TRAINING AND SUPERVISION PLAN: LICENSED ADDICTION COUNSELOR (LAC) CANDIDATE

Instructions

This section must be completed and signed by <u>both</u> the applicant/candidate and the supervisor who will be supervising the applicant/candidate during the candidacy. If the applicant/candidate will have more than one supervisor then this form must be completed for each supervisor. LAC candidates who are already licensed but are changing and/or adding a new supervisor must submit a new supervision agreement which is also signed by new supervisor no later than 20 business days following the change.

You can scan and upload this form directly to your <u>online application/account</u> or e-mail it to <u>dlibsdhelp@mt.gov</u>.

Section 1 – Applicant/Candidate Information		
1.	Applicant/Candidate Full Name:	
2.	Applicant/Candidate Mailing Address:	
3.	Applicant/Candidate Email Address:	
Se	ction 2 – Supervisor	
4.	Supervisor Full Name:	
	Supervisor License Title:	
Section 3 – Declaration I, the LAC applicant/candidate understand the requirements of a supervised experience and recordkeeping requirements per <u>37-35-202, MCA</u> , ARM 24.219.422, 24.219.423, and ARM Title 24, chapter 219, subchapter 50.		
Leç	al Signature of Applicant/Candidate Date	

I, the candidate supervisor understand the requirements of a supervised experience and recordkeeping requirements per <u>37-35-202</u>, MCA, ARM 24.219.422, 24.219.423, and ARM Title 24, chapter 219, subchapter 50 and meet the qualifications to supervise as described ARM 24.219.421.

Legal Signature of Supervisor

Date