



Application for Supervisor Registration

**Name:** \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Employer: \_\_\_\_\_

Effective, January 1<sup>st</sup>, 2014, any individual providing supervision of hours for ISAS, CADC and ACADC candidates must be approved and registered with IBADCC **prior** to providing supervision of the certification candidate.\*\* There is no fee for registering as a supervisor with IBADCC.

**Please note: Registering as a supervisor with IBADCC is not the same designation as “Clinical Supervisor” as outlined by the Department of Health and Welfare Behavioral Health Unit or the Certified Clinical Supervisor (CCS) credential, as issued by IBADCC.**

**\*\* Individuals who are applying for credentialing with IBADCC and are currently residing and receiving supervision in another State are asked to contact IBADCC for additional information.**

**Please initial each page and have packet notarized.**

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Each supervisor must meet the following requirements in order to be registered as an approved supervisor by IBADCC:

- 1) The supervisor shall not have been the subject of any disciplinary action by any certification or licensing board, for five (5) years immediately prior to providing supervision.
- 2) The supervisor shall provide documentation of possessing at least one of the following certification or licensure requirements: (please initial those that apply)

\_\_\_\_\_ A CADC who has been certified for 3 years and has completed 15 hours of training in supervision **OR**

\_\_\_\_\_ ACADC **OR**

\_\_\_\_\_ CCS **OR**

\_\_\_\_\_ Have a Master's degree and a license in addictions counseling or a Master's degree and a certification in addictions counseling  
Degree: \_\_\_\_\_

License or Cert.: \_\_\_\_\_

\_\_\_\_\_ **OR Be an approved Clinical Supervisor** by the Department of Health and Welfare, Behavioral Health Unit

- 3) The supervisor will have read and agreed to comply with the attached supervision guidelines and the Clinical Supervisor Code of Ethics.

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## Clinical Supervisor Code of Ethics

In addition to the Code of Ethics for Substance Abuse Counselors, Clinical Supervisors shall abide by the following code of ethics:

1. Ensure that supervisees inform clients of their professional status (i.e. intern) and all conditions of supervision. Supervisors need to ensure that supervisees inform their clients of any status other than being fully qualified for independent practice or licensed.
2. Ensure that clients have been informed of their rights to confidentiality and privileged communication when applicable. Clients also should be informed of the limits of confidentiality and privileged communication. The general limits of confidentiality are when harm to self or others is threatened; when the abuse of children, elders or disabled persons is suspected and in cases when the court compels the mental health professional to testify and break confidentiality. These are generally accepted limits to confidentiality and privileged communication, but they may be modified by state or federal statute.
3. Inform supervisees about the process of supervision, including supervision goals, case management procedures, and supervisor's preferred supervision model(s).
4. Keep and secure supervision records and consider all information gained in supervision as confidential.
5. Avoid all dual relationships with supervisees that may interfere with the supervisor's professional judgment or exploit the supervisee. Any sexual, romantic, or intimate relationship is considered to be a violation. Sexual relationship means sexual conduct, sexual harassment, or sexual bias toward a supervisee by a supervisor.
6. Establish procedures with their supervisees for handling crisis situations.
7. Provide supervisees with adequate and timely feedback as part of an established evaluation plan.
8. Render assistance to any supervisee who is unable to provide competent counseling services to clients.

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9. Intervene in any situation where the supervisee is impaired and the client is at risk.
10. Refrain from endorsing an impaired supervisee when such impairment deems it unlikely that the supervisee can provide adequate counseling services.
11. Supervisors offer only supervision for professional services for which they are trained or have supervised experience. Supervision should not include assistance in diagnosis, assessment, or treatment without prior training or supervision. Supervisors are responsible for correcting any misrepresentation of the qualifications of others.
12. Ensure that supervisees are aware of the current ethical standards related to their professional practice, as well as legal standards that regulate the practice of counseling.
13. Engage supervisees in an examination of cultural issues that might affect supervision and/or counseling.
14. Ensure that both supervisees and clients are aware of their rights and of due process procedures, and that you as a supervisor are ultimately responsible for the client.
15. Refrain from supervising a relation or immediate family member.

I hereby attest that I have read the IBADCC Code of Ethics for Substance Abuse Counselors ([http://ibadcc.org/new\\_web/ethics/code/Code\\_of\\_Ethics\\_030113.pdf](http://ibadcc.org/new_web/ethics/code/Code_of_Ethics_030113.pdf)) and the Clinical Supervisor Code of Ethics (page 3-4 of this document) and agree to maintain the ethical professional practice as outlined in the Code of Ethics for Substance Abuse Counselors and the Clinical Supervisor Code of Ethics.

I agree to refrain from alcohol/drug abuse or misuse as long as I remain a practicing professional in this field.

I further agree to voluntarily relinquish my IBADCC certificates and supervisory status and to follow IBADCC's guidelines for re-instatement, should I have a relapse as a recovering person, or should I violate the adherence to any part and /or all of these codes.

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## Supervision Guidelines

### **Supervision of IBADCC ISAS, CADC or ACADC Candidates**

A supervisor shall be interpreted to mean, a person who is knowledgeable of chemical dependency treatment and rehabilitation methods and has the ability to judge the capability and competence of an addictions counselor.

The supervisor must be willing to accept the responsibility of monitoring and evaluating the performance of the addiction counselor in training. Per the IBADCC Code of Conduct, candidates seeking certification are also expected to honor and comply with ethical standards as outlined in the code of ethics. A copy of the IBADCC code of ethics has been provided.

### **What is Considered Adequate Supervision?**

Minimally adequate supervision involves a face-to-face interpersonal relationship between the supervisor and the supervisee. Therefore, mere written evaluation forms and written reports would constitute as inadequate supervision.

Minimally adequate supervision, at its best, involves the use of methods from both individual and group supervision. Any one method, in and of itself, would constitute inadequate supervision. While it is preferred and recommended that no more than two-thirds of a counselor's supervision should involve group supervision; it is preferred and recommended that the focus of a counselor's supervision be on individual counselor's methods, and it is recognized that supervision should be modeled to meet the unique needs of the individual counselor. The certification candidate's manual provides information on a variety of methods of individual and group supervision techniques.

For the purpose of certification, supervised training must be attained in a work setting in the addictions counseling field; classroom experience is not acceptable.

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**Documentation of Supervision for ISAS, CADC and ACADC Candidates**

The supervisor must document supervision utilizing the supervision verification form that is included in the certification candidate’s manual. If supervision has occurred at more than one agency, documentation must be completed for each agency where supervision occurred.

Supervision of a candidate’s hours must be within the 12 core functions of a substance abuse counselor. It is important that the supervisor be familiar with each of the 12 core functions, including the global criteria of each core function.

([http://ibadcc.org/new\\_web/images/12\\_Core\\_Functions.pdf](http://ibadcc.org/new_web/images/12_Core_Functions.pdf))

For the ISAS and CADC candidate, the supervisor must document 300 supervised hours in each of the 12 core functions, with a minimum of ten hours in each of the 12 core functions. (Refer to Log -

[http://ibadcc.org/new\\_web/certification/isas/PracticumInternshipLog.pdf](http://ibadcc.org/new_web/certification/isas/PracticumInternshipLog.pdf))

For the ACADC, the supervisor must document 180 supervised hours in each of the 12 core functions, with a minimum of ten hours in each of the 12 core functions. (Refer to Log - [http://ibadcc.org/new\\_web/certification/isas/PracticumInternshipLog.pdf](http://ibadcc.org/new_web/certification/isas/PracticumInternshipLog.pdf))

I hereby attest that I have read the IBADCC Supervision Guidelines, including the 12 core functions, and agree to provide adequate supervision to IBADCC certification candidates. I also agree to uphold the Clinical Supervision Code of Ethics in my capacity as a supervisor.

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Initial \_\_\_\_\_



Idaho Board of Alcohol/Drug Counselor Certification, INC.

**Affidavit**

I hereby certify under penalty of perjury that I meet the supervisor certification or licensure requirements and that I have not been the subject of any disciplinary action by any regulatory body within the five (5) years immediately preceding this application. I have read and will comply with the supervision guidelines outlined by IBADCC and will also comply with IBADCC's adopted code of ethics. I also agree to provide IBADCC with the necessary documentation of my supervisory qualifications upon registering and each time a candidate submits hours for their application for certification.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The IBADCC is an autonomous affiliate of the International Certification & Reciprocity Consortium

STATE OF IDAHO         )  
  : ss  
County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_ known to me to be the person  
(Name)

whose name is subscribed to this instrument and acknowledged that she executed the same.

WITNESS my hand and seal.

NOTARY PUBLIC FOR IDAHO  
Residing at:  
My Commission Expires:

**Upon completion of this packet, please send in its entirety to the following:**

**IBADCC  
PO Box 1548  
Meridian, ID 83680**