



ENDORSEMENT APPLICATION

Certificate of Competency in Clinical Supervision

INFORMATION & DIRECTIONS

The Certificate of Competency in Clinical Supervision is for professionals who are employed as Clinical Supervisors and is based on a specific aspect of staff development dealing with the clinical skills and competencies for persons providing clinical counseling. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct and indirect observation of a counselor(s) clinical work.

The Certificate of Competency in Clinical Supervision is an endorsement available **only** to those professionals who meet the experience, education requirement. Credentials must be current, valid, and in good standing.

The endorsement can be obtained at any time once the education and requirements are met. The expiration date of the endorsement will be the same as the initial, qualifying credential. You must renew the endorsement with your qualifying credential to maintain it. Your endorsement will be added to your certificate of your qualifying credential.

CHECKLIST

- Completed application page.
- Documentation of education.
- Documentation of experience.
- Documentation of current job description signed and dated by applicant and supervisor.
- Application fee.

If there are any issues with the application, you will be notified by email. Applications are open for one year after the date of review. If an applicant fails to fulfill endorsement requirements within that year, the application will be closed, and no refund will be issued.

If there are any problems with the application, you will be notified by email. Keep a photocopy of the entire application for your records.

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- **MAIL:** PCB: 298 S. Progress Avenue | Harrisburg, PA 17109
- **EMAIL:** info@pacertboard.org *NOTE: Only PDFs are acceptable. PCB does not accept photos of applications.*
- **FAX:** 717-540-4458

Please allow 5-10 business days for review and processing of your application.

To confirm receipt of your application, or check on the status, email info@pacertboard.org.

REQUIREMENTS: CERTIFICATE OF COMPETENCY IN CLINICAL SUPERVISION

PREREQUISITE: CAAC, CADC, CAADC, CCDP, CCDPD, or CCJP that is current, valid, and in good standing.

EXPERIENCE: One year full-time or 2,000 hours of part-time employment as a clinical supervisor in the substance use or co-occurring field.

Qualifying counseling work experience is defined as providing primary, direct, clinical, substance use disorder or co-occurring counseling to persons whose primary diagnosis is that of substance use disorder or providing supervision of said counseling. Applicant must have primary responsibility for providing substance use disorder counseling in an individual and/or group setting, preparing treatment plans, documenting client progress and is clinically supervised. No other work experience in the drug and alcohol field can be used for counselor certification other than what is stated above.

Qualifying clinical supervision work experience is based on a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct and indirect observation of a counselor(s) clinical work.

Qualifying work experience can be from multiple employers to accumulate the required years/hours.

If the applicant's work experience requirement is not fulfilled from their current employer, they must include **documentation from previous employer(s)** verifying their title, duties and dates employed with their application. DO NOT submit a resume as proof of previous work experience. Applicant must contact previous employers and request detailed documentation of their employment from them.

The applicant **must be currently employed as a clinical supervisor** at the time of application.

All work experience **must have occurred within the last seven (7) years.** Volunteer work is not acceptable. Time spent participating in or facilitating mutual support groups is not acceptable.

Clinical internships completed as part of a college degree program may be eligible to use toward the required work experience. Internships must be ones in which the student was providing drug and alcohol counseling as described on page 10 of this application under Work Experience; internships must be well documented by the agency in which the internship occurred; internships must have been supervised; internships must appear on the official college transcript.

JOB DESCRIPTION: Current job description signed and dated by supervisor and applicant.

EDUCATION: 30 hours of clinical supervision specific education/training.

- Education is defined as formal, structured instruction: workshops, seminars, in-services, college/university credit courses and online education.

APPLICATION FEE: \$100

RECERTIFICATION

To maintain the Certificate of Competency in Clinical Supervision, recertification is required every two years. The professional will submit the recertification application with the requirements for their qualifying credential which must include six hours of approved clinical supervision specific education.

ENDORSEMENT APPLICATION: CLINICAL SUPERVISION

Form can be completed and saved. You may then print the appropriate pages to submit to PCB.

TYPE OR PRINT LEGIBLY

PCB PREREQUIRE CREDENTIAL: CAAC CADC CAADC CCJP CCDP CCDPD

Date: _____ DOB: _____ Male Female Self-identify _____

Name: _____ SSN: (last four) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

EMPLOYMENT: Employer: _____ Title: _____

Employer City: _____ Zip: _____ Phone: _____

Hire Date: _____ Check One: Part-Time Full-Time

Supervisor: _____ Title: _____

Supervisor Email: _____

Have you ever received any disciplinary action from another certification or licensing authority since your last application or recertification? Yes No *If yes, provide full details on a separate sheet.*

PAYMENT INFORMATION: \$100 FEE MUST ACCOMPANY APPLICATION

PAYMENT (CHECK ONE): Check Money Order VISA MasterCard Discover American Express
Checks & Money Orders made payable to PCB

Number: _____ - _____ - _____ - _____

Sec. Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____

Email address for receipt (*credit card only*): _____

CS ENDORSEMENT: CLINICAL WORK EXPERIENCE & JOB DESCRIPTION

CURRENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

How many hours do you work per week? _____

Total hours/years worked in current position? _____

I have attached my current clinical supervisor job description, dated and signed by both me and my supervisor.

Yes No

Do you need to document previous employment to fulfill the experience requirement? Yes No

*If yes, complete the section below **AND** submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.*

PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE)

Letter (on company letterhead) from previous employer(s) verifying your title, duties & dates employed must be included with your application.

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____ End Date in Position: _____

How many hours did you work per week? _____

Total hours/years worked in previous position? _____

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____ End Date in Position: _____

How many hours did you work per week? _____

Total hours/years worked in previous position? _____