACTICAL TRAINING (MINIMUM: 20 HOURS EACH/400 HOURS TOTAL)

APPLICANTS MUST COMPLETE SUPERVISED PRACTICAL TRAINING THAT INCLUDES 400 HOURS IN THE 12 CORE FUNCTIONS WITH A MINIMUM OF 20 HOURS IN EACH CORE FUNCTION. THIS EXPERIENCE MUST BE SUPERVISED BY A CSAC. THERE SHOULD BE A MINIMUM OF 1 HOUR OF SUPERVISION FOR EACH 10 HOURS OF PERFORMANCE. SUPERVISION SHOULD BE DIRECTED TOWARDS TEACHING THE KNOWLEDGE/SKILLS OF ALCOHOL/DRUG COUNSELING. IN EACH OF THE FOLLOWING 12 CORE FUNCTIONS, ENTER THE TOTAL NUMBER OF HOURS IN WHICH YOU PROVIDED SUPERVISED PRACTICAL TRAINING TO THE APPLICANT AS PART OF HIS/HER WORK EXPERIENCE.

| Screening | Intake | Orientation | Assess- ment | Treatment Planning | Counsel- ing | Case Manage- ment | Crisis Interven- tion | Client Education | Referral | Report and Record Keeping | Consulta- tion | Total Supervised Practical Training Hours |
|-----------|--------|-------------|-----------------|-----------------------|-----------------|-------------------------|-----------------------------|---------------------|----------|---------------------------------|-------------------|---|
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SUPERVISOR CERTIFICATION

I HAVE REVIEWED OUR RECORDS AND CERTIFY THAT THE INFORMATION PROVIDED ON THE WORK EXPERIENCE AND SUPERVISED PRACTICAL TRAINING (IF APPLICABLE) OF THE ABOVE-NAMED APPLICANT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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|---|-----------------------------------|
| NAME OF APPLICANT SUPERVISOR | JOB TITLE OF APPLICANT SUPERVISOR |
| CHECK ALL CREDENTIALS OR LICENSES THAT VERIFY YOUR STATUS AS A QUALIFIED HEALTH PROFESSIONAL <input type="checkbox"/> CSAC <input type="checkbox"/> LICENSED CLINICAL SOCIAL WORKER <input type="checkbox"/> LICENSED PSYCHOLOGIST <input type="checkbox"/> LICENSED MARRIAGE AND FAMILY THERAPIST <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> LICENSED ADVANCED PRACTICE REGISTERED NURSE | |
| SIGNATURE OF APPLICANT SUPERVISOR | DATE |

PLEASE COMPLETE THE ATTACHED EVALUATION AND FORWARD IT ALONG WITH THIS WORK EXPERIENCE VERIFICATION TO:
 CERTIFICATION OFFICE
 ALCOHOL AND DRUG ABUSE DIVISION
 601 KAMOKILA BOULEVARD, ROOM 360
 KAPOLEI, HAWAII 96707

CONFIDENTIAL EVALUATION

The following items are representative of the skills needed by a certified substance abuse counselor in the 12 Core Functions. Please evaluate the applicant as you feel he/she demonstrates his/her abilities in each area. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the following scale:

1 2 3 4 5 X
 /-----/-----/-----/-----/-----/-----/-----
 Minimum Ability Below Average Ability Average Ability Above Average Ability Outstanding Ability Unknown or Not Observed

| CLINICAL SKILLS/ABILITIES | EVALUATION (Circle One) | COMMENTS |
|---|-------------------------|----------|
| SCREENING: Demonstrated competency in determining appropriateness for admission to a program | 1 2 3 4 5 X | |
| INTAKE: Demonstrated competency in client intake process | 1 2 3 4 5 X | |
| CLIENT ORIENTATION: Demonstrated competency in client orientation and motivation | 1 2 3 4 5 X | |
| ASSESSMENT: Demonstrated competency in the use of psycho-social tools for assessing the intensity and extent of a client's problem with chemical dependency | 1 2 3 4 5 X | |
| TREATMENT PLANNING: Demonstrated competency in establishing treatment goals and objectives for client | 1 2 3 4 5 X | |
| COUNSELING: Demonstrated competency in individual counseling | 1 2 3 4 5 X | |
| COUNSELING: Demonstrated competency in group counseling | 1 2 3 4 5 X | |
| COUNSELING: Demonstrated competency in counseling of the family of the client and significant others | 1 2 3 4 5 X | |
| CASE MANAGEMENT: Demonstrated competency in coordinating multiple treatment activities and support systems for the client | 1 2 3 4 5 X | |
| CRISIS INTERVENTION: Demonstrated competency in crisis intervention | 1 2 3 4 5 X | |
| CLIENT EDUCATION: Demonstrated competency in didactic presentations | 1 2 3 4 5 X | |
| REFERRAL: Demonstrated competency in identifying the needs of the client that cannot be met by the counselor and assisting the client to utilize other agency or community resources available | 1 2 3 4 5 X | |
| REPORTS/RECORD KEEPING: Demonstrated competency in writing reports and maintaining records | 1 2 3 4 5 X | |
| CONSULTATION: Demonstrated competency in ability to relate to other professionals to assure comprehensive, quality care for the client | 1 2 3 4 5 X | |
| SELF-EVALUATION: Ability to evaluate one's own shortcomings; accept guidance or suggestions (openness to the supervisory process) | 1 2 3 4 5 X | |

CONFIDENTIAL EVALUATION CON'T.

| CLINICAL SKILLS/ABILITIES | EVALUATION (Circle One) | COMMENTS |
|---|--------------------------------|-----------------|
| DECISION-MAKING: Ability to make decisions and initiate action with minimal or no supervision | 1 2 3 4 5 X | |
| CONFIDENTIALITY: Ability to comply with State and Federal laws pertaining to client's rights and confidentiality | 1 2 3 4 5 X | |
| ETHICS: Ability to comply with the Code of Ethics [HAR 11-177.1-33] | 1 2 3 4 5 X | |

SUPERVISOR CERTIFICATION

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|---|----------|
| I CERTIFY THAT THE INFORMATION CONTAINED HEREIN AND ON ANY ATTACHMENTS IS TRUE TO THE BEST OF MY KNOWLEDGE. | |
| SIGNATURE OF APPLICANT SUPERVISOR | DATE |
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PLEASE RETURN THIS EVALUATION ALONG WITH THE WORK EXPERIENCE VERIFICATION RECORD TO:

CERTIFICATION OFFICE
 ALCOHOL AND DRUG ABUSE DIVISION
 601 KAMOKILA BOULEVARD, ROOM 360
 KAPOLEI, HAWAII 96707