

APPROVED SUPERVISOR -- DOCUMENTATION OF QUALIFICATIONS (FOR CDP TRAINEE)

	CP	
Name of Approved Supervisor	DOH CDP Credential #	Expiration Date

	CO	
Name of CDP Trainee	DOH CDP Trainee Credential #	Expiration Date

1. I have been appointed by the agency administrator to be your approved supervisor for the purpose of your Chemical Dependency Professional (CDP) traineeship.
2. I hold a valid CDP credential from the Washington State Department of Health (DOH). I have provided you a copy of my current DOH CDP certificate.
3. I attest that I have attained one the following:
 - At least 4000 hours experience in a state approved chemical dependency treatment agency. The 4000 hours are in addition to my own supervised experience hours required to become a CDP.
 - At least 3000 hours as described above AND 28 clock hours of recognized supervisor training.
4. In order to provide adequate supervision and training for your CDP traineeship, the maximum number of patient contact hours I can provide have been decreased by 20 percent for each trainee for whom I function as approved supervisor.
5. I am responsible for all patients assigned to you. You will receive an orientation to the agency Clinical Manual before being assigned unsupervised duties.
6. In order to be a CDP Trainee, you must have a current DOH counselor registration before providing counseling services. The first 50 hours of your face-to-face client/patient contact will be directly observed and supervised by a CDP, and will be documented.
7. Supervision will be based on assisting you in acquiring proficiency in the addiction counselor competencies as defined in Washington Administrative Code (WAC) 246-811-010(5) and the Center for Substance Abuse Treatment Technical Assistance Publication No. 21, Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice. I have provided you copies of WAC 246-811, Chemical Dependency Professionals, and WAC 388-805, Certification Requirements for Chemical Dependency Service Providers.
8. All clinical documentation entered by you into the patient record will be reviewed and authenticated by either myself or another CDP.
9. As your Approved Supervisor, I will supervise, assess, and document the progress you make toward meeting the requirements of WAC 246-811-030, the education requirements for CDP certification, and WAC 246-811-047, the competencies in which you must become proficient during your training experience.
10. I affirm that my relationship to you does not constitute a blood or legal relative, significant other, cohabitant, or someone who has acted as your primary counselor.
11. You will receive a copy of this completed form.
12. Your training will begin on: (date) _____.

Approved Supervisor signature _____ Date _____

CDP Trainee signature _____ Date _____

A copy of this form, signed and dated by each party, will be placed in the personnel files of the Approved Supervisor and the CDP Trainee.