FORM C – STATEMENT OF APPROVED WORK EXPERIENCE

**Instructions:** Please duplicate this form as necessary to document relevant work experience\*. A form should be completed for each position. A job description for each position must be attached. A job description of the Approved Supervisor must be included when submitting experience outside of the licensed DPH substance abuse treatment system.

1. Name of Applicant**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Agency and Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Applicant’s Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Applicant’s Job description attached: ❑ Yes ❑ No

5. The applicant works with only substance abuse clients in a licensed substance abuse treatment program:

❑ Yes ❑ No

6. If #5 is no, in an attachment, provide the following information:

a. A description of the program signed by the approved supervisor, indicating how substance abuse treatment services are provided and under what authority (i.e. licensing body.)

b. The number of hours per week the applicant provides substance abuse treatment services. Please factor

this into your calculation when totaling hours of work experience (in #8). For example, if an applicant

works 40 hours per week for 1 year, but only provides substance abuse services 20 hours per week, the

maximum # of hours that would be acceptable toward the experience requirement is 1000 hours.

c. The Approved Supervisor’s job description and copies of any credential or independent licenses held, if applicable.

7. Dates in Position: From: \_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_

8. Total # of Hours of substance abuse treatment experience in this position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Does/Did the applicant receive weekly one on one on site clinical supervision in this position?

❑ Yes ❑ No

10 .Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. License Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12. License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if applicable)

13. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Signature of Approved Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

\* Per 105 CMR 168. 000 means supervised work experience in alcohol and drug abuse treatment, intervention and prevention. Minimum requirements include practice in diagnostic assessment, intervention, and alcoholism and/or drug counseling to establish and maintain recovery and prevent relapse; and weekly, on-site and documented clinical supervision.