

Louisiana Addictive Disorder Regulatory Authority
Certified Clinical Supervisor (CCS)
Exemption Form

The ADRA requests this completed form emailed to lauren.smith@la-adra.org

Instructions: Please complete the form to request an exemption to supervise additional Counselors in Training (CITs). According to the CCS Guidelines, the CCS can provide clinical supervision to up to four (4) CITs if you have a working client load. The CCS can apply for an exemption to supervise up to a total of nine (9) CITs with the completed form.

Date: _____

I. CCS Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

II. How many CITs are you currently supervising? (Circle) 1 2 3 4

1. CIT Name: _____

Supervision Start Date: _____ Expected Date of Completion: _____

Name of Worksite: _____

2. CIT Name: _____

Supervision Start Date: _____ Expected Date of Completion: _____

Name of Worksite: _____

3. CIT Name: _____

Supervision Start Date: _____ Expected Date of Completion: _____

Name of Worksite: _____

4. CIT Name: _____

Supervision Start Date: _____ Expected Date of Completion: _____

Name of Worksite: _____

Louisiana Addictive Disorder Regulatory Authority
Certified Clinical Supervisor (CCS)
Exemption Form

The ADRA requests this completed form emailed to lauren.smith@la-adra.org

III. How many additional CITs do you expect to supervise? (Circle) **1 2 3 4 5**

1. CIT Name: _____

Supervision Start Date: _____ Expected Date of Completion: _____

Name of Worksite: _____

2. CIT Name: _____

Supervision Start Date: _____ Expected Date of Completion: _____

Name of Worksite: _____

3. CIT Name: _____

Supervision Start Date: _____ Expected Date of Completion: _____

Name of Worksite: _____

4. CIT Name: _____

Supervision Start Date: _____ Expected Date of Completion: _____

Name of Worksite: _____

5. CIT Name: _____

Supervision Start Date: _____ Expected Date of Completion: _____

Name of Worksite: _____

IV. Are the additional CITs located at the facility where you are currently employed?

(Circle) **YES NO**

If they are not located at the same facility, how do you intend to provide direct one-on-one supervision?

(Provide detailed explanation below or attach additional written statement)

Louisiana Addictive Disorder Regulatory Authority
Certified Clinical Supervisor (CCS)
Exemption Form

The ADRA requests this completed form emailed to lauren.smith@la-adra.org

CCS Attestation and Accountability Statement

According to the guidelines specific to the Certified Clinical Supervisor (CCS), I understand that I can supervise up to, but not exceed, four (4) Counselors in Training (CITs) unless I am granted an exemption by the Addictive Disorders Regulatory Authority (ADRA). If my request for an exemption is approved by the ADRA, I further understand that I can supervise up to nine (9) CITs who are employed within the same agency in which I am employed.

In my role as a CCS for CITs, I understand that I am responsible for the following:

- Ensuring that I am meeting or exceeding the weekly minimum requirement of one (1) hour of direct, one-on-one supervision with each individual CIT;
- Preparing each individual CIT to become credentialed by the ADRA by providing information, support, and guidance consistent with the 123 competencies comprising SAHMSA's TAP 21; and
- Maintaining up-to-date documentation for each individual CIT including:
 - CIT Supervision contract
 - Record of supervision hours and payments
 - Content of supervision provided that aligns with the record of supervision hours
 - Information specific to how and when the KSAs are demonstrated by the CIT (Competencies Verification Form)
 - Detailed description of any adverse interpersonal interactions with clients or persons served reported by the CIT and remedial action(s) taken by the CIT (if applicable)
 - Copy of ADRA approval of request for exemption (if applicable)

CCS Signature: _____ Date: _____

ADRA Processing Statement

Date Received: _____

- Verification of CCS

CCS #: _____ CCS Start Date: _____ CCS Expiration Date: _____

- Does request meet the standard? (Circle) **YES** **NO**

If no, explain: _____

- Exemption approved? (Circle) **YES** **NO**

ADRA Employee Name: _____ Position: _____

Date Processed: _____