THE MASSACHUSETTS BOARD OF SUBSTANCE ABUSE COUNSELOR CERTIFICATION, INC.

SUPERVISOR VERIFICATION FORM
for the
CERTIFIED ADDICTION RECOVERY COACH

THIS PORTION TO BE COMPLETED BY APPLICANT

APPLICANT NAME: ____ DATE: ____________________
(PLEASE PRINT)

I authorize the Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) to seek additional information about my work from the supervisor listed below.

______________________________ PRINT NAME OF SUPERVISOR

______________________________ APPLICANT'S SIGNATURE

I hereby waive my right to inspect this verification form and any subsequent information provided by the supervisor in connection with my application for Certification.

______________________________ APPLICANT'S SIGNATURE

To the Supervisor:

The individual named above is applying to MBSACC for Certification as a Certified Addiction Recovery Coach. You have been identified by the applicant as a supervisor for part or all of his/her work experience as a Recovery Coach; therefore, the information requested from you is an essential part of the Board's evaluation of the eligibility of this applicant. This completed form must be on file before the application can be reviewed and processed. Please confirm with the applicant the date by which this completed verification form must be postmarked by you in order to meet the application deadline date requirement.

The Board appreciates your accurate and truthful reporting. This form will be considered by the Board to be **confidential** *and will not be made available to the applicant. As Supervisor, you may wish to keep a photocopy of this Verification Form for your files, but you must* **not** *supply a copy of the completed form to the applicant. The applicant has waived his/her right to view the contents of this form. MBSACC reserves the right to request further information from you, if necessary, concerning this applicant.*

Please return the completed form directly to MBSACC at:
560 Lincoln St., P.O. Box 7070, Worcester, MA 01605.

Please include with this completed form the following items:

1. *An official supervisor job description on agency letterhead.*
2. *Documentation of your Recovery Coach training and/or Recovery Coach Supervisor training.*

EXPERIENCE

The Massachusetts Certification Board defines a CARC (Certified Addiction Recovery Coach) as a practitioner who has demonstrated his/her knowledge and skills in the four (4) Performance Domains of an Addiction Recovery Coach, which are as follows:

- *Advocacy*
- *Mentoring/Education*
- *Recovery/Wellness Support*
- *Ethical Responsibility*

A minimum of 500 hours of work experience in the four performance domains, under direct supervision, are required. Supervision must be provided by an organization's documented and qualified supervisory staff per job description. The supervisor must be a trained Recovery Coach and/or have completed the Recovery Coach Supervisory Training.

Please complete the following:

______________________________ ______________________________
DIRECT SUPERVISOR'S NAME SUPERVISOR'S CURRENT JOB TITLE

____
NAME & ADDRESS OF AGENCY WHERE EXPERIENCE & SUPERVISION OCCURRED

(_______)______________________________
AGENCY PHONE NUMBER (Please include area code)

____
APPLICANT'S POSITION

DATES OF EMPLOYMENT AS A RECOVERY COACH:

START DATE: ______________________________

END DATE: ______________________________ *(leave blank if applicant is still employed at this agency)*

AVERAGE NUMBER OF HOURS APPLICANT WORKED PER WEEK AS A RECOVERY COACH:

_______ HOURS PER WEEK

TOTAL NUMBER OF DOCUMENTED HOURS WORKED IN THIS POSITION:

_______ TOTAL HOURS

By signing below, I attest that the applicant named above worked as a Recovery Coach/ Recovery Support Professional at this program as listed, providing client support services. To the best of my knowledge, the information I have provided is true and accurate.

______________________________ ______________________________
SUPERVISOR (Print Name) *DATE*

____
SUPERVISOR SIGNATURE

SUPERVISION

Below, write the total number of supervision hours provided to the applicant for each of the Performance Domains.

No Domain can have less than 5 (five) hours, and the total number of hours combined must equal or exceed 35 (thirty-five) hours.

- *Advocacy* ______ *hours*
- *Mentoring and Education* ______ *hours*
- *Recovery and Wellness Support* ______ *hours*
- *Ethical Responsibility* ______ *hours*

By signing below, I attest that the applicant named herein received supervision from me in the Performance Domains listed above. To the best of my knowledge the information I have provided is true and accurate.

______________________________	______________________________
SUPERVISOR (Print Name)	*DATE*

____
SUPERVISOR SIGNATURE

PLEASE DO NOT FORGET TO INCLUDE THE TWO ITEMS LISTED ON THE FIRST PAGE WITH THIS VERIFICATION

AGAIN, MAIL THIS FORM DIRECTLY BACK TO MBSACC AT:
MBSACC
560 LINCOLN STREET
P.O. BOX 7070
WORCESTER, MA 01605