



# CADC Work Experience Verification Form

## Applicant Information

Full Name \_\_\_\_\_  
CCAPP Registration Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

## Work Experience Details

Employer Name \_\_\_\_\_  
Facility Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Position Title \_\_\_\_\_  
Start Date (MM/DD/YYYY) \_\_\_\_\_ End Date (MM/DD/YYYY) \_\_\_\_\_  
Total Hours Worked \_\_\_\_\_

## Supervisor Information

Full Name \_\_\_\_\_  
Title/Position \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Supervisor Qualification \_\_\_\_\_

## Supervisor Qualification

Please provide qualification information below:

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## Explanation of Supervisor Qualification (if applicable):

Please provide an explanation of supervisor qualification below (if applicable):

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## Breakdown of Supervised Work Hours

Closely Supervised Internship/Practicum Hours:  
(Supervisor must be in the same room)

- Total Internship Hours \_\_\_\_\_

Work Experience Hours:  
(Supervisor oversees quality and provides clinical supervision)

- Total Work Experience Hours \_\_\_\_\_

## Description of Duties Performed

(Provide a summary of the applicant's roles and responsibilities, ensuring alignment with the 12 core functions.)

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## Weekly Hours Tracking Form

Applicant Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Week Starting (MM/DD/YYYY): \_\_\_\_\_

Week Starting (MM/DD/YYYY)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Weekly Hours	12 Core Functions Performed	Supervisor Initials

Supervisor's Signature \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_



# CADC Work Experience Verification Form

## Weekly Clinical Supervision Tracking Form

Applicant Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Week Starting (MM/DD/YYYY): \_\_\_\_\_

Date	Duration of Supervision (Hours)	Topics Covered	Methods Used (e.g., case review, role-play)	Supervisor Initials

Supervisor's Signature \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

## Supervisor Declaration

By signing below, I confirm that the information provided in this form is true and accurate to the best of my knowledge. I understand that falsifying information is a violation of California regulations and the CCAPP Code of Conduct.

Supervisor's Signature \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

## Applicant Declaration

By signing below, I consent to release my work experience information to CCAPP for the purpose of CADC I certification. I affirm that the information provided is accurate and understand the consequences of falsifying documentation.

Applicant Signature \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

**Instructions for Submission**

1. Complete all sections of this form.
2. Attach supporting documents (e.g., supervisor's resume, qualification letters).
3. Submit this form and supporting documentation via Certemy or email to [CCAPP Credentialing](mailto:admin@ccapp.us).

**Note:** Ensure all hours are verified and meet CCAPP standards for supervision and experience.

**The 12 Core Functions of Addiction Counseling**

1. **Screening:** Determining whether the client is appropriate and eligible for admission to a particular program.
  - a. Activities include evaluating psychological, physical, and social data to determine a client's suitability for treatment.
2. **Intake:** Completing the admission process by collecting necessary administrative and assessment information.
  - a. Includes gathering consent forms, initial interviews, and paperwork.
3. **Orientation:** Informing clients about the general nature and goals of the program, rules, and the rights of clients.
  - a. Includes providing program guidelines and discussing client expectations.
4. **Assessment:** Identifying and evaluating an individual's strengths, weaknesses, and problems for treatment planning.
  - a. May involve standardized assessment tools and interviews.
5. **Treatment Planning:** Collaboratively developing individualized plans based on assessment results.
  - a. Includes setting measurable goals and identifying interventions to address specific client needs.
6. **Counseling:** Using specific techniques to assist clients in achieving their goals.
  - a. Includes individual, group, and family counseling sessions.
7. **Case Management:** Coordinating care to ensure that the client receives the appropriate treatment and services.
  - a. Includes referral to medical, psychiatric, or social services.
8. **Crisis Intervention:** Addressing acute emotional or physical distress in an immediate and effective manner.
  - a. Involves de-escalating situations and providing support during emergencies.
9. **Client Education:** Providing information about alcohol, drugs, and other addictive behaviors.
  - a. Includes prevention education and skills for coping with addiction.
10. **Referral:** Directing clients to resources that fall outside the counselor's expertise or scope of practice.
  - a. Includes linking clients to community services or specialized programs.
11. **Reports and Record Keeping:** Documenting all aspects of client care accurately and confidentially.
  - a. Includes progress notes, treatment plans, and discharge summaries.
12. **Consultation with Other Professionals:** Communicating with colleagues to ensure quality care.
  - a. Involves case discussions, staffing meetings, and professional collaboration.

**Note:** Each function must be performed ethically and in accordance with established standards to support the client's recovery journey.