Virginia Department of Health Professions Board of Counseling	9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463 www.dhp.virginia.gov/counseling	Email: csac@dhp.virginia.gov (804) 367-4610 (Tel) (804) 767-6225 (Fax)

PAPER APPLICATION INSTRUCTIONS FOR ADD/CHANGE REGISTRATION OF SUPERVISION FOR CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC)

☐ Completed Application: The application must have an *original signature*. To avoid delays, please provide a complete application packet. Incomplete packets will not be evaluated by the Credential Reviewer.

☐ Application Fee: A fee of $30.00 is required for an application to be processed. All fees must be paid by check or money order made payable to the "Treasurer of Virginia". This fee is non-refundable. The application is valid for one year from date of receipt.

The below supplemental documentation must accompany your application and fee in one packet:

☐ Supervisory Contract: Signed contract that outlines the expectations and responsibilities of the supervisor and supervisee. (Supervisory contract example can be found on the Board's website)

☐ Verification of Supervisor Qualifications: Supervisor must met one of the following qualifications prior to supervising your experience.

- Virginia LSATP; or
- LCP, LCP, LCSW, LMFT, medical doctor or RN and has one of the following:
  - Holds one of the following national certifications: MAC, NCACII, or AADC; or
  - Holds a Virginia CSAC Certification; or
  - Has a minimum of one year experience in substance abuse counseling and at least 100 hours of didactic training covering the areas outlined in 18VAC115-30-50 B2 through 2M by attesting to having one year experience in substance abuse counseling and at least 100 hours of didactic training in substance abuse.
- Virginia CSAC with two years of experience.

Please note that after January 20, 2021, a clinical supervisor must obtain professional training in supervision consisting of three credit hours or four quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 81VAC115-30-50.

☐ Name Change: If applicable, documentation must be provided if your name has legally changed by marriage, divorce, or a court order. A photocopy of your marriage license or a copy of the court order must be provided.

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ADD/CHANGE REGISTRATION OF SUPERVISION FOR CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) – Page 1

Military/Military Spouse

Are you active duty military personnel?	☐ Yes	☐ No
Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?	☐ Yes	☐ No

FIRST NAME	MIDDLE NAME	LAST NAME AND SUFFIX	
DATE OF BIRTH ______ ______ ______ MM DD YY	SOCIAL SECURITY NO. OR VA CONTROL NO.*		
ADDRESS OF RECORD**: STREET	CITY	STATE	ZIP CODE
ALTERNATE PUBLIC ADDRESS***: STREET	CITY	STATE	ZIP CODE
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	
E-MAIL ADDRESS			

DEGREE EARNED	DATE DEGREE RECEIVED	MAJOR	INSTITUTION NAME/STATE

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the process of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.

**The address information you provide is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

***This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

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ADD/CHANGE REGISTRATION OF SUPERVISION FOR CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) - Page 2

If you answer "yes" to any question, **include a detailed explanation AND supporting documentation.**

Refer to Guidance Document 115-2 for detailed information on the requirements with a criminal conviction, past actions or possible impairment.

1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? If yes, please provide a full explanation. ☐ Yes ☐ No

   (A) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? ☐ Yes ☐ No

2. Have you ever been censored, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice? If yes, provide a full description of the circumstances and any supporting documentation. ☐ Yes ☐ No

3. Within the past five years, have you been disciplined by any entity? Please provide a full explanation and any associated orders or letters from the entity. ☐ Yes ☐ No

   (A) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? ☐ Yes ☐ No

4. Have you voluntarily surrendered your license, certification or registration while under investigation? If yes, provide detail(s), jurisdiction(s), date(s), and supporting documentation. ☐ Yes ☐ No

5. Have you ever been denied the issuance of a license, certification, or registration, or denied the privilege of taking an occupational examination by a licensing agency. If yes, provide detail(s), jurisdiction(s) and date(s). ☐ Yes ☐ No

6. Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance? (This includes convictions for driving under the influence, but does not include other traffic violations).If yes, include an explanation of the charges/convictions, and attach documentation required in the Board's Guidance Document #115-2. ☐ Yes ☐ No

7. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing LPC. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) ☐ Yes ☐ No

8. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing LPC. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) ☐ Yes ☐ No

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ADD/CHANGE REGISTRATION OF SUPERVISION FOR CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) - Page 3

9. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing LPC. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) ☐ Yes ☐ No

10. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.) ☐ Yes ☐ No

Licenses/Certifications/Registrations: List all mental health or health professional licenses, certificates, or registration that you hold or have ever held.

STATE	LICENSE #	CURRENT LICENSE STATUS	ISSUE DATE	TYPE OF LICENSE

WORKSITE INFORMATION: Please indicate the NAME and ADDRESS of the location where the applicant (Supervisee) will provide substance abuse counseling services.

1st WORKSITE NAME

1st WORKSITE MAILING ADDRESS (Street and/or Box Number, City, State, Zip)

2nd WORKSITE NAME (if applicable)

2nd WORKSITE ADDRESS (Street and/or Box Number, City, State, Zip)(if applicable)

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ADD/CHANGE REGISTRATION OF SUPERVISION FOR CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) - Page 4

SUPERVISOR TO PROVIDE THE FOLLOWING:	
Supervisor's Name (Last, First)	Supervisor's Business Name and Address
Supervisor's Telephone Number	Supervisor's Email Address

1. Will the supervised experience include a minimum of one hour and a maximum of four hours per week of supervision between the supervisor and the applicant?	☐ Yes ☐ No
2. Will the applicant provide substance abuse counseling by applying a counseling process, treatment strategies and rehabilitative services to help an individual to: a. Understand his substance abuse use, abuse or dependency b. Change his drug-taking behavior so that it does not interfere with effective physical, psychological, social or vocational functioning.	☐ Yes ☐ No

SUPERVISOR QUALIFICATIONS. Please indicate if you are one of the following:	**(Circle Yes or No)**
1. Licensed Substance Abuse Treatment Practitioner License Number: ______________________	☐ Yes ☐ No
2. Virginia CSAC with at least two years post-certification experience License Number: ______________________	☐ Yes ☐ No
3. A licensed professional counselor, licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, medical doctor, or registered nurse *and possess a Virginia CSAC certification.* License Number: ______________________	☐ Yes ☐ No

4. A licensed professional counselor, licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, medical doctor, or registered nurse *and possess a board-recognized national certification in substance abuse counseling such as the MAC, NCACII or AADC*. A copy of the supervisor's national certification must be submitted with the applicant's application. License Number: ______________________	☐ Yes ☐ No
5. A licensed professional counselor, licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, medical doctor, or registered nurse. *In addition, **supervisor attests** to having a minimum of one year experience in substance abuse counseling and at least 100 hours of substance abuse didactic training as required by 18VAC115-30-50(B)(2) through (2)(m) of the Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants.* License Number: ______________________	☐ Yes ☐ No

DECLARATION OF SUPERVISOR AND APPLICANT

We, ________________________________ (name of supervisor), and ________________________________ (name of applicant) hereby certify that:

1. We have reviewed and understand the Virginia Board of Counseling Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants;
2. We understand that the supervisor and supervisee must have a current supervisory contract in place which must indicate each worksite where the supervisee is providing substance abuse counseling and that outlines the expectation and requirements for both the supervisor and supervisee.
3. We understand that we must observe and comply with the supervision requirements set forth in the regulations;
4. The supervisor is assuming responsibility for the professional activities of the prospective applicant under their supervision once the supervisory arrangement is accepted;
5. The supervisor is not providing supervision for activities for which prospective applicant has not had appropriate education;
6. The supervisor must be available to the prospective applicant on a regularly scheduled basis for supervision;
7. We have reviewed and understand the job description of the prospective applicant under supervision;
8. We understand that the supervisor is responsible for notifying the Board regarding any termination or change in supervision.
9. Supervisor attest to meeting the supervisor qualifications as outlined in the 18VAC115-30-60(C).

We will comply with the Laws and Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants and hereby agree to this supervision which is being registered with the Virginia Board of Counseling.

________________________________	________________________________
SIGNATURE OF SUPERVISOR	DATE
________________________________	________________________________
SIGNATURE OF APPLICANT	DATE