



**New Mexico Credentialing Board for
Behavioral Health Professionals**
P.O. Box 66405
Albuquerque, NM 87193

CERTIFIED ALCOHOL AND DRUG ABUSE COUNSELOR

CADC/ADC Application

Mail completed packet to

**NMCBBHP
P.O. Box 66405
Albuquerque, NM 87193**

For more information contact the board at:

Email: info@nmcbbhp.org

www.nmcbbhp.org

CERTIFIED ALCOHOL AND DRUG ABUSE COUNSELOR (CADC) Requirements

1. **Experience:** Three (3) years or 6,000 hours of supervised work experience providing alcohol/drug-counseling services in an alcohol/drug abuse treatment center. All experience must be documented. The Program Director or employer must fill out the Employment Verification Form, verifying dates and duties of employment for applicant. NMCBBHP may allow an applicant to substitute a degree in behavioral science for part of the work experience:
 - a. Associate's degree may be substituted for 1000 hours,
 - b. Bachelor's degree for 2,000 hours,
 - c. Master's degree or higher for 4,000 hours.
2. **Education:** The education requirement is a total of 270 hours for AODA counselors. Education must be specifically related to the knowledge and skills necessary to perform the tasks, within each IC&RC/AODA performance domains, plus six (6) hours of education must be in professional ethics and responsibilities. All education must be documented. The performance domains are as follows: *Clinical Evaluation, Treatment Planning, Referral, Service Coordination, Counseling, Client, Family and Community Education, Documentation and Professional and Ethical Responsibilities.*
3. **Supervised Practical Training:** Three hundred (300) supervised performance hours specific to the IC&RC/AODA, Inc. twelve core functions. The practicum must include a minimum of 10 hours in each core function. The training may occur as part of eligible work experience and may be completed under more than one supervisor or agency. All training hours must be documented. The twelve core functions are: *screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and record keeping, and consultation with other professionals.*
4. **Supervision:** The applicant's current supervisor is to complete the Evaluation checklist form as provided in this packet. The evaluation must be mailed directly to the Board.
5. **Written Examination:** The applicant must successfully pass the IC&RC/AODA, Inc.'s international written examination.
6. **Code of Ethics:** The applicant must sign a code of ethics a statement of affirmation that the applicant has read and will abide by the Certification Board "Ethical Standards of Alcohol and Drug Abuse Counselor". The applicant must agree to the jurisdiction of the Certification Board by signing the "Statement of Understanding/Authorization and Release".
7. **Reference:** Submit three reference letters: two (2) of the letters should be of peer support that includes evaluation of character and competency of the applicant with the recommendation of the applicant's certification, and one (1) letter from an outside agency or program, which endorses and attests to the professionalism of the applicant. These letters must be mailed directly to the Board.
8. **Fees:** The fee must accompany the application packet.
Note: Only training hours documented/received within the past five (5) years, prior to the date of submitting your application packet, will be accepted.

Re-certification: 40 (forty) continuing education hours (CEU's) accumulated within the 2-year certification period; 6 (six) CE hours must be in Professional Ethics and Responsibilities; remaining hours/training are related to counseling. Continuing education hours accepted as 50% online courses and 25% trainer courses.

Review checklist when completing application. Make sure you have included all of the following components with your application.

APPLICATION CHECK- LIST	
CHECK <input type="checkbox"/>	ALCOHOL & DRUG ABUSE COUNSELOR Required Documents:
	Fill out Application completely. (Do not submit Resumes or Job descriptions)
	Formal Education and Documentation in psychology, social work or human services when substituted for years of experience. (Mail Original Transcripts directly to the Board in a sealed envelope)
	Submit three reference letters: two (2) of the letters should be of peer support that includes evaluation of character and competency of the applicant with the recommendation of the applicant's certification, and one (1) letter from an outside agency or program, which endorses and attests to the professionalism of the applicant.
	Employment Verification Form – have form filled out from present and/or previous supervisors with description of duties and exact date of employment.
	Signed Ethical Standards of Alcohol and Drug Abuse Counselor
	Signed Statement of Understanding/Authorization and Release
	SUPERVISOR EVALUATION FORM needs to be filled out by present and/or previous supervisors. Make copies of SUPERVISOR EVALUATION FORM if you had more than one supervisor.
	Supervised Practical Training Summary of Counselor Functions which documents the 300 performance hours of supervision received.
	TRAINING SUMMARY FORM – provide information including course title, dates and hours of credits received, which includes specific training of 270 hours in the areas of alcohol, drug, counseling and six hours of professional ethics. (Submit copies of certificates of attendance)
	Include Certification Fees for Application Review and Written Exam. ALL FEES ARE NON-REFUNDABLE
	Application must be signed and dated.

Make a copy of entire application for your records. NMCBBHP will not provide you a copy of your application.

Fee Schedule

Application Review Fee \$55
Exam Fee \$160

***Application Re-Review Fee \$55 ***

(*Applies if original application is substantially incomplete and has to be reviewed again)
 Check the website for current fees: www.nmcbhbp.org



New Mexico Credentialing Board for
Behavioral Health Professionals
P.O. Box 66405
Albuquerque, NM 87193

Certified Alcohol and Drug Abuse Counselor Application for Professional Certification

The entire application must be printed legibly or typed.

Name _____
 First Initial Last Name (as it will appear on the Certificate)

SS#: _____ - _____ - _____ Date of Birth: _____ Gender M F

Home Address: _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Home Email _____

Primary Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Work Email _____

Position Title _____

Supervisor Name _____

Send mail to (please circle preference): **Home** **Work**

Send email to (please circle preference): **Home** **Work**

Ethnicity: _____ Native American _____ Asian American
 _____ Black American _____ Anglo
 _____ Hispanic _____ Other

(Used for statistical use only)

Education (circle highest level) GED High school Associates Bachelor's Master's PhD

Professional Affiliations and Current Licenses

Alcohol and Drug Abuse/Treatment Work Experience (Begin with Current Employment)

Facility/ Address _____

Dates of Employment: _____ Phone _____
(From M0/YR) (To M0/YR)

Title/Position: _____

Duties: _____

Alcohol and Drug Abuse/Treatment Work Experience

Facility/ Address _____

Dates of Employment: _____ Phone _____
(From M0/YR) (To M0/YR)

Title/Position: _____

Duties: _____

Alcohol and Drug Abuse/Treatment Work Experience

Facility/ Address _____

Dates of Employment: _____ Phone _____
(From M0/YR) (To M0/YR)

Title/Position: _____

Duties: _____

Other Experience in Behavioral Health Counseling Field (Attach Additional Sheet if Necessary).

Facility/ Address _____

Dates of Employment: _____ Phone _____
(From M0/YR) (To M0/YR)

Title/Position: _____

Duties: _____

Other Experience in Behavioral Health Counseling Field (Attach Additional Sheet if Necessary).

Facility/ Address _____

Dates of Employment: _____ Phone _____
(From M0/YR) (To M0/YR)

Title/Position: _____

Duties: _____

Other Experience in Behavioral Health Counseling Field (Attach Additional Sheet if Necessary).

Facility/ Address _____

Dates of Employment: _____ Phone _____
(From M0/YR) (To M0/YR)

Title/Position: _____

Duties: _____

Peer References (Professional Colleagues). Persons submitting letters must be sent directly to the Certification Board.

Name _____ Facility _____

Address _____ Phone _____

Name _____ Facility _____

Address _____ Phone _____

Professional Reference (Outside Agency)

Name _____ Facility _____

Address _____ Phone _____

I hereby attest that all information provided in this application is true and valid to the best of my knowledge.

Printed Name _____

SIGNATURE

DATE

Employment Verification Form

Date: _____

Name of Applicant: _____

Agency: _____

Agency Address: _____

Agency Phone #: _____

Title/Position: _____

Date of Employment: _____ to _____

Major Duties:

Supervisor Name

Supervisor Signature

Title

ETHICAL STANDARDS OF ALCOHOL AND DRUG ABUSE COUNSELORS

The New Mexico Credentialing Board for Behavioral Health Professionals is comprised of professional alcohol and drug abuse counselors who, as responsible health care professionals, believe in the dignity and worth of human beings. In the practice of their profession they assert that the ethical principles of autonomy, beneficence and justice should guide their professional conduct. As professionals dedicated to the treatment of alcoholism and drug dependent clients and their families, they believe that they can effectively treat its individuals and families. Alcohol and Drug Abuse Counselor dedicate themselves to promote the best of their client, of their society, of their profession and of the colleagues.

SPECIFIC PRINCIPLES

Principle 1: Non-discrimination: The substance abuse professional should not discriminate against client or professionals based on race, religion, age, sex, handicap, national ancestry, sexual orientation, or economic condition.

Principle 2: Responsibility: The substance abuse professional should espouse objectivity and integrity and maintain the highest standards in the services the counselor offers.

- a. The substance abuse professional, as teacher, should recognize the counselor's primary obligation to help other acquire knowledge and skill in dealing with the disease of chemical dependency.
- b. The alcoholism and drug abuse counselor, as practitioner, should accept the professional challenge and responsibility deriving from the counselor's work.

Principle 3: Competence: The substance abuse professional should recognize that the profession is founded on national standard of competency which promotes the best interest of society, of the client, and of the profession as a whole. The counselor should recognize the need for ongoing education as component of professional competency.

- a. The substance abuse professional should prevent the practice of substance abuse counseling by unqualified and unauthorized persons.
- b. The substance abuse professional who is aware of unethical conduct or of unprofessional modes of practice should report such violations to the appropriate certifying authority.
- c. The substance abuse professional should recognize boundaries and limitations of counselor's competencies and not offer services or use techniques outside of these professional competencies.
- d. The substance abuse professional should recognize the effect of professional impairment on professional performance and should be willing to seek appropriate treatment for oneself or for a colleague. The counselor should support peer assistance programs in this respect.

Principles 4: Legal Standards and Moral Standards: The substance abuse professional should uphold the legal and accepted moral codes which pertain to professional conduct.

- a. The substance abuse professional should not claim either directly or by implication, professional qualifications/affiliations that the counselor does not possess.
- b. The substance abuse professional should not use the affiliation with the NMCBBHP for purposes that are not consistent with the stated purposes of the board.
- c. The substance abuse professional should not associate with or permit the counselor's name to be used in connection with any services or products in a way that is incorrect or misleading.
- d. The substance abuse professional associated with the development or promotion of books or other products offered for commercial sale should be responsible for ensuring that such books or products are presented in a professional and factual way.

Principle 5: Public Statements: The substance abuse professional should respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction.

- a. The substance abuse professional who represents the field of alcoholism counseling to clients, other professionals, or to the general public, should report fairly and accurately the appropriate information.
- b. The substance abuse professional should acknowledge and document materials and techniques used.
- c. The substance abuse professional who conducts training in alcoholism or drug abuse counseling skills or techniques should indicate to the audience the requisite training/qualifications required to properly perform these skills and techniques.

Principle 6: Publication Credit: The substance abuse professional should assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The substance abuse professional should recognize joint authorship, major contributions of a professional character, made by several persons to a common project. The author who has made the principle contribution to a publication should be identified as first listed.
- b. The substance abuse professional should acknowledge in footnotes or an introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- c. The substance abuse professional should acknowledge, through specific citations, unpublished, as well as published material, that has directly influenced the research or writing.
- d. The substance abuse professional who compiles and edits for publication the contribution of other should list oneself as editor, along with the names of those others who have contributed.

Principle 7: Client Welfare: The substance abuse professional should respect the integrity and protect the welfare of the person or group with whom the counselor is working with.

- a. The substance abuse professional should define for oneself and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- b. The substance abuse professional, in the presence of professional conflict should be concerned primarily with the welfare of the client.
- c. The substance abuse professional should terminate counseling or consulting relationship when it is reasonably clear to the counselor that the client is not benefiting from it.
- d. The substance abuse professional in referral cases should assure the responsibility for the client's welfare either by termination by mutual agreement and/or by the client becoming engaged with another professional. In situations when a client refuses treatment, referral or recommendations, the substance abuse professional should carefully consider the welfare of the client by weighing the benefits of continued treatment or termination and should be in the best interest of the client.
- e. The substance abuse professional who asks a client to reveal personal information from other professionals or allows information to be divulged should inform the client of the nature of such transactions. The information released or obtained with inferred consent should be used for expressed purposes only.
- f. The substance abuse professional should not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.
- g. The substance abuse professional should ensure the presence of an appropriate setting for clinical work to protect the client from harm and the counselor and the profession from censure.
- h. The substance abuse professional should collaborate with other healthcare professionals in providing a supportive environment for the client who is receiving prescribed medications.

Principles 8: Confidentiality: The substance abuse professional should embrace, as a primary obligation, the duty of protecting the privacy of clients and should not disclose confidential information acquired, in teaching, practice and investigation.

- a. The substance abuse professional should inform the client and obtain agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and observation of an interview by another person.
- b. The substance abuse professional should make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
- c. The substance abuse professional should reveal information received in confidence only when there is a clear and imminent danger to the client or to other persons and then only to appropriate professional workers or public authorities.
- d. The substance abuse professional should discuss the information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes clearly concerned with the case. Written and oral reports should present only data germane to the purpose of the evaluation and every effort should be made to avoid undue invasion of privacy.
- e. The substance abuse professional should use clinical and other materials in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

Principle 9: Client Relationships: The substance abuse professional should inform the prospective client of the important aspects of the potential relationship.

- a. The substance abuse professional should inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of the interview material for training purposes, and/or observation of an interview by another person.
- b. The substance abuse professional should inform the designated guardian or responsible person of the circumstances, which may influence the relationship, when the client is a minor or incompetent.
- c. The substance abuse professional should not enter into a professional relationship with members of one's own family, intimate friends or close associates, or others whose welfare might be jeopardized by such a dual relationship.
- d. The substance abuse professional should not engage in any type of sexual activity with a client.

Principle 10: Inter-professional Relationships: The substance abuse professional should treat colleagues with respect, courtesy and fairness and should afford the same professional courtesy to other professionals.

- a. The substance abuse professional should not offer professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- b. The substance abuse professional should cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

Principle 11: Remuneration: The substance abuse professional should establish financial arrangements in professional practice in accord with the professional standards that safeguard the best interests of the client, of the counselor and of the profession.

- a. The substance abuse professional should carefully consider the ability of the client to meet the financial cost in establishing rates for professional services.
- b. The substance abuse professional should not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services. The counselor should not engage in fee splitting.
- c. The substance abuse professional in clinical or counseling practice should not use one's relationship with clients to promote personal gain or the profit of an agency or commercial enterprise of any kind.
- d. The substance abuse professional should not accept a private fee or any other gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. The policy of a particular agency may make explicit provisions for private work with its clients by member of its staff and in such instances; the client must be fully apprised of all policies affecting the client.

Principle 12: Societal Obligations: The substance abuse professional should advocate changes in public policy and legislation to afford opportunity and choice for all person whose lives are impaired by the disease of alcoholism and other forms of drug addiction. The counselor should inform the public through active civic and professional participation in community affairs of the effects of alcoholism and drug addiction and should act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. The substance abuse professional should adopt a personal and professional stance, which promotes the well being of all human beings.

I have read, understand and agree to act in accordance with the NMCBBHP Ethical Standards for Alcohol and Drug Abuse Counselor's.

Printed Name _____

SIGNATURE

DATE

STATEMENT OF UNDERSTANDING

AUTHORIZATION AND RELEASE

- I hereby apply for certification to the New Mexico Credentialing Board for Behavioral Health Professionals. I understand that approval of my application depends upon my successfully completing the assessment of competencies as established by the Board, including submission of all required references and sitting for an examination if required.
- I also understand that for research and statistical purposes only, the data from this application may be used in a non-identifying manner.
- I hereby authorize the New Mexico Credentialing Board for Behavioral Health Professionals, to make any inquiry of any agency, facility, or organization or individual for any and all additional information, which might be necessary to fully and properly evaluate my application for CADC.
- I hereby release and hold harmless the New Mexico Credentialing Board for Behavioral Health Professionals, its Board of Executive Officers, its employees, servants, and agents from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing of consideration of same.
- I further acknowledge, understand, and agree that any falsification or misrepresentation of information by me or others regarding my experience and/or qualifications will be sufficient reason for denial of my application or for withdrawal of certification later.

Printed Name _____

SIGNATURE

DATE



New Mexico Credentialing Board for
Behavioral Health Professionals
P.O. Box 66405
Albuquerque, NM 87193

SUPERVISOR EVALUATION FORM FOR APPLICANT

CONFIDENTIAL

Dear Clinical Supervisor,

The employee listed on this form is applying to the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) for credentialing. The information requested here is an essential part of the Board's evaluation process to determine knowledge and competency of the applicant and must be included to meet Board requirements.

We need careful and truthful reporting based on your direct observation and supervision of the applicant's work. This form and letters submitted to the Board regarding applicant's knowledge, skills, and competency will not be made to the applicant now or at any time in the future.

Please print or type information and return this page and the evaluation promptly, before application deadlines to:

**NMCBBHP
P.O. Box 66405
Albuquerque, NM 87193**

Applicants Name _____

Supervisors Name & Title _____

Program/Agency Name _____

Program address _____

Telephone Number _____

Your cooperation is appreciated. The NMCBBHP reserves the right to request further information from you concerning this applicant.

Respectfully,

NMCBBHP

Directions: Please supply this evaluation form to an appropriate individual/supervisor who has provided you with a minimum of 300 hours (minimum of 10 hours in each performance domain) of supervised experiential learning in the Alcohol and Drug Counselor Competencies.

Evaluator Directions: Please complete the following form scoring each area by circling the following:

N/A – not applicable, has not performed
M – meets basic competency

N/I – needs improvement in this competency
E – exceeds basic competency

DOMAIN 1: Screening, Assessment, and Engagement				
Task 1: Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.	N/A	N/I	M	E
Task 2: Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.	N/A	N/I	M	E
Task 3: Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.	N/A	N/I	M	E
Task 4: Administer appropriate evidence-based screening and assessment instruments specific to clients to determine their strengths and needs.	N/A	N/I	M	E
Task 5: Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services	N/A	N/I	M	E
Task 6: Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.	N/A	N/I	M	E
Task 7: Interpret results of screening and assessment and integrate all available information to formulate diagnostic impression, and determine an appropriate course of action	N/A	N/I	M	E
Task 8: Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.	N/A	N/I	M	E

Domain 2: Treatment Planning, Collaboration, and Referral				
Task 1: Formulate and discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client's strengths, needs, abilities, and preferences.	N/A	N/I	M	E
Task 2: Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.	N/A	N/I	M	E
Task 3: Match client needs with community resources to facilitate positive client outcomes.	N/A	N/I	M	E
Task 4: Discuss rationale for a referral with the client.	N/A	N/I	M	E
Task 5: Communicate with community resources regarding needs of the client.	N/A	N/I	M	E
Task 6: Advocate for the client in areas of identified needs to facilitate continuity of care.	N/A	N/I	M	E
Task 7: Evaluate the effectiveness of case management activities to ensure quality service coordination.	N/A	N/I	M	E
Task 8: Develop a plan with the client to strengthen ongoing recovery outside of primary treatment	N/A	N/I	M	E
Task 9: Document treatment progress, outcomes, and continuing care plans.	N/A	N/I	M	E
Task 10: Utilize multiple pathways of recovery in treatment planning and referral.	N/A	N/I	M	E

Domain 3: Counseling				
Task 1: Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process	N/A	N/I	M	E
Task 2: Provide information to the client regarding the structure, expectations, and purpose of the counseling process.	N/A	N/I	M	E
Task 3: Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.	N/A	N/I	M	E
Task 4: Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives	N/A	N/I	M	E
Task 5: Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.	N/A	N/I	M	E
Task 6: Document counseling activity and progress towards treatment goals and objectives.	N/A	N/I	M	E
Task 7: Provide information on issues of identify, ethics background, age, sexual orientation, and gender as it relates to substance use, prevention and recovery.	N/A	N/I	M	E
Task 8: Provide information about the disease of addiction and the related health and psychosocial consequences.	N/A	N/I	M	E

Domain 4: Professional and Ethical Responsibilities				
Task 1: Adhere to established professional codes of ethics and standards of practices to uphold client rights while promoting best interests of the client and profession.	N/A	N/I	M	E
Task 2: Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.	N/A	N/I	M	E
Task 3: Continue professional development through education, self evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.	N/A	N/I	M	E
Task 4: identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.	N/A	N/I	M	E
Task 5: Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.	N/A	N/I	M	E
Task 6: Obtain written consent to release information from the client and/or legal guardian, according to best practices.	N/A	N/I	M	E
Task 7: Prepare concise, clinically accurate, and objective reports and records.	N/A	N/I	M	E

Check One: I do _____ I do not _____

Recommend this applicant for credentialing at the level for which he/she is applying.

Supervisor's/Administrator's Signature

Date

Evaluator's Statement:

How long have you supervised this applicant? _____

What is/was the size of the counselor's caseload? _____

Average # of hours/week counselor worked in individual counseling? _____

Average # of hours/week worked in group counseling? _____

Any special skills of the counselor? Please describe. _____

For what period of time, while under your supervision, was counseling the major part of this applicant of this applicant's responsibility? From _____ To _____

I HEREBY CERTIFY THAT I HAVE BEEN IN A POSITION TO OBSERVE AND HAVE FIRST-HAND KNOWLEDGE

OF _____ **'s WORK AT** _____
(Applicant's Name) (Program/Agency)

CHECK ONE:

___ I recommend this applicant for certification/credentialing at the level for which he/she is applying.

___ I have some reservations in recommending this applicant: _____

___ I do not recommend this applicant for certification.

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE.

Clinical Supervisor's Signature: _____ **Date** _____

Clinical Supervisors Name w/Title & Credentials (Printed):

How long have you been employed by this program? _____

Where did you receive your training in Counseling? _____

Professional certificates or licenses you hold? _____

Are you involved in the administration/management of the program at where applicant is currently employed?

(Check one)

___ a) No.

___ b) Yes, limited to clinical aspects (i.e., supervision of counselors.)

___ c) Yes, limited to administrative responsibilities such as budgeting.

___ d) Yes, both clinically and administratively.

SUPERVISED PRACTICUM TRAINING SUMMARY
Twelve Core Functions/Global Criteria

Supervised Practicum Training includes activities designed to provide training of specific counselor functions. These activities are monitored by supervisory personnel who provide timely positive and negative feedback to assist the Counselor in this learning process. All training hours must be supervised. A recommended ratio is one hour of supervision (face-to-face individually or in a group) to 10 hours of practical experience. Copies of this form may be submitted by more than one supervisor.

Types of Training (Please check) On-the-Job _____ Training Program _____ Internship _____

FUNCTIONS	DATE COMPLETED	NUMBER OF HOURS	AGENCY OR SUPERVISOR (S)
Screening			
Intake			
Orientation			
Assessment			
Treatment Planning			
Counseling			
Case Management			
Crisis Intervention			
Client Education			
Referral			
Reports & Record-keeping			
Consultation with Professionals			

TOTAL NUMBER OF HOURS: _____

NOTE: Required 300 hours for CADC certification.

Printed Supervisor's Name

Supervisor Signature

Date

Evaluation: Satisfactory/Not Satisfactory

if mailed-in: Name of Applicant

If unable to document prior practicum: In your own words, please describe your supervised practicum training. Include who trained you and how they trained you. Be sure to include any supervised practical training you received when and if you changed jobs. Use back of page or 2nd sheet if needed.

TRAINING SUMMARY FORM: A minimum of 276 hours of specific training in the areas of alcohol: drug; and counseling and six hours of professional ethics. Please list the number of training hours and attach all supporting documentation including copies certificates of attendance for all training and education events. Copies of this form can be made if needed.

Specialized Training in Counseling (Schools/Seminars/Workshops)		TRAINING HOURS			
COURSE/TITLE	DATE	Alcohol (90)	Drug (90)	Counseling (90)	Ethics (6)
TOTAL					

Note: Only training hours documented/received within the past five (5) years, prior to the date of submitting your application packet, will be accepted.