EVALUATION OF SUPERVISED EXPERIENCE:
LICENSED ADDICTION COUNSELOR (LAC) CANDIDATE

Instructions
This form demonstrates completion of hours for a Montana supervised work experience by an LAC Candidate (ACLC). The form must be completed and signed by both the candidate and the supervisor who supervised the candidate for these particular hours. If the candidate had more than one supervisor then this form must be completed by each supervisor. You can scan and e-mail this form to dlibsdhelp@mt.gov.

Additionally, the board must be notified by the candidate and previous supervisor no later than 20 business days following a change in supervisor during a candidacy. If a candidate has completed all supervised work experience hours and is ending the relationship because a full license has been issued the additional forms below do not need to be submitted.

- Change of Supervisor Notification form (submitted by the candidate)
- Change of Supervisor Notification form (submitted by the supervisor signing this form)

Section 1 – Candidate Information

1. Candidate Full Name: _____
   First Middle Last
2. Candidate Mailing Address: _____
3. Candidate Email Address: _____
4. Candidate Number: _____

Section 2 – Supervisor Information

5. Supervisor Full Name: _____
   First Middle Last
6. Supervisor License Title: _____
7. Supervisor License Number: _____

Section 3 – Supervised Work Experience

8. Beginning Date of Supervision: _____ 9. End Date of Supervision: _____
11. Name of Qualified Treatment Program(s): _____
10. Total Supervised Work Experience Hours Earned under Supervisor: _____

Hour Subtotals:

Screening:	Assessment/patient placement:	Treatment planning:	Referrals:	Case management:	Individual counseling:
Group counseling:	Client education:	Documentation:	Multicultural competency	Professional & ethical responsibilities:	

Section 4 – Declaration

I, the candidate, hereby declare under penalty of perjury the information included in this form to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to a complaint being filed against my license on ethical grounds.

_____ _____
Legal Signature of Candidate Date

I, the supervisor, hereby declare under penalty of perjury the information included in this form to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to a complaint being filed against my license on ethical grounds.

_____ _____
Legal Signature of Supervisor Date