

SUPERVISOR INFORMATION FORM*

**This form must be completely filled in before our office will process and review your paperwork for Practicum or Internship approval. Any missing blanks will prevent students from being approved in the course.*

Name of Student: _____ **Student Number:** _____

Student's Full Address: _____

Student's tel. #: (home or cell): _____ (work): _____

Student's Liberty email address: _____

Agency/Site Name: _____

Agency/Site Address: _____

1. Group Supervision is provided at this site: Yes No

*It is recommended that you find a site that provides group supervision. Although not required, group supervision of addiction counseling is a valuable component of growth as an addiction professional. Up to 5 hours of group supervision, if obtained, would count toward the minimum 15 hours of supervision.

2. This site will allow taped video sessions with clients: Yes No

3. Please **check the box** confirming there is **no** dual relationship* that would impair your judgment or limit your ability to remain objective with your supervisee (e.g. family/personal relationship, direct work supervisor, etc.). **No Dual Relationship**

**Dual Relationship* is a situation where multiple roles exist that could influence the overall ability to provide objective feedback and guidance to the supervisee, thus causing harm to the supervisee.

Name of Supervisor: Mr. Ms./Mrs. Dr. _____

Position (title) _____

Supervisor's tel. #: (work): _____ Supervisor's Email: _____

(Required)

(Required)

Academic Background of Supervisor:

Degree	Major	Year Received	Educational Institution

Licenses and Certifications Currently Held by Supervisor:

Type	Number	State Where Valid	Expiration Date

Clinical and Supervisory Experience

I certify that I am fully licensed as an independent practitioner in counseling and have at least 2 years of clinical experience in the area I am supervising: **Yes** **No**

Have you completed any supervision training (workshops, graduate level course, CE's etc.): **Yes** **No**

Have you completed any online supervision training: **Yes** **No**

Supervisor's Signature

Date

Student's Signature

Date