



Master's Level Certified Addiction Professional On-the-Job Supervision Verification Form

Instructions

What This Is For:

Master's Level Addiction Professionals provide services to individuals with substance use conditions. To become certified, you must show that you've completed at least 200 hours of on-the job supervision of your work as an addiction professional. Here's what counts:

- Supervision is focused on improved client care and job performance. Administrative supervision, such as leave and attendance and general supervision is not eligible.
- The supervision must come from a qualified supervisor. Qualified supervisors are:
 - 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 CAP, MCAP or CBHCMS
- The supervision must have happened within the last 10 years.
- A minimum of twenty (20) hours of supervision is required for each domain.
- At least 100 hours of supervision must be one-on-one, individual supervision. No more than 100 hours of supervision may be in a group setting
- It must not exceed 3 hours per week or 156 hours per year.
- It must be confirmed by the supervisor who oversaw your work as a case manager.

For Applicants: What You Need to Do

1. Download the On-the-Job Supervision Verification Form.
2. Fill out Section 1.
3. Give a separate form to each supervisor who can confirm your on-the-job supervision experience.
4. Make sure each supervisor knows:
 - You need at least 200 hours of on-the-job supervision of your work as an addiction professional to qualify.



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- They must fill out Section 2 and ensure they have supporting documentation of the confirmed supervision if requested by FCB for audit.
- They must send the form directly to FCB.
You cannot send it in yourself — if you do, it won't be accepted.

For Supervisors: What You Need to Do

1. Talk with the applicant to make sure you understand the certification requirements, including the maximum allowable supervision of 3 hours per week or 156 hours per year.
2. Complete Section 2 of the form.
3. Assure you have supporting documentation of the supervision you are confirming in case it is requested by FCB for audit. Documentation must contain the following minimum information:
 - Supervisee Name
 - Date of supervision, start and end times, and the number of supervision hours.
 - Supervisor name and title
 - Method of supervision (individual, group, observation, client documentation review, etc.)
 - Summary of supervision session
 - Supervisor and Supervisee signatures
4. Sample supervision logs are posted on the FCB website.
5. Send the completed form directly to FCB
Forms must come from you – we will not accept them from the applicant.



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How to Use This Form

- Part 1 should be filled out by the applicant before giving the form to their employer. If you have more than one supervisor who will confirm on-the-job supervision for certification purposes, **use a separate form for each.**
- Part 2 should be filled out by the supervisor.
- The supervisor must then submit the completed form by email to the applicant's assigned certification specialist.

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** (for example, 03/15/2021 to 08/30/2023). .

1. Applicant Name _____

2. Employer Name _____

3. Job Title _____

4. Immediate Supervisor _____

5. Position Type Full Time Part Time

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

7. Your Certification Specialist's Email Address _____

8. 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.

Signature (FCB accepts manual and electronic signatures)

Date



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

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 _____
Part 2b: Supervisee Information		
6. Employee/Certification Applicant Name _____		
7. Job Title _____		
8. Supervision Time period Start Date _____ End Date _____ OR <input type="checkbox"/> Still Employed		
9. Position Type <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Part 2c: On-the-Job Supervision Verification		
10. Domain Category	Individual Supervision Hours	Group Supervision Hours
10a. Clinical Evaluation		
10b. Treatment Planning		
10c. Case Management and Referral		
10d. Documentation		
10e. Client, Family and Community Education		
10f. 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 substance use treatment duties? <input type="checkbox"/> Yes* <input type="checkbox"/> No		
<i>*If yes, the FCB will contact you for additional information, which may result in denial of the documented supervision for certification purposes.</i>		
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.		
Signature (FCB accepts manual and electronic signatures) _____		Date _____