



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
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CADCTempLicense@dca.njoag.gov

**Proposed Plan of Supervision Addendum
(To be submitted by Supervisor)**

This document is to be completed by CADC intern’s supervisor and submitted to Committee and not by the applicant. This will be matched with an approved plan of supervision on file. If there is no approved plan on file, then both the proposed plan and this addendum need to be submitted.

I, _____, licensed as _____, license number _____, through personal knowledge or having reviewed documentation supplied by _____ (intern), date of birth _____, and verified that information, certify:

1. Intern has completed at least 150 hours of the 270 hours of core content education required of a CADC pursuant to N.J.A.C. 13:34C-2.3(b)(4).
2. Intern has completed at least 300 hours of the 3000 hours of supervised work experience in drug and alcohol counseling required of a CADC pursuant to N.J.A.C. 13:34C-2.3(b)(3).
3. Intern has confirmed to me that intern has attended at least fifteen of thirty alcohol and drug abuse self-help group meetings required of a CADC pursuant to N.J.A.C. 13:34C-2.3(b)(5).
4. I am aware that the temporary CADC credential will permit the intern to provide drug and alcohol counseling services via telemedicine and telehealth at my direction and under my supervision, consistent with N.J.S.A. 45:1-61 et seq. and P.L. 2020, c.3.
5. I am aware that any temporary certification issued under Administrative Order 2020-13 will remain in effect for the duration of the public health emergency or state of emergency declared in Executive Order 103, whichever is later, unless expressly revoked or superseded by a subsequent Administrative Order.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature of Supervisor

Once completed please send this addendum to: CADCTempLicense@dca.njoag.gov