



Verification of Supervised Work within the 12 Core Functions

This form is to be filled by Employer of SUDA

If verification by more than one employer is required to meet the requirements, please make additional copies of this form.

Employer Information	
Employer Name	
Address	
City	
State	
Contact Number	
Email	
Application Date	

Applicant Information	
Applicant Name	
Position Held	
Position Responsibilities	
Date of Employment	From: To:
Total Hours	If work experience has been limited to alcohol only or drug abuses only, please indicate.



Employer Signature

Requirement

Must be original, to be signed by Immediate Supervisor

Immediate Supervisor Signature	
Supervisor Name	
Supervisor Title	
Date	

Next Step

Mail this form and all supporting documentation to:

IBADCC
2095 Daniels St. #963
Long Lake, MN 55356