

CHEMICAL DEPENDENCY TREATMENT AGENCY STAFF WORKSHEET	
AGENCY NAME:	AGENCY #:
TOTAL AGENCY ACTIVE PATIENT COUNT:	#:
NAME OF DESIGNATED ALTERNATE AGENCY ADMINISTRATOR:	
NAME OF DESIGNATED INDIVIDUAL RESPONSIBLE FOR PATIENT RECORDS:	
NAME OF DESIGNATED INDIVIDUAL RESPONSIBLE FOR PERSONNEL RECORDS:	
AGENCY CHEMICAL DEPENDENCY COUNSELING STAFF	
NAME OF CLINICAL SUPERVISOR: CDP: <input type="checkbox"/> YES <input type="checkbox"/> NO	
COUNSELOR NAME: <input type="checkbox"/> CDP <input type="checkbox"/> CDP TRAINEE IF TRAINEE, NAME OF APPROVED SUPERVISOR:	TOTAL FACE TO FACE PATIENT HOURS FOR EACH OF THE LAST THREE MONTHS: #: / /
	CURRENT PATIENTS ASSIGNED: #:
COUNSELOR NAME: <input type="checkbox"/> CDP <input type="checkbox"/> CDP TRAINEE IF TRAINEE, NAME OF APPROVED SUPERVISOR:	TOTAL FACE TO FACE PATIENT HOURS FOR EACH OF THE LAST THREE MONTHS: #: / /
	CURRENT PATIENTS ASSIGNED: #:
COUNSELOR NAME: <input type="checkbox"/> CDP <input type="checkbox"/> CDP TRAINEE IF TRAINEE, NAME OF APPROVED SUPERVISOR:	TOTAL FACE TO FACE PATIENT HOURS FOR EACH OF THE LAST THREE MONTHS: #: / /
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	CURRENT PATIENTS ASSIGNED: #:
COUNSELOR NAME: <input type="checkbox"/> CDP <input type="checkbox"/> CDP TRAINEE IF TRAINEE, NAME OF APPROVED SUPERVISOR:	TOTAL FACE TO FACE PATIENT HOURS FOR EACH OF THE LAST THREE MONTHS: #: / /
	CURRENT PATIENTS ASSIGNED: #:

(FACE TO FACE PATIENT HOURS = ALL GROUP, INDIVIDUAL, FAMILY, EDUCATION SERVICES)

A CDP NOT HAVING A PATIENT CASELOAD MAY SUPERVISE UP TO FOUR CDP TRAINEES. A CDP WITH A CASELOAD MAY SUPERVISE TWO FULL TIME CDP TRAINEES, OR THREE PART TIME CDP TRAINEES.