

# 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 therefore support this application for renewal of endorsement of Associate Practitioner for a further 12 months.

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**

If you have any concerns about this person's suitability to work as a practitioner, or if there is anything you think we should know when considering this application, please provide details in the space below.

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

**Line Manager Name:**

**Signature:**

**Date:**