



**For Official Use Only**

Approved:  Yes  No

Date: \_\_\_\_\_

**New Jersey Office of the Attorney General**  
Division of Consumer Affairs  
State Board of Marriage and Family Therapy Examiners  
Alcohol and Drug Counselor Committee  
124 Halsey Street, 6th Floor, P.O. Box 45040  
Newark, New Jersey 07101  
(973) 504-6582

**PROPOSED PLAN OF SUPERVISION FOR C.A.D.C./L.C.A.D.C. INTERNSHIP**

Has the INTERN read the regulations re: Alcohol and Drug Counselor Internships?  Yes  No

Has the SUPERVISOR read the regulations re: the clinical supervision of Alcohol and Drug Counselor Interns?  Yes  No

Date: \_\_\_\_\_

**Intern Information**

Name: \_\_\_\_\_  
Last name First name Middle initial

Mailing address: \_\_\_\_\_  
Street or P.O. Box City State ZIP code

Home telephone number: \_\_\_\_\_ Cellular telephone number: \_\_\_\_\_  
(include area code) (include area code)

Date of birth: \_\_\_\_\_  
Month Day Year

- How many of the 270 core-training hours in Addiction Studies has the INTERN already completed? \_\_\_\_\_ of the 270. (See Schedule B of the C.A.D.C./L.C.A.D.C. application.)
- Does the INTERN hold a degree from a college or university?  Yes  No (Include this information in the attached resume.)
- Does the INTERN hold another clinical license at this time, making him/her a CREDENTIALLED INTERN?  Yes  No (Include this information in the attached resume.)

**Proposed Internship/Worksite Setting: (check one)**

Division of Addiction Services Licensed Agency  Other Agency  Private/Group Practice  Other

Name of Work/Internship Setting: \_\_\_\_\_

Address of Worksite: \_\_\_\_\_  
Street or P.O. Box City State ZIP code

Telephone number: \_\_\_\_\_ Tax status:  For-profit  Not-for-profit  
(include area code)

Attach the following to this application and return it to:

**Alcohol and Drug Counselor Committee**  
P.O. Box 45040  
Newark, New Jersey 07101

- The resume of the INTERN (include formal academic information if available).
- The resume of the SUPERVISOR (include academic, licensure and certification information).
- A brochure (or description) of the agency/program or practice setting.
- A copy of the written Internship Agreement between the Intern and the Supervisor.
- A copy of the Agency's Client Disclosure form, pursuant to: N.J.A.C. 13:34C-6.2(c).

**Proposed Supervisor**

Name of Supervisor: \_\_\_\_\_  
(Attach supervisor's resume.) Last name First name Middle initial

Address of Supervisor: \_\_\_\_\_  
Street or P.O. Box City State ZIP code

Telephone number: \_\_\_\_\_ Is supervisor C.C.S. credentialed?  Yes  No  
(include area code)

**Licensure of proposed supervisor: (Check all that apply.)**

- L.C.A.D.C.                       L.P.C.                                       L.M.F.T.
- Certified APN                       L.C.S.W.                                       Licensed Psychologist
- CCS Credentials                       Yes     No
- Physician, A.S.A.M./A.B.A.M. Certified?                       Yes     No
- Psychiatrist, A.S.A.M./A.B.A.M. Certified?                       Yes     No
- Psychiatrist, A.P.A. added credentials in chemical dependency?     Yes     No

Has the Proposed Supervisor ever had a license restriction imposed which prohibited the supervision of others?  Yes  No

Has the Proposed Supervisor ever been disciplined by any professional licensing board?  Yes  No

N.J. License Number(s) \_\_\_\_\_ for \_\_\_\_\_ License  
of the Supervisor  
\_\_\_\_\_ for \_\_\_\_\_ License  
\_\_\_\_\_ for \_\_\_\_\_ License

(If the internship will be in another state, supervisors should list their New Jersey license number as well as the number of the license held in the other state.)

**Modalities of Supervision Planned: (Check all that apply.)**

- Live in the Room                       Case Reviews                                       Record Reviews                                       Audio Tape/Reviews
- Video/Closed Circuit                       Verbatims                                       2-Way-Mirror Observation                       Other

\_\_\_\_\_  
Supervisor's Signature                                      Date                                      Intern's Signature