



# Certified Addiction Professional On-the-Job Supervision Verification Form

## DIRECTIONS

This form allows for one qualified supervisor to document clinical on-the-job supervision hours as required for the CAP credential. Provide a separate form and instructions to each qualified supervisor who will document supervision for certification purposes. FCB has supervision documentation templates posted online that may be used if needed.

All information must be TYPED. Handwritten forms will be denied. This is a two-part form.

- Part One is completed by the applicant and provided to the qualified supervisor.
- Part Two is completed by the qualified supervisor and provided to FCB by mail, email or fax (see below).

Upon completion, please submit the form directly to the FCB. *On-the-Job Supervision Verification Forms* will not be accepted from the applicant.

**Mail:** Florida Certification Board  
Attn: Certification Operations  
1715 South Gadsden Street  
Tallahassee FL 32301

**Email:** Certification Specialist's email or  
admin\_assist@flcertificationboard.org  
**Fax:** 850-222-6247  
**Subject Line:** On-the-Job Supervision (applicant name)

## REQUIREMENT

<b>Policy Standard</b>	Supervision focuses on improved client care and improved job performance. The purpose of supervision is to teach counselors how to promote client welfare and increase their skills and knowledge in order to effectively treat their client base. Supervision for certification purposes can be individual, one-on-one supervision and/or observation of skills OR group supervision/case staffings. At least 50% of the hours of supervision must be individual, one-on-one supervision and/or observation skills. No more than 50% of the required hours of supervision may be in a group setting. See FCB's website at <a href="http://www.flcertificationboard.org">www.flcertificationboard.org</a> for additional details and guidance.
<b>CAP Description</b>	A professional substance abuse credential for those persons working in a licensed substance abuse disorder treatment program in Florida.
<b>Qualified Supervisor Definition</b>	<p>A qualified supervisor must be current and fall within one of the following designations:</p> <ul style="list-style-type: none"> <li>• A physician or physician's assistant licensed under Chapters 458 or 459, F.S.</li> <li>• A professional licensed under Chapters 490 or 491, F.S.</li> <li>• An Advanced Registered Nurse Practitioner licensed under Part 1 of Chapter 464, F.S. and meeting the Board of Nursing requirements for an ARNP designation.</li> <li>• A MCAP or CAP</li> </ul> <p>A copy of the qualifying credential or license for the qualified supervisor must be attached.</p> <p><i>(Continued on next page)</i></p>



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<b>On-the-Job Supervision Requirement</b>	<p>300 hours of on-the-job supervision of the applicant's performance of addiction-related services at the level expected of a CAP.</p> <p>A minimum of 20 hours of supervision per domain is required in the categories as listed on page 2 of the <i>On-the-Job Supervision Verification Form</i>.</p> <p>For certification purposes, the FCB benchmarks reasonable and achievable supervision at the rate of 3 hours per week/156 hours per year.</p> <p>Eligible on-the-job supervision occurred within the last 5 years.</p>
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## PERFORMANCE DOMAIN CATEGORIES

Minimum of 20 hours must be completed in each performance domain listed below. The remaining hours may be allocated across any category(ies).

**CLINICAL EVALUATION:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as intake, orientation, screening and assessment(s) to determine appropriateness for placement and/or develop diagnostic impressions and treatment recommendations.

**TREATMENT PLANNING:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as developing and/or updating treatment plans, including mutually agreed upon needs, goals, measurable objectives, treatment methods and discharge criteria.

**COUNSELING:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she provides individual and/or group counseling to clients and family members, and performs counseling-related services such as relapse prevention and recovery support.

**CASE MANAGEMENT AND REFERRAL:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks directly related to ensuring that client needs that cannot be met in the current treatment setting are addressed with other community resources in a manner that ensures ongoing continuity of care.

**CLIENT, FAMILY AND COMMUNITY EDUCATION:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as developing and delivering education and training on health and high-risk behaviors associated with substance abuse, the continuum of care, medication-assisted treatment and other related topics.

**DOCUMENTATION:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as documenting clinical treatment, writing reports and maintaining client records.

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**ETHICAL AND PROFESSIONAL RESPONSIBILITIES:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks across all domains in a manner that follows generally accepted legal, ethical, and professional standards.

## **SUPERVISOR REQUIRED DOCUMENTATION**

A qualified supervisor must maintain documentation of supervision, copies of which may be requested by Certification Staff at any time. Documentation must include the following minimum information:

- a. Supervisee name, current position and credential sought.
- b. Date of supervision, start and end time of supervision, and number of supervision hours accrued.
- c. Supervisor name and title.
- d. Methods of supervision (individual, group, observation, review clinical documentation).
- e. Summary of supervision offered during session.
- f. Signature of both Supervisee and Supervisor

Documentation does not need to be submitted with this verification form. FCB has supervision documentation templates posted online that may be used if needed.



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All information must be typed. Handwritten forms will be denied.

**Part 1: To be completed by the applicant prior to providing to the qualified supervisor for completion.**

<b>Applicant Information:</b> Please list the position you held for which you are requesting documentation of on-the-job supervision by a qualified supervisor. Report employment dates in the following format: MM/DD/YYYY to MM/DD/YYYY. Use a separate form for each qualified supervisor documenting clinical on-the-job supervision.		
<b>Applicant Name:</b>		
<b>Employer:</b>		
<b>Type of Position:</b>	Full-Time	Part-Time
<b>Position Title:</b>		
<b>Immediate Supervisor:</b>		

**Part 2: To be completed by the applicant's qualified supervisor only.**

<b>Section A: Qualified Supervisor Contact Information</b>	
<b>Last Name:</b>	<b>First Name:</b>
<b>Title:</b>	<b>Employer:</b>
<b>Email Address:</b>	<b>Business Phone:</b>
<b>Work Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	<b>County:</b>

<b>Section B: Supervision Attestation</b>		
I am a qualified supervisor because I am:		
A physician or physician's assistant licensed under Chapters 458 or 459, F.S.		
A professional licensed under Chapters 490 or 491, F.S.		
An Advanced Registered Nurse Practitioner licensed under Part 1 of Chapter 464, F.S. and meeting the Board of Nursing requirements for an ARNP designation.		
A MCAP or CAP credentialed through the Florida Certification Board.		
<i>Copy of qualifying credential or license for the qualified supervisor is attached.</i>	Yes	No



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Section B: Supervision Attestation Continued		
Domain Category – Please see Page 2 of On-the-Job Supervision Verification Form for instructions	Individual Supervision Number of Hours	Group Supervision Number of Hours
CLINICAL EVALUATION		
TREATMENT PLANNING		
COUNSELING		
CASE MANAGEMENT AND REFERRAL		
DOCUMENTATION		
CLIENT, FAMILY AND COMMUNITY EDUCATION		
ETHICAL AND PROFESSIONAL RESPONSIBILITIES		
<b>TOTAL HOURS PER CATEGORY:</b>		
<b>TOTAL HOURS OF ON-THE-JOB SUPERVISION EARNED:</b> <i>(No more than 50% of the total required hours may be in a group setting)</i>		

Type of Position Supervised	Full-Time Part-Time	Time period during which supervision was provided: From: _____ To: _____
<p>I have read and understand the on-the-job supervision requirements for Certified Addiction Professional (CAP) certification. I provided the above on-the-job supervision to the applicant and maintain supervision records supporting my attestation according to agency protocol. I consent to an audit of such records if requested.</p> <p style="text-align: right;">Yes                      No</p>		
<p>As a qualified supervisor, do you have any concerns about the applicant's ability to competently perform as a Certified Addiction Professional?</p> <p style="text-align: right;">Yes*                      No</p> <p>*If yes, the FCB will contact you for additional information, which may result in non-acceptance of these on-the-job supervision hours to meet certification requirements.</p>		
<p>I provided on-the-job supervision of the applicant as he or she performed addiction related services at the level expected of a Certified Addiction Professional.</p> <p style="text-align: right;">Yes                      No</p>		
<p>By my signature, I attest that the above material is true to the best of my knowledge.</p>		
<p><b>Qualified Supervisor's Signature</b> <i>(FCB accepts manual and electronic signatures)</i></p>		<p><b>Date</b></p>