

AR Department of Health
State Board of Examiners of Alcoholism & Drug **Abuse Counselors** 

> 4815 West Markham, Box 42A Little Rock, AR 72205

Phone: (501) 683-0707 Fax: (501)682-0427 E-mail: arbeadac@arkansas.gov

## **VERIFICATION OF SUPERVISION**

| I                                 |             |
|-----------------------------------|-------------|
|                                   |             |
| Date                              |             |
| Ι,                                |             |
| Name have been the supervisor of: | Credentials |
|                                   | ,           |
| Her/his duties consisted of:      |             |
|                                   |             |
|                                   |             |
|                                   |             |
|                                   |             |
| Signed:                           | Date:       |