



CPS/APS Supervisor Confirmation Form

Thank you for your interest in the Addiction Training and Workforce Development Program.

Please Fill This Form Out If you are currently working or volunteering at a substance abuse prevention agency. Your application cannot be reviewed if the following supervisor information is incomplete.

Before we can process your application, please have your **Supervisor** complete this information and email it to Marisa@njpn.org or fax it to NJPN at 732-367-9985.

Applicant's Name: _____

Employer: _____

Supervisor's Name	
Supervisor's Title	
Supervisor's Credentials	
CPS Certificate #	
E-mail Address (Required)	
Phone number	
Are you eligible to supervise CPS/APS interns under New Jersey law (13:34C-6.2)?	Yes No
Will you be the applicant's internship supervisor?	Yes No

Supervisor's Signature

Date

Please return this information to NJPN via fax at 732-367-9985.