

**EXECUTIVE PROGRAM DIRECTOR
EXPERIENCE VERIFICATION FORM FOR ACDP II & ACDP APPLICANTS**

I _____ herein certify that _____ has been employed **within the past five(5) years** as a chemical dependency counselor **, at _____ for _____ hours*, from _____ to _____ .

I _____ herein certify that _____ has been employed **prior to the past five(5) years** as a chemical dependency counselor **, at _____ for _____ hours*, from _____ to _____ .

This facility is licensed/accredited/recognized by: _____ as a _____ effective as of _____ .
Date

Signature

Date

***hours must be documented cumulatively (total of hours worked)**
****describes a principle job function. Principle function must be chemical dependency counselor.**

PLEASE PHOTOCOPY AS NEEDED
ATTACH OFFICIAL JOB DESCRIPTION FROM FACILITIES WHERE EXPERIENCE IS SUBMITTED FOR CREDIT