



Please do not write above this line

Application for CAC – Certified Addiction Counselor Credential

Please type all application forms

Submission Deadline: *Ongoing*

Type of Application: CAC Certified Addiction Counselor – Standard (IC&RC Reciprocal)
CAC-P Certified Addiction Counselor – Provisional

Candidate's Full Name: _____

Candidate's Email: _____

Candidate's Phone Number: _____

CCB Registry Number: _____

Effective Sept 1, 2010, all candidates must complete a CCB Registry Application prior to applying for any CCB credential.

CCB Definition of a CAC – Certified Addiction Counselor

The Connecticut Certification Board (CCB) defines a **CAC – Certified Addiction Counselor** as a person who, by virtue of special knowledge, training, and experience, is uniquely able to inform, motivate, guide, and assist persons with addictive disorders and the unique problems related to addictive disorders. For the purpose of certification, a Certified Addiction Counselor is defined as a clinician who has demonstrated competence in performing a range of clinical activities and interventions as defined in the Job Task Analysis for Alcohol & Drug Counselors (2008) by the **IC&RC – International Certification & Reciprocity Consortium** (www.icrcaoda.org). In order to become certified as a CAC, a candidate must demonstrate they have completed appropriate education, training, and supervised experience relevant to the treatment of addiction. A qualified clinician is considered to be performing as an addiction counselor when:

- a) the clinician has primary responsibility for providing individual and group counseling interventions specifically related to addiction disorders
- b) the addiction-specific interventions are identified on a written recovery/treatment plan prepared and reviewed by the clinician in collaboration with the person receiving the services
- c) the interventions are directed toward promoting recovery from addiction disorders

Although a substantial portion of the clinician's work experience must be in the counseling domain, work experience must involve experience with all of the performance domains in order to be considered appropriate to meet the certification work requirement. Additionally, all functions must be conducted under appropriate clinical supervision by a CAC, CCS, NCCS or LADC. In all activities, the clinician must demonstrate consistent adherence to the **CCB Code of Ethical Conduct (2010)** and **CCB Code of Ethical Conduct – Disciplinary Procedures (2010)** and agree to continue their professional development with ongoing education, training, and clinical supervision.

The Connecticut Certification Board, Inc.

100 South Turnpike Road, Suite C
Wallingford, CT 06492

www.ctcertboard.org

Email: info@ctcertboard.org
203.284.8800

CAC Candidate's Name:

CCB Registry #:

CAC Application Submission Requirements

Please make sure you complete all of the following items in order to ensure timely processing of your application. Your application will not be processed until you submit the filing fees and all of the following items have been met:

Live or work in Connecticut full-time in order to apply for CAC certification

Enclose the application filing fee of \$300.00 (*check or money order payable to the CCB*)

OR

Pay online at www.ctcertboard.org Date of online payment: _____

Complete the entire CAC Application; fill-out, sign, and submit all 14 pages of this packet

Submit Work Experience Form (s) signed by a qualified professional

Submit Supervised Practicum Form (s) signed by a qualified professional

Request one reference form be completed by your current or most recent clinical supervisor (*qualified professional*) and mailed directly to the CCB using the forms provided

Request two reference forms be completed by professional colleagues (*CACs preferred*) and mailed directly to the CCB using the form provided (*make copies as needed*)

Submit Written Case Presentation with Face Sheet signed by a qualified professional

Read, sign, and initial pages of the CCB Code of Ethical Conduct & Auth. to Obtain Information

Submit a CAC Training Documentation Form which lists all education and training events you wish to apply towards the CAC that includes at minimum all the following information:

- ✓ Training Date, Title of Training Event and Location of Event
- ✓ Trainer/instructor and Host Organization
- ✓ Length of event (*i.e., 6 hours, etc.*)
- ✓ Type of event: addiction-specific or elective with addiction content

To download a sample training documentation form, visit the CCB website www.ctcertboard.org

Attach a copy of certificates of attendance or transcripts for all training/educational events included on the CAC Training Documentation Form

Request copies of your academic transcripts be sent directly to the CCB (*if needed*)

Make a copy of the entire packet for your records prior to submitting to the CCB

I have completed all of the above items and submitted them according to the CCB submission requirement and current CAC standards.

Candidate's Signature: _____

Date: _____

CAC Candidate's Name: _____

CCB Registry #: _____

Requirements for the CAC – Certified Addiction Counselor Credential		
	CAC – Standard	CAC – Provisional
Standards Effective September 2010	IC&RC Reciprocal credential <i>Initial certification is issued for two-years</i>	Valid for three years ONLY <i>Not a reciprocal credential with IC&RC and can't be used for DPH certification or licensure</i>
Supervised Work Experience*** (Addiction-specific)	6000 hours <u>With a Qualifying Degree</u> Master's Degree - 3000 hours Bachelor's Degree - 4000 hours Associate's Degree - 5000 hours	2000 hours
Counseling Experience*** (Addiction-specific)	2000 hours of individual/group counseling (Addiction-specific)	1000 hours of individual/group counseling (Addiction-specific)
Training and Education <i>No Domain Requirements other than ethics</i> Distance Learning <i>Up to 225 hours of CCB-approved distance learning can be applied</i> <i>Up to 75 hours of distance learning can be applied if not CCB-approved</i>	300 hours (Addiction-specific) Including 12 hours of CCB-approved ethics Maximum of 100 hours from approved elective courses with addiction content (Intro to Counseling, Intro to Psych, etc.)	300 hours (Addiction-specific) Including 12 hours of CCB-approved ethics Maximum of 100 hours from approved elective courses with addiction content (Intro to Counseling, Intro to Psych, etc.)
Supervised Practicum***	300 hours with no less than 10 hours in each performance domain	300 hours with no less than 10 hours in each performance domain
Professional References <i>Sent directly to the CCB</i>	3 positive professional references with 1 from current or most recent clinical supervisor and two from professional colleagues (preferably CCB credentialed)	3 positive professional references with 1 from current or most recent clinical supervisor and two from professional colleagues (preferably CCB credentialed)
Written Case Presentation*** <i>Refer to the Written Case Presentation Overview on the CCB website for instructions</i>	6 to 12 pages with signed face sheet following the CCB formatting requirements	6 to 12 pages with signed face sheet following the CCB formatting requirements
CAC Exam (IC&RC ADC Exam)	Passing score on the CCB/IC&RC ADC exam	Passing score on the CCB/IC&RC ADC exam
Annual Recertification Standards <i>Must be completed per year to maintain credential</i>	20 hours of addiction-specific training 2 hours of ethics	NOT ELIGIBLE FOR RECERTIFICATION <i>CAC-P must complete remaining requirements within 3 years and upgrade to CAC</i>
***Must be signed and documented by an active CAC, CCS, NCCS or LADC to apply towards certification		

I have read the above CAC standards and understand that I must meet ALL CURRENT STANDARDS in order to become certified as a CAC.

Candidate's Signature: _____

Date: _____

Important Information about Your CAC Application

Submission Requirements

- ✓ *All forms submitted must be original and signed without any alterations or modifications. Any forms with white-out, scribble marks or changes will be denied. If a change is required, please complete a new form.*
- ✓ *No photocopies or faxed forms will be accepted. Please do not fax any materials to the CCB related to a certification application.*
- ✓ *Original and signed Letters of Recommendation should be mailed directly from the evaluator to the CCB.*

Verification of a college degree or college course work

- ✓ *If you are interested in utilizing a college degree as part of the certification process, you must submit your official transcript. Only relevant degrees qualify, and only transcripts from institutions accredited by the US Department of Education apply.*
- ✓ *In order to document college course work, you must submit your official transcript that shows the course has been completed (with a grade of C minus or better). Only transcripts from institutions accredited by the US Department of Education apply.*

Training Documentation

- ✓ *When documenting training and education for the CAC credential, you must submit a CAC Training Documentation Form (you can download a copy from the CCB website) with all required information completed. Please attach a copy of all certificates of attendance or transcripts for all training/educational events listed on the form. Each certificate or transcript must be numbered as it appears on the form.*

Written Case Presentation

- ✓ *Please follow the Written Case Presentation guidelines outlined in the CCB Written Case Presentation Overview available on the CCB website. Case presentations that do not follow the required guidelines will not be accepted.*

Credential Requirement for Certification Documentation by Professionals

- ✓ *Several CAC application forms require the signature of professionals that hold an active credential(s): CAC, CCS, NCCS or LADC. Only professionals that hold one or more of these credentials can document work experience, practicum, clinical supervisor reference form and written case presentation face sheet.*
- ✓ *All credentials are verified to ensure the credential(s) of professional documenting requirements for certification are active at the time of submission.*

Application Review Process

- ✓ *In order to meet one of the submission deadlines (March 1, June 1, September 1 or December 1), you must pay the filing fee and submit all required application materials prior to the deadline. Incomplete applications will not be reviewed.*

CAC Candidate's Name: _____

CCB Registry #: _____

CAC Fees (All CCB Fees are Non-Refundable)

Initial Certification Fees for CAC – Certified Addiction Counselor

Application filing fee	\$300.00
CCB/IC&RC CAC Written Exam	\$200.00
CCB/IC&RC CAC CBT Exam	\$275.00

Recertification Fees for CAC – Certified Addiction Counselor

CAC annual renewal fee	\$100.00	
CAC two-year renewal fee	\$190.00	(\$95.00 per year)
CAC three-year renewal fee	\$275.00	(\$91.66 per year)

CCB Fee Policy: By signing below, I acknowledge the current fees associated with the CAC credential (listed above) and understand that all fees are non-refundable and may change at any time. **I understand that I am responsible for all fees associated with the certification process at the time of my initial application.** All fees must be paid by check, credit card (see CCB website) or money order. **No cash payments will be accepted.** A returned check fee of \$35.00 will be due and a hold will be placed on my application until the original and return check fees are received by the CCB. A late fee of \$100 will be charged for all CAC renewal applications not received within 30 days of the due date.

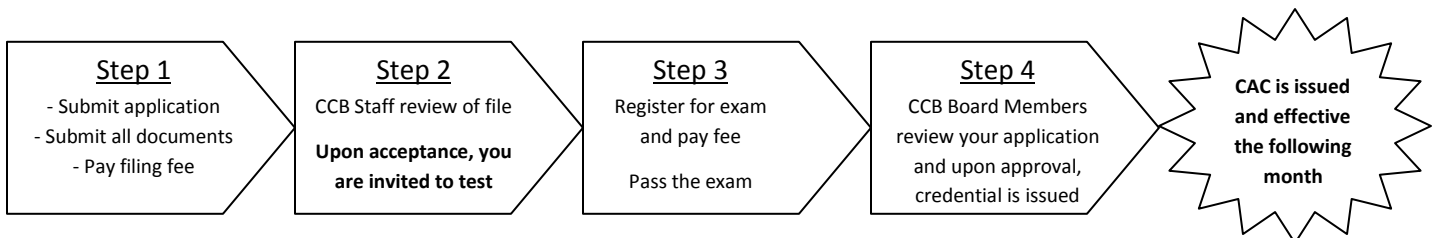
Candidate's Signature: _____

Date: _____

Once you have submitted your application materials... you will receive written confirmation your packet has been received. After your application has been reviewed, we will notify you in writing via email or regular mail within approximately four weeks of the submission deadline about the status of your application. If changes or additional information are required, you will be notified in writing at that time. We will also notify you by letter when your application has been accepted and when you can sit for the written exam.

PLEASE DO NOT CALL THE CCB OFFICE TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION. If you have questions about your certification packet, have not received a notification letter after 4 weeks, or have questions about the certification process, please email Jeff at jquamme@ctcertboard.org for assistance. We will attempt to respond to your inquiry as soon as possible.

The Certification Process



CAC Candidate's Name:

CCB Registry #:

CCB CODE OF ETHICAL CONDUCT

UNLAWFUL CONDUCT

Rule 1.1 – Once certified, a certified professional shall not be convicted for any misdemeanor or felony relating to the individual's ability to provide substance abuse and other behavioral health services as determined by CCB.

Rule 1.2 – Once certified, a certified professional shall not be convicted of any crime that involves the possession, sale or use of any controlled or psychoactive substance.

SEXUAL MISCONDUCT

Rule 2.1 – A certified professional shall, under no circumstances, engage in sexual activities or sexual contact with clients, whether such contact is consensual or forced.

Rule 2.2 – A certified professional shall not knowingly engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client.

Rule 2.3 – A certified professional shall not engage in sexual activities or sexual contact with former clients when there is a risk of exploitation or potential harm to the client.

Rule 2.4 – A certified professional shall not provide clinical services to individuals with whom they have had a prior sexual relationship.

FRAUD-RELATED CONDUCT

Rule 3.1 – A certified professional shall not: 1) present or cause to be presented a false or fraudulent claim, or provide any proof in support of such claim, to be paid under any contract or certificate of insurance; 2) prepare, make, or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss, or other document or writing; 3) present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information, which would affect a future claim or benefit application, or be paid under any employee benefit program; 4) seek to have an employee commit fraud or assist in an act of commission or omission to aid fraud related behavior.

Rule 3.2 – An individual shall not use misrepresentation in the procurement of certification or recertification, or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.

Rule 3.3 – An individual shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.

Rule 3.4 – A certified professional shall not provide service under a false name or a name other than the name under which his or her certification or license is held.

Rule 3.5 – A certified professional shall not sign or issue, in their professional capacity, a document or a statement that the professional knows or should have known to contain a false or misleading statement.

Rule 3.6 – A certified professional shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.

Rule 3.7 – A certified professional who participates in the writing, editing, or publication of professional papers, videos/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the certified professional should seek permission from the author/creator of such materials prior to any such use or publication.

EXPLOITATION OF CLIENTS

Rule 4.1 – A certified professional shall not develop, implement, condone or maintain exploitative relationships with clients and/or family members of clients.

Rule 4.2 – A certified professional shall not misappropriate property from clients and/or family members of clients.

Rule 4.3 – A certified professional shall not enter into a relationship with a client which involves financial gain to the certified professional or to a third party resulting from the promotion or the sale of services unrelated to the provision of services or of [the sale or acquisition of?] goods, property, or any psychoactive substance.

Rule 4.4 – A certified professional shall not promote to a client, for the professional's personal gain, any treatment, procedure, product, or service.

Rule 4.5

A certified professional shall neither ask for nor accept favors/free services/gifts of substantial monetary value or gifts that impair the integrity or efficacy of the therapeutic relationship.

Rule 4.6 - A certified professional shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a client referral.

Rule 4.7 - A certified professional shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the certified professional is employed.

PROFESSIONAL STANDARDS

Rule 5.1 – A certified professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, or physical disability.

Rule 5.2 – A certified professional shall timely seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related condition or adversity that interferes with his or her professional functioning. Where any such condition exists and impedes his or her ability to function competently, a certified professional must request inactive status of their CCB credential for medical reasons for as long as necessary.

Candidate's Initials

CAC Candidate's Name:

CCB Registry #:

PROFESSIONAL STANDARDS continued

Rule 5.3 – A certified professional shall meet and comply with all terms, conditions, or limitations of any professional certification or license he or she holds.

Rule 5.4 – A certified professional shall not engage in conduct that does not meet generally accepted standards of practice.

Rule 5.5 – A certified professional shall not perform services outside of his or her area of training, expertise, competence, or scope of practice.

Rule 5.6 – A certified professional shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.

Rule 5.7 – The certified professional shall not permit publication of photographs, disclosure of client names or records, or the nature of services being provided without securing all requisite releases from the client, or parents or legal guardians of the clients except as authorized or required by law.

Rule 5.8 – The certified professional shall not discontinue professional services to a client nor shall he or she abandon the client without facilitating an appropriate closure of professional services for the client or facilitating an appropriate referral for future counseling.

Rule 5.9 – A certified professional shall obtain an appropriate consultation or make an appropriate referral when the client's problem is beyond their area of training, expertise, competence, or scope of service.

SAFETY & WELFARE

Rule 6.1 – A certified professional shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to the professional, a recipient of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the professional to safely and competently provide services.

Rule 6.2 – All certified professionals are mandated reporters (abuse & neglect) and each shall comply with all mandatory reporting requirements.

RECORD KEEPING

Rule 7.1 – A certified professional shall keep timely and accurate records consistent with current standards of best practices and shall not falsify, amend, or knowingly make incorrect entries or fail to make timely essential entries into the client record.

ASSISTING UNQUALIFIED/UNLICENSED PRACTICE

Rule 8.1 - A certified professional shall not refer a client to a person that he/she knows or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

DISCIPLINE IN OTHER JURISDICTIONS

Rule 9.1 – A certified professional holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the Board of such disciplinary action and provide the Board with such information concerning such discipline and/or authorizations to obtain such information about such discipline as the Board deems reasonably necessary or desirable.

COOPERATION WITH THE BOARD

Rule 10.1 - A certified professional shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to: 1) the willful misrepresentation of facts before the disciplining authority or its authorized representative; 2) the use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action; 3) the use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed; 4) refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the certified professional's credential until the ethical complaint is resolved.

Rule 10.2 – A certified professional shall: 1) not knowingly make a false or misleading statement to the CCB, the State of Connecticut, or any other disciplinary authority; 2) promptly alert colleagues informally to potentially unethical behavior so said colleague could take corrective action; 3) report violations of professional conduct of other certified professionals to the appropriate licensing/disciplinary authority when he/she knows or should have known that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.

Rule 10.3 - A certified professional shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of an alleged violation. Failure to report a violation may be grounds for discipline.

Rule 10.4 - A certified professional with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with the CCB investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in the CCB investigation or disciplinary proceeding shall be grounds for disciplinary action.

Rule 10.5 - A certified professional shall not file a complaint or provide information to the CCB, which he/she knows or should have known, is false or misleading.

Rule 10.6 - In submitting information to the CCB, a certified professional shall comply with any requirements pertaining to the disclosure of client information established by the federal or state government.

MODIFICATION OF CODE OF ETHICAL CONDUCT/DISCIPLINARY PROCEDURES

Rule 11.1 - The CCB Board of Directors reserves the right to amend and modify the **Code of Ethical Conduct** and the **Code of Ethical Conduct – Disciplinary Procedures**. When changes are made, all certified professionals will be notified of all changes made and when changes become effective.

Candidate's Initials

Revised 5/09, 09/09, 1/10; CCB Board Approved, September 10, 2009; January 14, 2010; Published – January 15, 2010

CAC Candidate's Name: _____

CCB Registry #: _____

Signed Assurances and CCB Code of Ethical Conduct

- A. I hereby attest that all of the information given is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification or revocation of same, upon discovery.
- B. I acknowledge the right of CCB, Inc. to verify the information in this application or to seek further information from employers, schools, or persons mentioned within.
- C. I have read, understand, and agree to act in accordance with the **CCB Code of Ethical Conduct** (2010) and the **CCB Code of Ethical Conduct – Disciplinary Procedures** (2010) available on the CCB's website at www.ctcertboard.org
- D. I will hold CCB, Inc., its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within their scope and arising out of the performance of their duties which they, or any of them, may take in connection with any examination, and/or failure of the Board to bestow upon me certification with the CCB, the IC&RC, CT Department of Public Health or any other entity.
- E. I understand that upon acceptance of my application, additional fees may be due and payable including exam fees, recertification fees, etc and that all CCB fees are non-refundable without exception.

Print Name: _____ Date: _____

Signature: _____

Authorization to Obtain Information

I hereby authorize the CCB to request and receive all records and/or information in any way relating to my application for a CCB credential. I understand that this includes, but is not limited to, verbal or written contacts with my employer(s), colleagues, academic and training institutions, and/or other persons or organizations having pertinent information related to the review of my application. This is a waiver of my privilege that may otherwise exist in respect to the disclosure of such information. I understand that this authorization will expire one year after certification lapses or when my certification expires, once CCB is notified of my intent not to recertify. I further understand that the status of any CCB credential is public record and may be shared by CCB and is available on the CCB website, including effective date, expiration date and certification type. I further understand that if my CCB credential is sanctioned in any way including revocation or suspension that this information is public.

Print Name: _____ Date: _____

Signature: _____

CAC Candidate's Name: _____

CCB Registry #: _____

CAC Work Experience *(Paid or Internship)*


MAKE MULTIPLE COPIES OF THIS PAGE AS NEEDED. USE ONE PAGE FOR EACH EMPLOYER/AGENCY.

Employer () Phone Number

Address City State Zip code

Job Title Was this unpaid/internship experience? YES NO

Candidate's Supervisor: _____ Average # of hours per week: _____

To be COMPLETED by candidate and VERIFIED by professional named below 		Supervisor's Initials
Status: Full time, Part time, Per Diem, Intern, Volunteer		
Date of Hire:	Still employed? NO Date you left the agency:	
	Still employed? YES Today's Date:	
How long in this position (number of years and months)?		
Total number of hours worked in this position (Maximum of 2000 per year)		
Total number of hours providing addiction-specific individual/group counseling		
Total number of individual/group clinical supervision hours received		

Please attach a job description for this position signed by the supervisor listed above.

To be completed by a professional holding an active CAC, CCS, NCCS or LADC credential ONLY

Professional's Name: _____ Date: _____

While in this position, this candidate:

- worked with clients with addictive disorders? YES NO
- developed and regularly updated recovery/treatment plans with clients? YES NO
- provided individual/group counseling for clients with addictive disorders? YES NO
- received clinical supervision specific to counseling clients with addictive disorders? YES NO

Candidate's typical case load: _____ clients How long have you supervised this Candidate: _____ years _____ months

I provided clinical supervision to this candidate on site at this agency: YES NO Number of hours provided: _____

SIGNATURE: _____ Circle one or more: CAC CCS NCCS LADC

PLEASE NOTE: Professional must either be a CAC (Certified Addiction Counselor) , a CCS (Certified Clinical Supervisor), a NCCS (Non-Certified Clinical Supervisor) or a LADC (DPH – Licensed Alcohol & Drug Counselor) in order to sign this form. No other credentials will be accepted.

CAC Candidate's Name:

CCB Registry #:

CAC SUPERVISED PRACTICUM

Please document the total number of hours for which you have received supervised practicum (on the job supervised training) in each of the 8 IC&RC Alcohol & Drug Counselor performance domains. The minimum requirement is 300 hours with no less than 10 hours in each performance domain. ALL CANDIDATES MUST SUBMIT THIS FORM SIGNED BY THE INDIVIDUAL THAT PROVIDED THE TRAINING and identify the specific location the training was received and the dates the training was delivered.

IC&RC ADC Performance Domain	Agency/Location of Training	# of hours	Date(s) of Practicum
Clinical Evaluation			FROM TO
Treatment Planning			FROM TO
Referral			FROM TO
Service Coordination			FROM TO
Counseling			FROM TO
Client, Family & Community Education			FROM TO
Documentation			FROM TO
Professional & Ethical Responsibilities			FROM TO
TOTAL HOURS			FROM TO

To the best of my knowledge, this is a true and accurate record of the supervised practicum I provided to this candidate.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ Check one or more: CAC CCS NCCS LADC

PLEASE NOTE: Professional must either be a CAC (Certified Addiction Counselor), a CCS (Certified Clinical Supervisor), a NCCS (Non-Certified Clinical Supervisor) or a LADC (DPH – Licensed Alcohol & Drug Counselor) in order to sign this form. No other credentials will be accepted.

CAC Candidate's Name:

CCB Registry #:



Connecticut Certification Board, Inc.
100 South Turnpike Road, Suite C
Wallingford, CT 06492
Phone: (203) 284-8800 Fax: (203) 284-9500
www.ctcertboard.org

To the CAC Candidate's Clinical Supervisor:

Candidates for CAC – Certified Addiction Counselor are required to submit three satisfactory references, one of them from the candidate's current or most recent Clinical Supervisor. You are asked as the Clinical Supervisor of the candidate whose name appears on the attached form to complete the attached reference and mail the original form with this letter directly to the CCB. Please do not fax or send photocopies as these will not be accepted. The references are an integral part of the certification process. It is, therefore, imperative that each reference be filled out as completely as possible and returned on a timely basis.

CAC – Certified Addiction Counselor is a person who, by virtue of special knowledge, training, and experience, is uniquely able to inform, motivate, guide, and assist persons with addictive disorders and problems related to addictive disorders. For the purpose of certification, a Certified Addiction Counselor is defined as a clinician who has demonstrated competence in performing a range of clinical activities and interventions as defined in the Job Task Analysis for Alcohol & Drug Counselors (2008) by the IC&RC - International Certification & Reciprocity Consortium (www.icrcaoda.org). A qualified clinician is considered to be performing as an addiction counselor when:

- a) the clinician has primary responsibility for providing individual and group counseling interventions specifically related to addiction disorders
b) the addiction-specific interventions are identified on a written recovery/treatment plan prepared and reviewed by the clinician in collaboration with the person receiving services
c) the interventions are directed toward promoting recovery from addiction disorders

To be completed by CAC Candidate
CAC Candidate's Name: _____
Employer: _____
Dates of Employment: _____ to _____
Job Title: _____

I hereby attest that the CAC candidate is (or has worked) in a position that provides addiction counseling in a position that meets the above criteria and has worked directly under my supervision.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ Check one or more: CAC CCS NCCS LADC

PLEASE NOTE: Supervisor must either be a CAC (Certified Addiction Counselor), a CCS (Certified Clinical Supervisor), a NCCS Non-Certified Clinical Supervisor or a LADC (DPH – Licensed Alcohol & Drug Counselor) in order to sign this form. No other credentials will be accepted.

CAC Candidate's Name: _____

CCB Registry #: _____

CERTIFIED ADDICTION COUNSELOR CLINICAL SUPERVISOR REFERENCE FORM

Name of Evaluator (Clinical Supervisor): _____

Title of Evaluator: _____ Credentials: _____

Agency of Evaluator: _____

Relation to Candidate: Supervisor _____ Administrator _____ Co-worker _____ Other (Specify) _____

INSTRUCTIONS: Please read the description of the various skills outlined below. Using the six-point (0-5) scale shown below, determine the number which most nearly describes the candidate's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score". If you have no basis for evaluating the candidate in a particular area, please enter "0" in the scoring column.

No basis for judgment	Inadequate	Needs Improvement	Competent	Above Average	Exceptional	
0	1	2	3	4	5	
Certified Addiction Counselor Domains						Score
Clinical Evaluation: <i>The systematic approach to screening and assessment of individuals thought to have a substance use disorder, being considered for admission to addiction-related services, or presenting in a crisis situation.</i>						
Treatment Planning: <i>A collaborative process in which professionals and the client develop a written document that identifies important treatment goals that addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, potential mental conditions, employment, education, spirituality, health concerns, and social and legal needs. The plan describes measurable, time-sensitive action steps toward achieving goals with expected outcomes; and reflects an agreement between the counselor and client.</i>						
Referral: <i>The process of facilitating the client's use of available support systems and community resources to meet needs identified in clinical evaluation or treatment planning.</i>						
Service Coordination: <i>The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan. Service coordination, which includes case management and client advocacy, establishes a framework of action to enable the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.</i>						
Counseling: <i>A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. Counseling includes methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built on an understanding of, appreciation of, and ability to appropriately use the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and significant others.</i>						
Client, Family & Community Education: <i>The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment, and recovery resources.</i>						
Documentation: <i>The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.</i>						
Professional & Ethical Responsibilities: <i>The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.</i>						
Understanding Addiction: <i>Understands a variety of models, theories and issues related to addiction; recognize the various contexts within which addiction exists; risk and protective factors of addiction; understanding of the multiple effects of addiction upon the person and significant other(s); awareness of the potential for co-occurring psychiatric and medical conditions.</i>						
Treatment Knowledge: <i>Knowledge of the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction; Recognize the importance of family, social networks, and community systems in the treatment and recovery process; Understand the importance of research and outcome data and their application in clinical practice; and Understand the value of an interdisciplinary approach to addiction treatment.</i>						
Application to Practice: <i>Understands established diagnostic criteria for substance use disorders, treatment modalities and placement criteria within the continuum of care; Experienced in a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence and can tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.</i>						
Professional Readiness: <i>Understand the importance of self-awareness in one's personal, professional and cultural life; a professional's obligations to adhere to ethical and behavioral standards of conduct in all helping relationships; the importance of ongoing clinical supervision and continuing education; the obligation to apply policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.</i>						
Cultural Competency: <i>Appreciation of diverse cultures and ability to incorporate relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice; sensitivity to the unique influence culture, lifestyle, gender, and other relevant factors may have on behavior; appreciation of the relationship between substance use and diverse cultures, values, and lifestyles; utilization of assessment and intervention methods appropriate to culture and gender; and utilization of counseling methods relevant to the needs of culturally diverse groups and people with disabilities.</i>						

NAME OF EVALUATOR: _____ DATE: _____

SIGNATURE OF EVALUATOR: _____ Circle one or more: CAC CCS NCCS LADC

PLEASE NOTE: Clinical Supervisor must either be a CAC, CCS, NCCS or LADC in order to sign this form. No other credentials will be accepted.

CAC Candidate's Name:

CCB Registry #:



Connecticut Certification Board, Inc.

100 South Turnpike Road, Suite C

Wallingford, CT 06492

Phone: (203) 284-8800 Fax: (203) 284-9500

www.ctcertboard.org

Dear Professional Colleague:

You have been selected as one of three professional references by a candidate seeking certification as a Certified Addiction Counselor (CAC) with the Connecticut Certification Board (CCB). The name of that candidate appears at the top of the attached reference form. **Please complete the enclosed reference form and mail the completed form directly to the CCB. Please do not fax or send photocopies as these will not be accepted.** Your professional reference is an integral part of the application; therefore, it is imperative that each reference be filled out as completely as possible and returned to us in a timely manner.

The CCB is an independent, non-governmental, non-profit, incorporated body, established to credential behavioral health professionals in the State of Connecticut. Certification is based upon professional experience, training requirements, references, and the successful completion of a written test. Certified counselors are dedicated to the highest standards of training, competence, knowledge, and skills in the treatment of persons who have problems related to the use of alcohol and/or drugs.

Because references are so important to the application, the Board requests, in all fairness to each candidate, if you are unable to accurately complete at least ten of the thirteen domains, then please return the reference form to the candidate so s/he can forward it to an alternative reference source.

Thank you for your time and consideration for this important task. If you have any questions about the certification or evaluation process, please contact the CCB offices.

Sincerely,

Connecticut Certification Board, Inc.

CAC Candidate's Name: _____

CCB Registry #: _____

CERTIFIED ADDICTION COUNSELOR PROFESSIONAL COLLEAGUE REFERENCE FORM

Name of Evaluator: _____

Title of Evaluator: _____ Credentials: _____

Agency of Evaluator: _____ Phone: (_____) _____

Relation to Candidate: Professional Colleague _____ Co-worker _____ Other (Specify) _____

INSTRUCTIONS: Please read the description of the various skills outlined below. Using the six-point (0-5) scale shown below, determine the number which most nearly describes the candidate's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score". If you have no basis for evaluating the candidate in a particular area, please enter "0" in the scoring column.

No basis for judgment	Inadequate	Needs Improvement	Competent	Above Average	Exceptional
0	1	2	3	4	5
Certified Addiction Counselor Domains					
Clinical Evaluation: <i>The systematic approach to screening and assessment of individuals thought to have a substance use disorder, being considered for admission to addiction-related services, or presenting in a crisis situation.</i>					Score
Treatment Planning: <i>A collaborative process in which professionals and the client develop a written document that identifies important treatment goals that addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, potential mental conditions, employment, education, spirituality, health concerns, and social and legal needs. The plan describes measurable, time-sensitive action steps toward achieving goals with expected outcomes; and reflects an agreement between the counselor and client.</i>					
Referral: <i>The process of facilitating the client's use of available support systems and community resources to meet needs identified in clinical evaluation or treatment planning.</i>					
Service Coordination: <i>The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan. Service coordination, which includes case management and client advocacy, establishes a framework of action to enable the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.</i>					
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NAME OF EVALUATOR: _____ CREDENTIALS (CAC Preferred): _____

SIGNATURE OF EVALUATOR: _____ DATE: _____