



SUPPLEMENTAL APPLICATION MANUAL

for

**CERTIFIED ADDICTION COUNSELOR (CAC)
CERTIFIED ALCOHOL AND DRUG COUNSELOR
CERTIFIED (CADAC)
ADVANCED ALCOHOL AND DRUG COUNSELOR (AADC)**

ARIZONA BOARD for CERTIFICATION of ADDICTION COUNSELORS

Address: PO Box 3266, Chandler, AZ 85244

Email: abcac@abcac.org Phone: 602-251-8548

ABCAC is a member of the International Certification Reciprocity
Consortium / Alcohol and Other Drug Abuse
(IC&RC / AODA)

APPLICATION CRITERIA

1. Applicant Name: _____

Email: _____ Phone: _____

2. All applicants must submit documentation for review and be approved for the IC&RC examination. All applicants will be required to pass the IC&RC exam for appropriate certification.

Please mark for which certification you are applying:

- _____ Certified Addiction Counselor (CAC)
 _____ Certified Alcohol & Drug Abuse Counselor (CADAC)
 _____ Advanced Alcohol and Drug Counselor (AADC)

Only the CADAC and AADC are eligible for reciprocity with IC&RC member boards.

3. Applicant must have the Supervised Work Log and the Counselor Evaluation Form completed by an immediate supervisor, which must be sent directly to ABCAC by the supervisor. The two letters of recommendation are optional but strongly encouraged. Letters of reference may be sent in place of letters of recommendation.

4. **EDUCATIONAL REQUIREMENTS**

You may apply for one of three certificates.

	High School Diploma or GED	AA Degree
Certified Addiction Counselor (CAC)	200 clock hours There must be 90 hours in addictions studies. The remaining hours can fall within behavioral sciences.	250 clock hours There must be 90 hours in addictions studies. The remaining hours can fall within behavioral sciences.
Certified Alcohol & Drug Abuse Counselor (CADAC)	Bachelor's Degree	
	200 clock hours There must be 90 hours in addictions studies and 90 hours in counseling. The remaining hours can fall within behavioral sciences.	
Advanced Alcohol and Drug Counselor (AADC)	Master's Degree	
	180 hours of alcohol and drug counseling specific education	

In addition to the clock hours outlined above, the applicant must have **6 hours education in Professional Ethics and Responsibilities** and **4 hours in HIV/AIDS Education**.

Education is defined as formal classroom education (workshops, seminars, institutes, in-services and college/university work).

1 College Semester Unit = 15 Clock Hours

All education hours must be documented.

Education must be specifically related to the knowledge and skills necessary to perform the tasks within each IC&RC performance domain:

- 1 - Screening, Assessment, and Engagement
- 2 - Treatment Planning, Collaboration, and Referral
- 3 - Counseling
- 4 - Professional and Ethical Responsibilities

5. WORK EXPERIENCE

All qualifying supervised work experience must be completed within six (6) years of applying for certification. Work experience is defined as full or part-time, paid or voluntary, working directly with clients with a diagnosis of alcohol and/or other drug abuse or dependency (AODA).

Supervised work experience is defined as experience in which the counselor receives clinical supervision. Clinical supervision is a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and case discussion, utilizing direct observation of a counselor’s clinical work.

Supervised work experience must be in the IC&RC performance domains of assessment, counseling, case management, education and professional responsibility.

Unsupervised work experience may **not** be substituted for the experience requirement. All experience must be documented. A CADAC applicant may exchange one year of the three-year work requirement with a bachelor’s or advanced degree in Behavioral Sciences. Minimum requirements:

Please mark which educational requirements you meet:

	Certified Addiction Counselor (CAC)	2 years or 4,000 hours working with substance abuse clients
	Certified Alcohol & Drug Abuse Counselor (CADAC)	3 years or 6,000 hours working with substance abuse clients
	Advanced Alcohol and Drug Counselor (AADC)	2,000 hours of supervised alcohol and drug counseling specific work experience

6. ETHICS

The applicant must sign a Code of Ethics provided in the general application manual. This Code will address the essence of the following principles as set forth in the National Association of Alcohol & Drug Abuse Counselors (NAADAC) Ethical Standards of Alcoholism & Drug Counselors:

- 1. Non-Discrimination
- 2. Responsibility
- 3. Competence
- 4. Legal Standards and Moral Standards
- 5. Public Statements
- 6. Public Credit
- 7. Client Welfare
- 8. Confidentiality
- 9. Client Relationships
- 10. Inter-professional Relationships
- 11. Remuneration
- 12. Societal Obligations

CERTIFICATION APPLICATION CHECKLIST

It is the responsibility of the applicant to submit complete documentation (certificates, transcripts, etc.). Application **must** be completed within one year of applying. After one year has lapsed from the time of application, the applicant **must** re-apply. **All fees are non-refundable.**

Complete application form with all questions answered (no blank spaces). We need specific rather than general information.

Please check (X) each item in order to be certain your application is complete.

Check here:

- _____ 1. Education and experience pages filled out. Include copies of certificates from training programs and transcripts of education courses completed.
- _____ 2. Supervision Field Work Log(s) mailed in to ABCAC by supervisor.
- _____ 3. Evaluation Forms are to be mailed directly to ABCAC by supervisor.
- _____ 4. Two letters of recommendation are optional but strongly encouraged. Letters of reference may be sent in place of letters of recommendation.
- _____ 5. Check or money order for the \$375.00 non-refundable processing fee payable to: Arizona Board for Certification of Addiction Counselors (ABCAC). This is the total fee for **both** application manuals. This fee includes the general application manual, the supplemental application manual, processing fees, the IC&RC exam, and 2 years of certification. If you have already passed the IC&RC exam then you only need to pay \$200 which covers the application manuals, processing fees, and 2 years of certification.

Please mail to ABCAC:

ABCAC
PO Box 3266
Chandler, AZ 85244

(602) 251-8548

DOCUMENTATION OF EXPERIENCE

Applicable to this experience is any time spent providing services to substance abuse disorder and/or co-occurring mental health services within the IC&RC/ADC Domains including screening, assessment, engagement, treatment planning, therapeutic counseling, patient and family education, collaboration, referral, care coordination and professional and ethical responsibility in regard to client treatment/service. Section II and III should be completed by the applicant's supervisor, program director of personnel office. Please mail completed forms directly to ABCAC: PO Box 3266, Chandler, AZ 85244 of email to abcac@abcac.org.

Section I - Applicant Information - *To be completed by the applicant*

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Section II - Program Information - *To be completed by the applicant's supervisor, program director or personnel office.*

Program Name: _____

Supervisor Name and Title: _____

Program Address: _____

City: _____ State: _____ Zip Code: _____

Section III - Documentation of Experience - *To be completed by the applicant's supervisor, program director or personnel office.*

Applicant's Position/Title: _____

Beginning Date: _____ Ending Date: _____

Full Time: Total Years of Experience: _____ or **Part-Time** total hours of Experience: _____

By signing below, I attest that the applicant (named in Section I) performed adequately at the program (named in Section II) providing supervised counseling services to substance use disorder clients within the domains of the IC&RC/ADC Domains.

Supervisor's Signature

Date

Supervisors printed name and title

Date

SUPERVISION

SUPERVISED FIELD WORK PRACTICUM LOG

Applicant Name: _____

Supervisor's Directions:

By attesting and signing your name to the CORE FUNCTION work done, you are verifying that the 25 required experiential hours in the specific CORE FUNCTION indicated have been completed. It is your responsibility to verify by log or calendar or other mechanism that the function was indeed adequately and successfully completed.

1. Core Function of SCREENING:

From ___/___/___ ___ hours were completed in the **SCREENING** process.

Supervisor's signature _____ Date _____

2. Core Function of INTAKE:

From ___/___/___ ___ hours were completed in the **INTAKE** process.

Supervisor's signature _____ Date _____

3. Core Function of ORIENTATION:

From ___/___/___ ___ hours were completed in the **ORIENTATION** process.

Supervisor's signature _____ Date _____

4. Core Function of ASSESSMENT:

From ___/___/___ ___ hours were completed in the **ASSESSMENT** process.

Supervisor's signature _____ Date _____

5. Core Function of TREATMENT PLANNING:

From ___/___/___ ___ hours were completed in the **TREATMENT PLANNING** process.

Supervisor's signature _____ Date _____

6. Core Function of COUNSELING:

From ___/___/___ ___ hours were completed in the **COUNSELING** process.

Supervisor's signature _____ Date _____

7. Core Function of CASE MANAGEMENT:

From ___/___/___ ___ hours were completed in the **CASE MANAGEMENT** process.

Supervisor's signature _____ Date _____

8. Core Function of CRISIS INTERVENTION:

From ___/___/___ ___ hours were completed in the **CRISIS INTERVENTION** process.

Supervisor's signature _____ Date _____

9. Core Function of CLIENT EDUCATION:

From ___/___/___ ___ hours were completed in the **CLIENT EDUCATION** process.

Supervisor's signature _____ Date _____

10. Core Function of REFERRAL:

From ___/___/___ ___ hours were completed in the **REFERRAL** process.

Supervisor's signature _____ Date _____

11. Core Function of REPORTS AND RECORDKEEPING:

From ___/___/___ ___ hours were completed in the **REPORTS AND RECORDKEEPING** process.

Supervisor's signature _____ Date _____

12. Core Function of **CONSULTATION**:

From ___/___/___ To ___/___/___ ____ hours were completed in the **CONSULTATION** process.

Supervisor's Signature _____ Date _____

SUPERVISOR INFORMATION:

Printed Name _____

Titled Position _____

Agency or Facility _____

Phone Number _____

Date _____

Supervisor: Please mail/email these completed forms directly to ABCAC.

**ABCAC
PO Box 3266
Chandler, AZ 85244**

abcac@abcac.org

COUNSELOR EVALUATION FORM

CONFIDENTIAL

Clinical Supervisor:

The employee listed on this form is applying to the Arizona Board for Certification of Addiction Counselors (ABCAC) for counselor certification. 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.

Your evaluation from direct observation and supervision of the applicant's work, in addition to other references, will determine the applicant's eligibility for certification. We require careful and truthful reporting. This form and letters addressed to the Board are CONFIDENTIAL and will not be made available to the applicant at any time.

Please return the completed evaluation within one week. Your cooperation will be appreciated. ABCAC reserves the right to request further information from you concerning this applicant.

Please mail completed forms directly to:

**ABCAC
PO Box 3266
Chandler, AZ 85244**

Email: abcac@abcac.org

A. **APPLICANT NAME** _____ **DATE** _____
SUPERVISOR NAME _____ **TITLE** _____
PROGRAM/AGENCY _____ **TEL# (____) ____/____** _____
PROGRAM ADDRESS _____

B. **INSTRUCTIONS:** The following items represent the skills needed by a substance abuse counselor. Evaluate the applicant as you feel he/she demonstrates abilities in each area. Mark the rating most nearly descriptive of the counselor's skills.

RATING CODE:

- N/A - Not Applicable**
- N/K - Not Known**
- 1 - Poor**
- 2 - Fair**
- 3 - Average**
- 4 - Above Average**
- 5 - Superior**

- ____ 1. Client Intake: The process of collecting client information at the beginning of treatment that is used in assessment of a client for treatment.
- ____ 2. Client Assessment: The process by which a counselor evaluates the intake information collected in order to determine appropriate services.
- ____ 3. Alcohol/Drug Abuse Evaluation: Knowledge and application of the major theories and stages of addiction and the symptomatology of alcoholism or drug dependency in assessing the client's use of chemical substances.
- ____ 4. Triage: Determining appropriate and timely services for the client with knowledge of his/her problems and their intensity.
- ____ 5. Client Orientation: Individual or group sessions to familiarize clients with program services, expectations, regulations and goals.
- ____ 6. Client Education: Activities which have the major goal of increasing the client's recognition of significant symptoms and patterns of problematic behavior.
- ____ 7. Outreach: Direct contact by a counselor with persons in a community setting to identify and/or counsel persons with problems related to alcoholism or drug abuse.
- ____ 8. Individual Counseling: a one-to-one counselor/client process for the purpose of assessing a client's problems and facilitating appropriate changes.
- ____ 9. Group Counseling: A process involving clients for the purpose of jointly exploring the client's problems and facilitating change.
- ____ 10. Family Counseling: A process of exploring the dynamics of the family system and facilitating appropriate changes.
- ____ 11. Crisis Intervention: Quickly assessing and defining the nature of a client's crisis situation and using appropriate methods of intervention.
- ____ 12. Treatment Planning: Defining areas of problems and needs, establishing short and long term goals, and developing appropriate strategies for reaching these goals within a time-frame.

____13. Consultation: Establishing contacts with other professionals in support of the client's treatment.

C. INSTRUCTIONS: The following items represent the skills needed by a substance abuse counselor. Evaluate the applicant as you feel he/she demonstrates abilities in each area.

Mark the rating code as used on page 2, that most nearly describes the counselor's demonstrated skills.

RATING CODE:

- N/A - Not Applicable**
- N/K - Not Known**
- 1 - Poor**
- 2 - Fair**
- 3 - Average**
- 4 - Above Average**
- 5 - Superior**

____1. Common sense in dealing with clients

____2. Respect for client.

____3. Care and concern for client.

____4. Empathy with client.

____5. Flexibility with clients. Ability to recognize individual client needs.

____6. Spontaneity with clients.

____7. Capacity for confrontation with client.

____8. Capacity for appropriate self-disclosure.

____9. Ability to communicate effectively with clients and co-workers.

____10. Ability to treat client information in accordance with state and federal confidentiality regulations.

____11. Knowledge of alcoholism and drug abuse and/or addictions.

____12. Capacity to act in an ethical manner with clients and co-workers.

____13. Problem recognition and evaluation: Ability to apply knowledge of physical, behavioral, attitudinal, and affective manifestations of alcoholism and drug abuse to determine its existence and degree of progression.

____14. Ability to set appropriate limits with clients and the families.

____15. Ability to supervise other counselors.

D. Please attach the most recent counselor supervisory evaluation, if available.

E. Evaluator's Statement:

How long have you supervised this applicant? _____

Dates From: _____ To: _____

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

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

Average number 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's responsibility?

From: _____ To: _____

Comments and/or additional information you feel may be pertinent: _____

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 as an alcoholism counselor and/or drug abuse counselor.

_____ I have some reservations in recommending this applicant.

_____ I do not recommend this applicant as an alcoholism counselor and/or drug abuse counselor.

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

Signature of the Clinical Supervisor or Evaluator

F. 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 which you are 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.

Clinical Supervisor Signature

MAIL/EMAIL DIRECTLY TO

**A.B.C.A.C.
P.O. Box 3266
Chandler, AZ 85244**

abcac@abcac.org

LETTER of RECOMMENDATION

To the **ARIZONA BOARD for CERTIFICATION of ADDICTION COUNSELORS:**

This is to certify that I have known _____ for
_____ years while applicant was engaged in active practice of Addiction Counseling at
_____.

I would therefore recommend _____ to be
considered for an Addiction Counseling Certificate for the following reasons:

NAME _____
POSITION _____
AGENCY _____
ADDRESS _____

(_____) _____
AREA CODE/PHONE NUMBER

**RETURN THESE COMPLETED FORMS
DIRECTLY TO:**

**A.B.C.A.C.
P.O. Box 3266
Chandler, AZ 85244**

abcac@abcac.org

SIGNATURE

PRINTED NAME

DATE

LETTER of RECOMMENDATION

To the **ARIZONA BOARD for CERTIFICATION of ADDICTION COUNSELORS:**

This is to certify that I have known _____ for
_____ years while applicant was engaged in active practice of Addiction Counseling at
_____.

I would therefore recommend _____ to be
considered for an Addiction Counseling Certificate for the following reasons:

NAME _____
POSITION _____
AGENCY _____
ADDRESS _____

(_____) _____
AREA CODE/PHONE NUMBER

**RETURN THESE COMPLETED FORMS
DIRECTLY TO:**

**A.B.C.A.C.
P.O. Box 3266
Chandler, AZ 85244**

abcac@abcac.org

SIGNATURE

PRINTED NAME

DATE

REQUIREMENTS FOR RECERTIFICATION

Certification by the Arizona Board for Certification of Addiction Counselors is valid for two years.

To be recertified you must verify forty (40) clock hours of Continuing Education related to substance abuse during the past two years.

At least twenty (20) of these hours must be acquired outside your agency.

Three hours of CEU's in Ethics and three hours of CEU's in Cultural Diversity training.

Please be prepared to offer genuine verification of training by providing a copy of a certificate of participation or a letter from the training source verifying participation and number of clock hours of instruction. (Grade reports from an academic institution are acceptable.)

For outside training to be accepted by ABCAC, it must contribute to upgrading your skills and/or knowledge in Addiction Counseling and related behavioral health problems (see Core Functions and Global Criteria). Examples of acceptable training are:

Junior College or University courses in Counseling, Psychology, Sociology or related fields.

Schools, workshops, seminars which offer education and training in addictions or related behavioral health fields and provide verifiable documentation of participation including number of clock hours of instruction received.

Inservice training must also be documented. You will need to provide a list of specific topics covered and the amount of time spent on each.

NO MORE THAN 20 HOURS WILL BE ALLOWED FOR INSERVICE TRAINING.