



ENDORSEMENT APPLICATION

Certificate of Competency in Clinical Supervision

APPLICATION INSTRUCTIONS – READ CAREFULLY

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.

Do not apply until all requirements are met.

TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** info@pacertboard.org *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email info@pacertboard.org.*

REVIEW & APPROVAL PROCESS

1. Application submitted to PCB. To confirm receipt of application, email PCB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. If you have not heard from PCB regarding your application after 10 business days, email info@pacertboard.org.
5. A certificate will be mailed to you within 10 business days.

REQUIREMENTS: CERTIFICATE OF COMPETENCY IN CLINICAL SUPERVISION

PREREQUISITE CREDENTIAL

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 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.

JOB DESCRIPTION

Current job description signed and dated by supervisor and applicant.

EDUCATION/TRAINING

30 hours of clinical supervision specific education/training.

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses, and online education. There is **no limit to the amount of online education** that may be submitted.

APPLICATION FEE

\$100 (must accompany endorsement application)

RECERTIFICATION

The requirements for the qualifying credential which must include six hours of approved clinical supervision specific education.

CLINICAL SUPERVISION ENDORSEMENT: APPLICANT INFORMATION

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

TYPE OR PRINT LEGIBLY

PCB CREDENTIAL: CAAC CADC CAADC CCJP CCDP CCDPD

Today's Date (mm/dd/yyyy): _____

Applicant Name: _____

Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Date of Birth (mm/dd/yyyy): _____ **SSN (last four):** _____

CONTACT INFORMATION

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____

Primary Email: _____

REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

Secondary 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.*

I have included copies of training certificates and/or college transcript for 30 hours of clinical supervision specific education/training with this application. Yes No

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

My employer/organization is mailing payment directly 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

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

REQUIRED: Current job description signed and dated by supervisor and applicant.

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? _____