Clinical Supervisor (CS) Applicant Documentation Checklist

IDAPA 16.07.20 subsection 216.02.a through f

The approval process is a verification of credentials already held by an individual who is seeking approval as a Clinical Supervisor to work in an IDHW Licensed SUD Treatment Facility. The process is designed to ensure Clinical Supervisor applicants meet IDAPA requirements.

Submit documentation, as a PDF attachment to an e-mail, to Deborah Bailey at BaileyD@dhw.idaho.gov or fax to 208-334-0667.

Name:

Documentation/Licensure/Certification	Documentation to be submitted to SUD in compliance with IDAPA 16.07.20, subsection 216.2.a	X
QP Status	Applicant must meet the requirements of IDAPA 16.07.20, subsection 218 prior to submitting documentation in support of being approved as a clinical supervisor.	☐
Masters Degree from an accredited, approved, and recognized college or university in health and human services, and;	Copy of Diploma *(note, if applicant is already listed as a QSUDP on the DHW Website, this documentation should already be on file at DHW).*	☐
(3) years providing direct substance use disorders treatment, and;	Documentation must be verified by employer(s) for whom paid experience is being reported.	☐
(1) year paid full-time supervision experience in a state, federal, Joint Commission, or CARF-approved behavioral health services program, or;	Documentation must be verified by employer(s) for whom paid experience is being reported.	☐
Have a Clinical Supervisor designation from the Idaho Board of Occupational Licensure, or:	Copy of Current Clinical License with Supervisor Endorsement from IBOL	☐
Be an IBADCC Certified Clinical Supervisor	Copy of Current Certification.	☐
For outpatient programs providing services to children and adolescents, the clinical supervisor must have: 1. Two (2) years of experience working with families or children in an alcohol and substance use disorders treatment services setting in a state, federal, Joint Commission, or CARF-approved program. 2. Working knowledge of child and adolescent growth and development, and the effects of alcohol and drugs on a child's growth and development.	Documentation must be verified by employer(s) for whom paid experience is being reported and include: 1. Begin and end dates of employment experience working with families or children, and; 2. Attestation of CS Applicant's: A. working knowledge relative to child and adolescent growth and development, and; B. effects of alcohol and drugs on a child's growth and development.	☐

A clinical supervisor must have completed the Clinical Supervision training model as identified by the Department. The Clinical Supervision training must be completed within one hundred eighty (180) days of date of hire or date of designation as clinical supervisor.	Copy of Certificate of Completion of NFATTC or How To Manual CS Training from MSC. Applicant has 180 days from date of employment to complete this training	☐

Agency Name (if applicable): _____

Phone: _____

Name of person submitting checklist:_____

E-mail:_____

IDAPA Website:
http://adminrules.idaho.gov/rules/current/16/0720.pdf

DHW QSUDP Website:
http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/QualifiedProfessionalsCaseManagers/tabid/1004/Default.aspx

DHW/SUD Use Only

Notes:

Date documentation is complete:

Clinical Supervisor: ☐**(Approved)** ☐**(Not Approved)**

Sign & Date:

(Form effective 03/25/14)