

BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS
CERTIFIED RECOVERY SUPPORT WORKER (CRSW)
APPLICATION REVIEW

APPLICANT: _____

REVIEWER: _____

DATE: _____

- | | | |
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| 303.01
303.02 | 1. DOCUMENTATION OF 500 HOURS OF PAID OR VOLUNTEER WORK WITHIN 10 YEARS?

DOES IT INCLUDE DIRECT SERVICES TO CLIENTS IN APPROPRIATE SETTING? | Yes___ No___

Yes___ No___ |
| 303.02(b) | 25 HOURS SUPERVISION

BY WHOM W/CREDENTIALS?

IS SUPERVISION SETTING APPROPRIATE?

LETTER FROM EMPLOYER? | Yes___ No___

Yes___ No___

Yes___ No___ |
| 303.03 | 2. 46 HOURS OF EDUCATION IN THE 4 DOMAINS?

16 Hours ETHICS/CONFIDENTIALITY

6 Hours HIV/AIDS

6 Hours SUICIDE PREVENTION

50% PREAPPROVED

NO MORE THAN 50% ON-LINE | Yes___ No___

Yes___ No___

Yes___ No___

Yes___ No___ |
| 303.04 | 3. CRIMINAL BACKGROUND CHECK?

ARE THERE ANY FELONIES? | Yes___ No___

Yes___ No___ |
| 303.01 & 04 | 4. HIGH SCHOOL DIPLOMA, G.E.D., OR TRANSCRIPT OF HIGHER EDUCATION? | Yes___ No___ |
| 303.04 | 5. 2" X 2" PHOTO? | Yes___ No___ |
| 305.01 | 6. DATE OF EXAM? _____ PASSED? _____ | Yes___ No___ |
| 303.03 | 7. LETTER FROM ANY OTHER JURISDICTIONS? | Yes___ No___ |

REVIEWER RECOMMENDATION: I (**RECOMMEND**) (**DOT NOT RECOMMEND**) THAT THIS APPLICATION BE ACCEPTED AS COMPLETE AND THAT ALL MINIMUM REQUIREMENTS HAVE BEEN MET.

COMMENTS: _____

SIGNATURE: _____

DATE: _____