## INDICATOR

### EVIDENCE OF PROFESSIONAL DEVELOPMENT

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR</th>
<th>POINTS</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>
| 1 | Demographic information, including name, date of hire, credential, list of EBPP certifications, GAIN certification, frequency of clinical supervision (and date of any frequency changes), licensure /certification and title of position.  
\(yes=1, no=0\)                                                                 |        |          |
| 2 | The trainee status must be indicated by their job description and title presented to the public and clients. The job description must include the responsibilities of receiving supervision and maintaining documentation of the supervision plan.  
\(yes=1, no & NA=0\)                                                                 |        |          |
| 3 | Copy of the ATTC Rubric rating form is completed, signed and dated by the clinician and/or the Clinical Supervisor and the summary scoring sheet is updated annually.  
\(yes =1, no=0, NA = blank\)                                                                 |        |          |
| 4 | Initial professional development plan is completed within 30 days of SUD clinical employment.  
\(yes=1, no=0, NA and after first year=blank\)                                                                 |        |          |
| 5 | Professional development plan is signed and dated by the Clinician and Clinical Supervisor.  
\[1 point per plan\]                                                                 |        |          |
| 6 | Professional development plan includes activities for improving performance with timelines for completion.  
\[1 point per plan\]                                                                 |        |          |
| 7 | Professional development plan has been a) updated at least every 90 days if on monthly supervision OR b) if on annual supervision documentation by clinician of activities completed that are listed on development plan.  
\[1 point per plan/entry per 90 days \]  
*Exceptions to monthly supervision, score according to exception [section 14 of How to Manual]*                                                                 |        |          |

**SUB-TOTAL EVIDENCE OF COMPLETED PROFESSIONAL DEVELOPMENT PLANS**  
0 0
For new hires: Upon hire they will begin an initial consecutive 90 day supervision protocol. This protocol includes completing an initial self and supervisor rating using the Rubrics. This will also include at a minimum of once per month clinical supervision and once per month observation. After 90 days, the observation component may move to quarterly while continuing with other supervision activities on a monthly basis. (1 pt per month for 3 months)

| 8  | Supervision notes evidence observation of assessments, individual sessions and/or group sessions, including; date, length of observation and method of observation. (Observations may be conducted in-person, via audio/visual internet calls, video taped or audio taped). (1 point per note) |

| 9  | Supervision notes evidenced by training, mentoring, group supervision and staffing based on frequency, including; date, length of session and method. (Supervision may be conducted in-person, via audio/visual internet calls, video taped or audio taped). (1 point per note) |

| 10 | |

**SUB-TOTAL EVIDENCE OF CLINICAL SUPERVISION**

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**TOTAL**

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Comments:
<table>
<thead>
<tr>
<th>Key: S=Score, P=Possible</th>
<th>Clinician1</th>
<th>Clinician2</th>
<th>Clinician3</th>
<th>Clinician4</th>
<th>Clinician5</th>
<th>Clinician6</th>
<th>Clinician7</th>
<th>Clinician8</th>
<th>Clinician9</th>
<th>Clinician10</th>
<th>Agency Total</th>
<th>% Total</th>
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<tr>
<td>S</td>
<td>P</td>
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<tr>
<td>Evidence of Professional Development (Indicators 1-7)</td>
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<tr>
<td>Evidence of Clinical Supervision (Indicators 8-10)</td>
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<td>Percent Totals:</td>
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**FACILITY TYPE:** OPIOP  RES

**AUDIT TYPE:** Initial Practice Sched.

Follow-up Needed
[ ] Yes [ ] No

Follow-up Needed
[ ] Yes [ ] No

**DATE AUDIT RESULTS SENT:**

**Next Audit:** CAP

**Next Audit Due:**

**Clinician-1**

**Follow-up Needed**

[ ] Yes [ ] No

**Action Plan (failed)**

[ ] Yes [ ] No

**Perf. Improvement (passed)**

[ ] Yes [ ] No

**Next Audit:**

**Next Audit Due:**

**Clinician-2**

**Follow-up Needed**

[ ] Yes [ ] No

**Action Plan (failed)**

[ ] Yes [ ] No

**Perf. Improvement (passed)**

[ ] Yes [ ] No

**Next Audit:**

**Next Audit Due:**

**Clinician-3**

**Follow-up Needed**

[ ] Yes [ ] No

**Action Plan (failed)**

[ ] Yes [ ] No

**Perf. Improvement (passed)**

[ ] Yes [ ] No

**Next Audit:**

**Next Audit Due:**

**Clinician-4**

**Follow-up Needed**

[ ] Yes [ ] No

**Action Plan (failed)**

[ ] Yes [ ] No

**Perf. Improvement (passed)**

[ ] Yes [ ] No

**Next Audit:**

**Next Audit Due:**

**Clinician-5**

**Follow-up Needed**

[ ] Yes [ ] No

**Action Plan (failed)**

[ ] Yes [ ] No

**Perf. Improvement (passed)**

[ ] Yes [ ] No

**Next Audit:**

**Next Audit Due:**

**Clinician-6**

**Follow-up Needed**

[ ] Yes [ ] No

**Action Plan (failed)**

[ ] Yes [ ] No

**Perf. Improvement (passed)**

[ ] Yes [ ] No

**Next Audit:**

**Next Audit Due:**

**Clinician-7**

**Follow-up Needed**

[ ] Yes [ ] No

**Action Plan (failed)**

[ ] Yes [ ] No

**Perf. Improvement (passed)**

[ ] Yes [ ] No

**Next Audit:**

**Next Audit Due:**

**Clinician-8**

**Follow-up Needed**

[ ] Yes [ ] No

**Action Plan (failed)**

[ ] Yes [ ] No

**Perf. Improvement (passed)**

[ ] Yes [ ] No

**Next Audit:**

**Next Audit Due:**

**Clinician-9**

**Follow-up Needed**

[ ] Yes [ ] No

**Action Plan (failed)**

[ ] Yes [ ] No

**Perf. Improvement (passed)**

[ ] Yes [ ] No

**Next Audit:**

**Next Audit Due:**

**Clinician-10**

**Follow-up Needed**

[ ] Yes [ ] No

**Action Plan (failed)**

[ ] Yes [ ] No

**Perf. Improvement (passed)**

[ ] Yes [ ] No

**Next Audit:**

**Next Audit Due:**

**Agency Total**

**% Total**

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**PR-30-10/06/2015**

**Totals**

3