

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

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

(Title)

of _____.
(AOD Organization)

_____,
(Supervisor's license 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: _____