

Line Manager Support of Renewal

Endorsed Associate

Name of applicant: _____ is a practitioner whose standards of practice demonstrates competency, and adherence to ethical standards.

I confirm that the applicant,

- **Has completed at least six months over the previous 12 months, and a minimum 100 hours, working in addictions treatment**
- **Is currently working in addictions treatment and has completed at least 75 hours of direct and supervised client contact in the past six months**

I support this application and confirm that _____ (Name of applicant) is a practitioner who demonstrates capability, competency and practices ethically.

If you have any concerns about this person's suitability as a practitioner, or anything else you think we should know considering this application, please provide details below.

Line Manager Name:

Signature:

Date:

Note: *For self-employed practitioners only, this form should be completed by your dapaanz Accredited Clinical Supervisor.*