



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
 OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
 BOARD OF ALCOHOL & DRUG COUNSELORS
 76 NORTHERN AVENUE
 GARDINER, MAINE 04345

Janet T. Mills
 Governor

Joan Cohen
 Commissioner

SUPERVISION AGREEMENT FORM

All work performed by Alcohol & Drug Counseling Aides (ADCA) and Certified Alcohol & Drug Counselors (CADC) **must** be under the supervision of a Certified Clinical Supervisor (CCS) licensee and performed within an agency licensed by DHHS pursuant to [M.R.S. 32 §6203-A](#). The CCS is responsible for notifying the Board when the supervisee is no longer under the supervision of the CCS. Failure to notify the Board constitutes a violation of Board rule.

| Supervisee Information | |
|---|-----------------------------|
| Name: | License Number: |
| Email Address: | Initial License Issue Date: |
| Agency Information | |
| Name: | License Number: |
| Telephone: | License Expiration Date: |
| Address: | |
| Proposed Certified Clinical Supervisor Information <i>(To be completed by proposed supervisor)</i> | |
| Name: | License Number: |
| Email Address: | Initial License Issue Date: |
| <p>I attest to the present employment of the supervisee named above as an Alcohol & Drug Counseling Aide (ADCA) or a Certified Alcohol & Drug Counselor (CADC) and that the requirements of the position conform to the Board's laws and rules. I agree to notify the Board when the above named supervisee is no longer under my supervision.</p> | |
| Proposed Supervisor Signature: | Date: |