



Please do not write above this line

Application for CCS – Certified Clinical Supervisor credential

Please type or clearly print all application forms

Submission Date: _____

Candidate's Full Name: _____

Candidate's Email: _____

Candidate's Phone Number: _____

All CCS candidates must be currently certified as a CAC or CCDP/CCDP-D for no less than 1 year before applying for the CCS.

- CAC CCDP or CCDP-D Credential Number: _____
- IC&RC Reciprocal ADC IC&RC Reciprocal CCDP or CCDP-D

CCB Definition of a CCS - Certified Clinical Supervisor

The Connecticut Certification Board defines a **CCS - Certified Clinical Supervisor** as a person who, by virtue of special knowledge, training, and experience, is uniquely able to inform, motivate, mentor, guide, and lead professionals in their clinical practice. For the purpose of certification, a Certified Clinical Supervisor is defined as a professional who has demonstrated competence in performing a range of supervisory activities as defined in the **Clinical Supervisor (CS) Job Task Analysis Report (2008, 2010)** by the **IC&RC - International Certification & Reciprocity Consortium** (www.internationalcredentialing.org). In order to become certified as a CCS, a candidate must demonstrate they have completed appropriate education, training, and supervised experience relevant to the performance domains identified in the **Clinical Supervisor (CS) Job Task Analysis Report** and the professional must:

- be reciprocally certified as a CAC, CCDP or CCDP-D for at least one year
- document their experience in both providing and receiving clinical supervision
- pass the CCB/IC&RC Exam for Clinical Supervisors

In all activities, the professional must demonstrate consistent adherence to the **CCB Code of Ethical Conduct (2010)** & **CCB Code of Ethical Conduct – Disciplinary Procedures (2010)** and agree to continue their professional development with ongoing education and training specifically related to clinical supervision.

The Connecticut Certification Board
100 South Turnpike Road, Suite C
Wallingford, CT 06492

www.ctcertboard.org
Email: info@ctcertboard.org
203.284.8800

CCS Candidate's Name: _____

CCB Registry /Credential #: _____

CCS 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 received:

- Live or work in Connecticut full-time in order to apply for CCS certification**
- Enclose the application filing fee of \$175.00 (check or money order)
- OR**
- Pay online at www.ctcertboard.org Date of online payment: _____
- Complete the entire CCS Application and submit/fill-out/sign all 13 pages of this packet
- Work and Clinical Supervision Experience Form (s) completed
- 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 and mailed directly to the CCB using the form provided (make copies as needed)
- Read/sign/initial pages of the CCB Code of Ethical Conduct & Auth. to Obtain Information
- Submit a CCS Training Documentation Form which lists all education and training events you wish to apply towards the CCS, with specific domain requirements identified, 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 CCS 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 CCS standards.

Candidate's Signature: _____

Date: _____

CCS Candidate's Name: _____

CCB Registry /Credential #: _____

Requirements for the CCS-Certified Clinical Supervisor credential	
Reciprocal Credential Prerequisite	Must be certified for at least one year as a IC&RC reciprocal level CAC -Certified Addiction Counselor, CCDP-Certified Co-Occurring Disorders Professional or CCDP-D-Certified Co-Occurring Disorders Professional-Diplomate
Supervised Work Experience <i>Must be supervised by a CAC, CCS, NCCS or LADC</i>	10,000 hours of addiction-specific (ADC) or co-occurring disorders specific (COD) counseling experience <u>With a Qualifying Degree</u> Master's Degree - 6000 hours Bachelor's Degree - 8000 hours Associate's Degree - 9000 hours
Work Experience – Clinical Supervision <i>Can be obtained during above work experience</i>	4,000 hours of ADC clinical supervision experience
Training and Education <i>Including Identified Domain Requirements</i>	30 hours of clinical supervision-specific education With no less than 6 hours in the following IC&RC CS JTA (2008, 2010) Domains: Counselor Development, Professional & Ethical Standards, Program Development & Quality Assurance, Performance Evaluation, and Administration
Supervision Experience - Delivered	Candidate must provide documentation of 200 hours of clinical supervision they have provided to individuals
Supervision Experience - Received	Candidate must provide documentation of 200 hours of clinical supervision they have received from appropriately credentialed professionals
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)
CAC Exam (IC&RC CS Exam)	Passing score on the CCB/IC&RC CS exam
Annual Renewal Standards <i>Must be completed per year to maintain credential</i>	3 hours of Clinical supervision-specific training
Annual Renewal Requirement <i>Maintain your primary credential</i>	Hold an active CAC, CCDP or CCDP-D

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

Candidate's Signature: _____

Date: _____

Important Information about your CCS Application

Submission Requirements

- ✓ *All forms submitted must be original and signed without any alteration or modifications. If a change is required, please complete a new form without alterations or modifications. Any forms with white-out, scribble marks or changes will be denied.*
- ✓ *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 rater 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, an official transcript must be submitted from the issuing institution that verifies the degree has been awarded from an accredited institution for the US Department of Education. Only qualifying college degrees will be applicable.*
- ✓ *In order to document college course work, an official transcript must be submitted from the issuing institution which shows the course work has been completed (with a grade of C minus or better) from an accredited institution for the US Department of Education.*

Training Documentation

- ✓ *When documenting training and education for the CCS credential, you must submit a CCS Training Documentation Form (you can download a copy from the CCB website) with all required information completed. Attached to the form, you must include a copy of all certificates of attendance or transcripts for all training/educational events included on the CCS Training Documentation Form with each certificate or transcript numbered according to the CCS Training Documentation Form.*

Credential Requirement for Certification Documentation by Professionals

- ✓ *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 have your application reviewed by CCB staff, you must pay the filing fee and submit all required application materials prior to the deadline. Incomplete applications will not be reviewed.*

CCS Candidate's Name: _____

CCB Registry /Credential #: _____

CCS Fees (All CCB Fees are Non-Refundable)

Fees for CCS – Certified Clinical Supervisor initial certification

Application filing fee	\$175.00
CCB/IC&RC CS CBT Exam	\$275.00

Fees for CCS – Certified Clinical Supervisor recertification

CCS Annual Renewal fee	\$40.00
CCS Two Year Renewal fee	\$75.00 (\$37.50 per year)
CCS Three Year Renewal fee	\$105.00 (\$35.00 per year)

CCB Fee Policy: By signing below, I acknowledge the current fees associated with the CCS credential (listed above) and understand that all fees are non-refundable and may change at any time (for a complete list of CCB fees, please visit the CCB website). *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 will be due (\$35.00) for all returned checks 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 CCS renewal applications not received within 30 days of the due date.

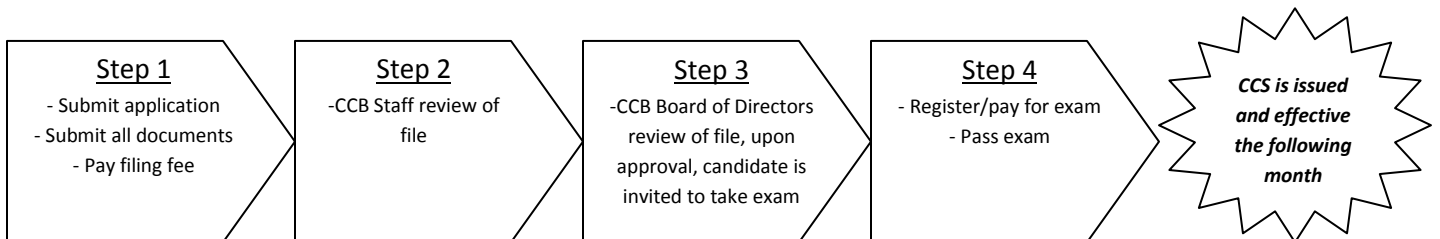
Candidate's Signature: _____

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 (email or regular mail) within approximately four weeks of the 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 you will be invited to sit for the standardized exam. If you have questions about your certification packet after submitting it to us for review, or if you have not received a notification letter after 4 weeks, please email jquamme@ctcertboard.org for assistance. We will attempt to respond to your inquiry as soon as possible. **PLEASE DO NOT CALL THE CCB OFFICE TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION.**

If you have questions about the certification process, please email Jeff at jquamme@ctcertboard.org for assistance.

The Certification Process



CCS Candidate's Name:

CCB Registry /Credential #:

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

CCS Candidate's Name:

CCB Registry /Credential #:

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

CCS Candidate's Name: _____

CCB Registry /Credential #: _____

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 Connecticut Certification Board's (CCB) **Code of Ethical Conduct (2010)** and the CCB's **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: _____

CCS Candidate's Name: _____

CCB Registry /Credential #: _____

CCS Work and Clinical Supervision 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 SUPERVISOR 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 individual/group counseling		
Total number of individual/group clinical supervision hours RECEIVED		
Total number of individual/group clinical supervision hours DELIVERED		

To be completed and signed by candidate's IDENTIFIED CLINICAL SUPERVISOR ONLY

Supervisor's Name: _____ Date: _____

While in this position, this candidate:

provided individual/group counseling for clients with addictive/co-occurring disorders? YES NO
 received clinical supervision specific to counseling clients with addictive/co-occurring disorders? YES NO
 delivered ongoing individual/group clinical supervision to staff members? YES NO

Candidate's typical number of clients _____ How long have you supervised this Candidate: _____ years _____ months

Candidate's typical number of supervisees _____ Candidate's number of hours of supervision delivered _____

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

SIGNATURE: _____ CREDENTIALS: _____

CCS Candidate's Name: _____

CCB Registry /Credential #: _____



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 CCS Candidate's Clinical Supervisor:

Candidates for CCS – Certified Clinical Supervisor 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 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.

A **CCS - Certified Clinical Supervisor** is a person who, by virtue of special knowledge, training, and experience, is uniquely able to inform, motivate, guide, and lead professionals who work with clients with addictive disorders. For the purpose of certification, a Certified Clinical Supervisor is defined as a clinician who has demonstrated competence in performing a range of supervisory activities and interventions as defined in the **Clinical Supervisor (CS) Job Task Analysis Report (2008)** by the **IC&RC - International Certification & Reciprocity Consortium** (www.internationalcredentialing.org). In order to become certified as a CCS, 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 a clinical supervisor when:

- a) the professional has primary responsibility for providing individual and group supervision specifically to clinicians who work in the treatment of addiction disorders
- b) the supervisory interventions are designed to guide counselor development, program development and evaluate professional and clinical performance
- c) the interventions are directed toward promoting adherence to professional and ethical standards

To be completed by CCS Candidate

CCS Candidate's Name: _____

Employment: _____

Dates of Employment: _____ to _____

Job Title: _____

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

PRINT NAME: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ CREDENTIAL(S): _____

CCS Candidate's Name: _____

CCB Registry /Credential #: _____

CCS - CLINICAL SUPERVISOR REFERENCE FORM

Name of Evaluator (Clinical Supervisor) : _____

Title of Evaluator: _____ Credentials: _____

Agency of Evaluator: _____

Relation to Candidate: Current Supervisor____ Past Supervisor____ Administrator____ 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 Clinical Supervisor Domains					Score
Counselor Development: Build a supportive and individualized supervisory alliance and maintain a constructive supervisory learning environment.					
Professional and Ethical Standards: Practice only within one's areas of clinical and supervisory competence; Ensure that supervisors and supervisees are familiar with and adherent to relevant professional codes of ethics, client's rights documents, and laws and regulations that govern both counseling and clinical supervision practice.					
Program Development and Quality Assurance: Structure and facilitate staff learning about specific consensus and evidence based treatment interventions, program service design, and recovery models relevant to the organization and population it serves; understand the balance between fidelity and adaptability when implementing new clinical practices; advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement and retention in treatment.					
Performance Evaluation: 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.					
Administration: Ensure that comprehensive orientation is provided to new employees; Develop, evaluate and monitor clinical policies and procedures using regulatory standards to ensure compliance; Participate in the hiring/termination, performance recognition, disciplinary action and other personnel decisions to maintain high standards of care; and Ensure workforce is trained to meet service needs.					
Treatment Knowledge: Knowledge of 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.					

NAME OF RATER: _____ DATE: _____

SIGNATURE OF RATER: _____ CREDENTIAL(S): _____

CCS Candidate's Name:

CCB Registry /Credential #:



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 Certified Clinical Supervisor with the Connecticut Certification Board. 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 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 basis.

The Connecticut Certification Board (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 the 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 five of the six domains, that you please return the reference form to the named 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.

CCS Candidate's Name: _____

CCB Registry /Credential #: _____

CCS - PROFESSIONAL COLLEAGUE REFERENCE FORM

Name of Evaluator (Professional Colleague): _____

Title of Evaluator: _____ Credentials: _____

Agency of Evaluator: _____

Relation to Candidate: Administrator____ 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 Clinical Supervisor Domains					
Counselor Development: Build a supportive and individualized supervisory alliance and maintain a constructive supervisory learning environment.					Score
Professional and Ethical Standards: Practice only within one's areas of clinical and supervisory competence; Ensure that supervisors and supervisees are familiar with and adherent to relevant professional codes of ethics, client's rights documents, and laws and regulations that govern both counseling and clinical supervision practice.					
Program Development and Quality Assurance: Structure and facilitate staff learning about specific consensus and evidence based treatment interventions, program service design, and recovery models relevant to the organization and population it serves; understand the balance between fidelity and adaptability when implementing new clinical practices; advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement and retention in treatment.					
Performance Evaluation: 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.					
Administration: Ensure that comprehensive orientation is provided to new employees; Develop, evaluate and monitor clinical policies and procedures using regulatory standards to ensure compliance; Participate in the hiring/termination, performance recognition, disciplinary action and other personnel decisions to maintain high standards of care; and Ensure workforce is trained to meet service needs.					
Treatment Knowledge: Knowledge of 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.					

NAME OF RATER: _____ DATE: _____

SIGNATURE OF RATER: _____ CREDENTIAL(S): _____