



Certified Recovery Residence Administrator On-the-Job Supervision Verification Form

Instructions

Recovery Residence Administrators must document **at least 10 hours of on-the-job supervision** to qualify for certification.

Eligible supervision must:

- Focus on improving **resident care and job performance** in recovery residence operations and administration, including:
 - Operations and administration
 - Maintaining the physical residence
 - Resident screening and admission
 - Recovery support
- Be provided and documented by a **qualified supervisor** (e.g., the applicant's immediate supervisor or other employer-designated supervisors, trainers, mentors, QA staff, or management/leadership assigned to provide supervision for certification).

Not eligible: Administrative-only supervision (e.g., timekeeping, leave/attendance, or other HR matters).

Additional requirements:

- **At least 2 hours of supervision in each domain** is required.
- Supervision hours may be counted at a rate of **up to 3 hours per week (156 hours per year)**.
- Supervision must have occurred **within the last 10 years**.

Relationship restrictions:

- A supervisor **may not** verify supervision if they are a relative, share a household with the applicant, or are in a romantic, domestic, or familial relationship with the applicant—regardless of job title.
- **Exception:** If the applicant works for a **family-owned/operated** recovery residence and the only available supervisor is in a prohibited relationship **and** the residence is **FARR-certified, FARR management** may submit an addendum **countersigning** the legitimacy of the documented supervision.



Certified Recovery Residence Administrator On-the-Job Supervision Verification Form

For Applicants: What you need to do

1. Download the **On-the-Job Supervision Verification Form**.
2. Complete **Section 1**.
3. Provide a **separate form to each supervisor** who can verify your on-the-job supervision hours.
4. Remind each supervisor that:
 - You must document **at least 10 total hours** of eligible on-the-job supervision.
 - They must complete **Section 2** and keep supporting documentation in case of an **FCB audit**.
 - They must submit the form **directly to FCB, unless** they are in a prohibited relationship *and* the residence is **FARR-certified**—in that case, they must send the form to **FARR** for countersignature.
 - **You may not submit the form yourself**. Forms must come from the **supervisor or FARR**.

For Supervisors: What you need to do

1. Confirm you understand the requirements, including the cap of **3 hours per week / 156 hours per year**.
2. Complete **Section 2** of the form.
3. Keep documentation to support the supervision you are verifying (in case of **FCB audit**). Documentation must include at least:
 - Supervisee name
 - Date of supervision, start/end times, and total hours
 - Supervisor name and title
 - Method (individual, group, observation, record review, etc.)
 - Brief session summary
 - Supervisor and supervisee signatures
4. Sample supervision logs are available on the **FCB website**.
5. Submit the completed form:
 - **Directly to FCB, unless** you are in a prohibited relationship with the applicant *and* the residence is **FARR-certified**.
 - If the exception applies, contact **FARR** to obtain the appropriate staff contact for review and countersignature.
6. Forms must be submitted by **you or FARR**—forms submitted by the applicant will **not** be accepted.



Certified Recovery Residence Administrator On-the-Job Supervision Verification Form

How to Use This Form

- Part 1 should be filled out by the applicant.
- Part 2 should be filled out by the supervisor.
 - If the applicant is NOT part of a family owned/operated residence, the supervisor must then submit the completed form by email to the applicant's assigned certification specialist.
 - If the applicant is part of a family owned/operated recovery residence, the person completing Part 2 of the form will forward the form to the FARR designee. FARR will complete Part 3 and forward the form to the Board for processing.

Please type all information on the form. Handwritten forms may be returned and could delay the certification process.

Part 1: Applicant Information. Write the job title of the position you are using to meet the on-the-job supervision requirement. Enter the **start and end dates** of that job in this format: **MM/DD/YYYY to MM/DD/YYYY.**

1. Applicant Name _____

2. Employer Name _____

3. Job Title _____

4. Immediate Supervisor _____

5. Do you work at a family owned/operated recovery residence? Yes No

If **no**, provide this form to your supervisor to complete and forward to the FCB.

If **yes**, provide the form to your supervisor to complete and then forward to FARR for countersignature and submission to the FCB.

6. Position Type Full Time Part Time

7. Employment Start Date _____ End Date _____ OR Still Employed

8. Your Certification Specialist's Email Address _____

9. Applicant Attestation and Signature

By signing below, I confirm that the information I provided is true to the best of my knowledge.

I understand that (1) I am not allowed to receive and/or submit the completed form from my supervisor, and (2) my supervisor will submit the completed form directly to my Certification Specialist or FARR.

Signature (FCB accepts manual and electronic signatures)

Date



Certified Recovery Residence Administrator On-the-Job Supervision Verification Form

Part 2a: Provide the name and contact details of the person who is verifying the applicant's on-the-job supervision and filling out this form.

1. Name _____

2. Employer Name _____

3. Job Title _____

4. Email Address _____ 5. Work Phone Number _____

6. Does the applicant work for a family owned/operated recovery residence? Yes No
 Yes = Forward the completed form to FARR to finalize and submit directly to the Board.
 No = Forward the completed form to the FCB.

Part 2b: Supervisee Information

6. Employee/Certification Applicant Name _____

8. Supervision Time period Start Date _____ End Date _____ OR Still Employed

Part 2c: On-the-Job Supervision Verification

10. Domain Category	Individual Supervision Hours	Group Supervision Hours
10a. Recovery Residence Operations & Administration		
10b. Maintaining the Physical Residence		
10c. Resident Screening & Admission		
10d. Resident Recovery Support		
10e. Professional Responsibilities		
Total hours per category		
Total Hours of On-the Job Supervision Earned		

11. As a qualified supervisor, do you have any concerns about the applicant's ability to competently provide recovery residence administrator duties? Yes* No

**If yes, the FCB will contact you for additional information, which may result in denial of the documented supervision for certification purposes.*

12. Verifier Attestation and Signature

By signing below, I confirm that all the information I provided is true to the best of my knowledge and agree that the Board may review or audit the supporting documents if needed. Further, I will email the form to the applicant's Certification Specialist at the email address indicated in Part 1 of this form OR the staff member identified by FARR to countersign and submit to FCB.

Signature (FCB accepts manual and electronic signatures)

Date