



Janet T. Mills
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
BOARD OF ALCOHOL & DRUG COUNSELORS
76 NORTHERN AVENUE
GARDINER, MAINE 04345

Joan F. Cohen
Commissioner

SUPERVISION AGREEMENT FORM

All work performed by Alcohol & Drug Counseling Aides (ADCA) and Certified Alcohol & Drug Counselors (CADC) **must** be under the supervision of a Certified Clinical Supervisor (CCS) licensee and performed within an agency licensed by DHHS pursuant to [M.R.S. 32 §6203-A](#). The CCS is responsible for notifying the Board when the supervisee is no longer under the supervision of the CCS. Failure to notify the Board constitutes a violation of Board rule.

Supervisee Information	
Name:	License Number:
Email Address:	Initial License Issue Date:
Agency Information	
Name:	License Number:
Phone Number:	License Expiration Date:
Address:	
Proposed Certified Clinical Supervisor Information (To be completed by proposed supervisor)	
Name:	License Number:
Email Address:	Initial License Issue Date:
I attest to the present employment of the supervisee named above as an Alcohol & Drug Counseling Aide (ADCA) or a Certified Alcohol & Drug Counselor (CADC) and that the requirements of the position conform to the Board's laws and rules. I agree to notify the Board when the above named supervisee is no longer under my supervision.	
Proposed Supervisor Signature:	Date: