

**AFFIDAVIT OF FULFILLMENT OF 2080 HOURS OF AOD
COUNSELING FIELD EXPERIENCE**

I, _____, declare that I am the
(supervisor's name)

(title)

of _____,
(organization)

(supervisor's degree and/or certification designation)

I attest that _____
(name of applicant)

has worked in our organization no less than _____ hours as a

_____ between the dates of
(Job Title)

_____, _____ and _____,
(month) (year) (month) (year)

My Professional Qualifications are (continue on other side of this page if needed):

Supervisor: _____

Date: _____