Certified Criminal Justice Professional

SUPERVISED WORK EXPERIENCE DOCUMENTATION FORM

Texas Certification Board of Addiction Professionals
401 Ranch Road 620 South, Suite 310
Austin, TX 78734

SUPERVISOR: Please complete form, give a copy to Applicant, and mail original to TCBAP.

PLEASE TYPE OR PRINT

Applicant Name: _____
(Last) (First) (Middle)

Certification Number: _____ Date of Birth: _____

CCJP Registration Effective Date: _____ Expiration Date: _____

WORK EXPERIENCE INFORMATION

Company Name: _____ Telephone #: _____

Work Address: _____ City, State ZIP _____

Dates of Service From: _____ To: _____ Hours per week: _____

Total clock hours in CCJP domains for period claimed above, excluding holidays, etc. _____

WORK SETTING INFORMATION

Institutional Setting: ☐ Corrections, State Institutional (prisons) ☐ Adult ☐ Juvenile
☐ Corrections, County / City Inst. (detention) ☐ Adult ☐ Juvenile
Community Setting: ☐ Community Corrections (Probation, Parole, etc.) ☐ Adult ☐ Juvenile
☐ Court Mandated (Drug Court, Pretrial/Diversion) ☐ Adult ☐ Juvenile
Treatment Setting: ☐ Adult ☐ Juvenile
Other: _____ ☐ Adult ☐ Juvenile

QUALIFIED CREDENTIALED PROFESSIONAL INFORMATION

As the Qualified Credentialed Professional (QCP), did you provide direct supervision to the Applicant?

Yes ☐ No ☐ If no, who? _____
Name Credentials & Number

Do you have any reservations about the Applicant being granted certification as a certified criminal justice professional?

Yes ☐ No ☐ If yes, please explain: _____

Other comments: _____

By signing below, I affirm that the information provided on this form is true and accurate. I understand that I may be subjected to disciplinary actions if I provide false or misleading information.

Print name: _____ Credentials & Number(s) _____

Signature: _____ Date: _____

PROGRAM DIRECTOR, ASSISTANT PROGRAM DIRECTOR, or ADMINISTRATOR INFORMATION

I attest the above named Applicant completed these hours at our facility. ☐ Program Director ☐ Assistant Program Director ☐ Administrator

Signature _____ Credentials & Number(s) _____ Date _____