



Certified for Success
www.naadac.org

ADOLESCENT SPECIALIST ENDORSEMENT EXAMINATION

Handbook for Candidates

FALL 2008 TESTING PERIOD

Application Deadline: September 1, 2008
First Day of Testing: Saturday, October 18, 2008
Last Day of Testing: Saturday, November 1, 2008

SPRING 2009 TESTING PERIOD

Application Deadline: February 23, 2009
First Day of Testing: Saturday, April 11, 2009
Last Day of Testing: Saturday, April 25, 2009

FALL 2009 TESTING PERIOD

Application Deadline: August 31, 2009
First Day of Testing: Saturday, October 17, 2009
Last Day of Testing: Saturday, October 31, 2009



PROFESSIONAL TESTING CORPORATION
1350 BROADWAY • 17th FLOOR
NEW YORK, NY 10018
(212) 356-0660
WWW.PTCNY.COM

CERTIFICATION

The Adolescent Specialist Endorsement (ASE) is intended to standardize competencies and to recognize nationally a high level of effective clinical practice in treating adolescent Substance Use Disorders (SUDs).

HISTORY

The Adolescent Specialist Endorsement was developed to address the need for professional competencies for practitioners treating adolescents with Substance Use Disorders (SUDs).

Over the past 10 years, there has been an emerging necessity to:

- Distinguish a unique set of skills for clinical practice when treating adolescents
- Identify an adequate awareness of adolescent development
- Differentiate issues related to co-occurring disorders that practitioners need to understand when working with adolescents.

OBJECTIVES OF CERTIFICATION

The NAADAC Adolescent Specialist Endorsement (ASE) is the first of its kind. The ASE validates the specialized experience and training of adolescent addiction professionals while honoring the ethical obligation to provide the highest quality of care for those served.

ADMINISTRATION

The Adolescent Specialist Endorsement (ASE) is sponsored by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NCC). Questions concerning eligibility criteria should be addressed to:

NAADAC Certification Commission
1001 North Fairfax Street, Ste # 201
Alexandria, VA 22314
(703) 741-7686 or (800) 548-0497

The Adolescent Specialist Endorsement Examination is administered for the NCC by the Professional Testing Corporation (PTC). Questions concerning the examinations should be referred to PTC at the following address:

Professional Testing Corporation
1350 Broadway - 17th Floor
New York, NY 10018
(212) 356-0660
www.ptcny.com

ELIGIBILITY REQUIREMENTS

Candidates for the Adolescent Specialist Endorsement Examination must meet the following criteria:

1. Current AOD credential or license recognized by state or national organizations.
2. Five years or 10,000 hours of validated, supervised experience working in mental health or the addictions profession.
3. Two and a half years or 5,000 hours of validated, supervised experience working with the adolescent population.
4. Evidence (documentation) of at least 70 contact hours of training related to adolescent treatment within the last five years. Up to 20% of the 70 hours can be from a nationally or regionally recognized online or distance learning program. At least 80% must be face-to-face contact. If using college courses, one college credit counts as 10 contact hours.
5. Read the NAADAC Code of Ethics (inside back cover of this handbook), and sign the statement on the Application affirming adherence to this code.
6. Send all of the required information along with completed Application and required fee to the Professional Testing Corporation using the enclosed mailing label. All pages of the Application must be completed.
7. Take and pass the written Adolescent Specialist Endorsement Examination.
8. Receive final approval of the NAADAC Certification Commission.

Definitions:

State or National Licensure / Certification:

- Defined as a certificate issued by the state or national level agency responsible for mental health and/or addiction counselors. A current copy of state or national license/certificate must be included with the Application.

- Certification credentials which fulfill this criteria include:

- NCAC-I
- NCAC-II
- MAC
- CAC
- CSAC
- LPC
- LMFT
- LCSW
- LCP

Experience:

- a. Full time employment which most of the time involved counseling of clients, specifically adolescents, with mental health and/or addiction problems.
- b. Unpaid employment as a mental health/addiction counselor.
- c. Teaching, training, and clinical supervision PROVIDED it has been preceded by supervised experience as a mental health and/or addiction counselor.
- d. EAP, ACOA, and Codependency counseling.
- e. Internship (may be applied as experience OR education, but not both).

Supervision:

- Supervision is provided by the individual who oversees the work and/or signs off on the candidate's reporting/client records. This individual is the candidate's supervisor by position and his/her credentials need not be presented as part of the application.
- Supervision for those in private practice may consist of oversight by a medical director or knowledgeable colleague attesting that the candidate is indeed in the practice of mental health and/or addiction counseling, specifically with adolescents.

Education:

- Contact hours are defined as the actual number of classroom or workshop hours spent in the activity, exclusive of breaks, or the actual supervised (direct or indirect) hours spent in training practice, internships, or apprenticeship primarily involved in adolescent treatment.
- Instructors may receive credit for adolescent treatment related courses presented. The instructor receives the same number of hours as the student received. Credit will be given only once for a course regardless of the number of times it is completed. There are no hours available for preparation activities.
- No education credit is offered for writing a book or other articles for publication.
- Practicum/inservice/internship may be counted as training hours OR as work experience, but not as both.

Documentation of Education:

What is needed?

- a. Documentation of all educational hours required. This documentation may duplicate that provided to the state or national certification body but is necessary to show proof of attainment of educational hours required.
- b. Documentation may consist of copies of certificates of attendance at trainings, copy of college transcripts (student copies are acceptable), or a validated listing of appropriate trainings including name of provider, subject of training, dates attended and hours completed.
- c. The following conversions are used to translate college credit hours and CEU's into contact hours:

1 quarter academic hour = 10 contact hours
1 semester academic hour = 15 contact hours
1 trimester academic hour = 5 contact hours
1 CEU = 10 contact hours

ATTAINMENT OF CERTIFICATION

The portfolios of candidates who successfully complete the eligibility review and the written examination will be presented to the NAADAC Certification Commission for final approval of award of the ASE. Candidates will be notified of examination results approximately four weeks after the date of the examination. Portfolios of passing candidates will be presented to the Certification Commission for final review and approval which may consume an additional six weeks. Upon notification of award, the candidate is encouraged to use the appropriate designation, ASE, after the name in all professional endeavors. Validation of certification is available at all times through the NCC administrative offices.

RECERTIFICATION

The ASE credential is awarded for a period of three years, at which time the candidate must meet current eligibility requirements of 40 hours of additional training to recertify.

REVOCAION OF CERTIFICATION

Certification may be revoked for any of the following reasons:

1. Falsification of any information, including experience data, requested in the Application.
2. Misrepresentation of certification status.
3. Revocation or suspension of state or national level certification or licensure.
4. Violation of the NAADAC Code of Ethics (see inside back cover).

APPEALS PROCEDURE

Upon notification of ineligibility for ASE, a candidate wishing to appeal the decision must initiate the process in writing within 30 calendar days of the date of notice from the Commission. The appeal, addressed to the NAADAC Certification Commission, must indicate specific grounds for reconsideration by the Commission.

APPLICATION PROCEDURE

Handbooks for Candidates and Applications for the Adolescent Specialist Endorsement Examination may be obtained from the Professional Testing Corporation, 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com.

Read and follow the directions on the Application and in this Handbook for Candidates.

COMPLETION OF APPLICATION

PART I

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

CANDIDATE INFORMATION: Starting at the top of the Application, print your name, address, daytime phone number, evening phone number, e-mail address, and your choice of testing period, in the appropriate row of empty boxes.

ELIGIBILITY AND BACKGROUND INFORMATION: All questions must be answered. Mark only one response unless otherwise indicated.

OPTIONAL INFORMATION: These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

CANDIDATE SIGNATURE: When you have completed all required information, sign and date the Application in the space provided.

PART II

NOTE: Any questions on this portion of the Application should be addressed to the Certification Administrator at NAADAC: (800) 548-0497 or (703) 741-7686.

1. Complete Sections A through F in full. Enter information requested and enclose copies of state or national certification/licensure, transcripts, CEU's, in-service records, etc.
2. Section G - VERIFICATION OF WORK EXPERIENCE

The accuracy of the candidate's career history, as stated in this Application, as well as competency in accepted counseling techniques and practice, and adherence to ethical standards must be verified by the candidate's supervisor of the immediate past 12 months. The statement in Section G must be signed by the candidate's current supervisor. If this individual has been the supervisor for less than 12 months, the immediate previous supervisor, covering the remaining time periods, should also sign the Application.

3. Section H - CANDIDATE AFFIRMATION

The candidate must sign both parts of the Application, in the lower right of side 1, Part I and the lower left corner of side 2, Part II. (Note: unsigned Applications will not be accepted.)

4. COMPLETION OF APPLICATION

Mail the completed Application together with:

- nonrefundable Application fee (see FEES on page 7)
- copy of current state or national certificate/license in mental health or addictions
- documentation of contact hours of education/training

Applications must be postmarked by the deadline shown on the cover of this Handbook and mailed to:

ASE EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 BROADWAY - 17th FLOOR
NEW YORK, NY 10018

FEES

Please note: Fees are NOT refundable.

1. Application Fee for the Adolescent Specialist Endorsement Examination:

Candidates with NCAC-I, NCAC-II, or MAC certification, and NAADAC Members	\$200.00
All other candidates	\$305.00

Applications for NAADAC membership must be received in the National office by the test application deadline in order to be eligible for the Member fee.

2. Rescheduling or Retesting Fees \$135.00

NOTE: Candidates wishing to retest or reschedule must submit, along with their fee, a new Part I of the Application. It is not necessary to resubmit Part II when rescheduling or retesting. However, candidates are limited to a maximum of 3 retests and/or reschedules within a 24 month period of their initial application.

MAKE CHECK OR MONEY ORDER PAYABLE TO:

ASE EXAMINATION

DO NOT SEND CASH.

REFUNDS

There will be no refund of fees. Fees will not be transferred from one testing period to another.

EXAMINATION ADMINISTRATION

The Adolescent Specialist Endorsement Examination is administered during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI/LaserGrade Computer Testing, Inc. PSI/LaserGrade has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: www.lasergrade.com or call PSI/LaserGrade at (800) 211-2754. Please note: Hours and days of availability vary at different centers. You will not be able to schedule your examination appointment until you have received an Eligibility Notice from PTC.

ONLINE TUTORIAL AND SAMPLE TEST

A Tutorial and a Sample Demonstration Test can be viewed online.

- Browse to www.lasergrade.com
- Select Test Taker/Candidates menu
- Select Testing Software Demo
- Select the "General Education Demo Test"
- Click on the "Start LaserGrade Online Demo Test" button.

This online Tutorial and Sample Test can give you an idea about the features of the testing software.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Within 6 weeks prior to the first day of the testing window, you will be sent an Eligibility Notice. The Eligibility Notice plus current photo identification must be presented in order to gain admission to the testing center. A candidate not receiving an Eligibility Notice at least three weeks before the beginning of the two-week testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.

The Eligibility Notice will indicate where to call to schedule your examination appointment as well as the dates in which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

It is highly recommended that each candidate becomes familiar with the testing site.

It is the candidate's responsibility to call PSI/Lasergrade to schedule the exam appointment.

SPECIAL NEEDS

Special testing arrangements may be made for special needs individuals submitting the Application, examination fee, and a letter from a qualified healthcare professional describing the nature of the disability and the specific special accommodations needed for testing. Requests for special testing needs individuals must be received at least EIGHT weeks before the testing period begins.

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period you must contact PSI/LaserGrade at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

RULES FOR THE EXAMINATION

1. No signaling devices, including pagers, cellular phones, and alarms, may be operative during the examination.
2. No books or reference materials may be taken into the examination room.
3. Simple, non-programmable calculators are permitted. A calculator is also available on screen if needed.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should carefully read the directions that are provided on screen at the beginning of the examination session.

REPORT OF RESULTS

Candidates will be notified by PTC within four weeks of the closing of the testing period whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported.

REEXAMINATION

The Adolescent Specialist Endorsement Examination may be taken as often as desired upon filing of a new Application and appropriate fee. There is no limit to the number of times the examination may be repeated.

CONFIDENTIALITY

1. The NCC will release the individual test scores in writing ONLY to the individual candidate.
2. Any questions concerning test results should be referred to the Professional Testing Corporation.

CONTENT OF EXAMINATION

1. The Adolescent Specialist Endorsement Examination is a computer-based examination composed of 100 multiple-choice, objective questions with a total testing time of two (2) hours.
2. The content for the examinations is described in the Content Outline on page 10.
3. The questions for the examination are obtained from individuals with expertise in adolescent treatment and are reviewed for construction, accuracy, and appropriateness by the NAADAC Certification Commission.
4. The NAADAC Certification Commission, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The Adolescent Specialist Endorsement Examination covers four areas and will be weighted in approximately the following manner:

I. Pharmacology	20%
II. Counseling Practice	40%
III. Theoretical Base of Counseling	20%
IV. Professional Issues	20%

CONTENT OUTLINE

I. PHARMACOLOGY OF PSYCHOACTIVE SUBSTANCES

- A. Definitions of Pharmacology
 - 1. Relationship to Addiction Counseling
 - 2. Content Areas of Pharmacology
 - a. Terminology
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 - 1) Use of Pharmaceuticals
- B. Drug Classification
 - 1. Alcohol
 - a. Terminology
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 - 2. Depressants
 - a. Terminology
 - 1) Anti-Anxiety (Minor Tranquilizers)
 - 2) Barbiturates
 - 3) Sedative-Hypnotics
 - 4) Psychotropics (Major Tranquilizers)
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 - 3. Cocaine
 - a. Terminology
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 - 4. Other Stimulants
 - a. Terminology
 - 1) Amphetamines
 - 2) Nicotine
 - 3) Caffeine
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 - 5. Opiates
 - a. Terminology
 - 1) Natural Derivatives
 - 2) Synthetics
 - 3) Antagonists
 - b. Physiological Effects

- c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
- 6. Hallucinogens
 - a. Terminology
 - 1) Natural Derivatives
 - 2) Synthetics
 - 3) Antagonists
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
- 7. Cannabinoids
 - a. Terminology
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
- 8. Other
 - a. Inhalants
 - b. Designer Drugs
 - c. Steroids
 - d. OTC Drugs
- C. The Recovery Process
 - 1. Medical Stabilization
 - 2. Non-Pharmaceutical Treatment Applications
 - 3. Unsafe Medication in Recovery
 - 4. Safe Medication in Recovery
 - 5. Co-occurring Disorders

II. COUNSELING PRACTICE

- A. Client Evaluations
 - 1. Screening
 - 2. Intake
 - 3. Assessment
 - 4. Diagnostic Criteria
- B. Treatment Planning
 - 1. Problems, Identification, and Ranking
 - 2. Goals and Objectives
 - 3. Treatment Process and Resources Defined
 - 4. Levels of Care
- C. Counseling
 - 1. Problems and Ramifications
 - 2. Examination of Attitudes/Feelings
 - 3. Consideration of Alternative Solutions
 - 4. Skills
 - a. Individual
 - b. Group
 - c. Family/Significant Others
 - d. Intervention
- D. Patient Care/Management
 - 1. Case Management
 - 2. Crisis Intervention

- a. Identification
 - b. Resolution
- 3. Referral
- 4. Reports and Recordkeeping
- 5. Consultation
- E. Education
 - 1. Orientation
 - 2. Alcohol and Drug Information
 - 3. Non-Drug Issues
 - a. Mental
 - b. Emotional
 - c. Psychological
 - d. Nutritional
 - e. Disease
 - 4. Self-Help Programs
 - 5. Research
- F. Continuing Care
- G. Special Issues/Populations
 - 1. Gender
 - 2. Sexual
 - 3. Cultural
 - 4. Relapse
 - 5. Suicide
 - 6. Co-occurring Disorders
 - 7. Survivors of Abuse
 - 8. Chronic Illness and Communicable Diseases
 - 9. Disabilities
 - 10. Juvenile Justice

III. THEORETICAL BASE OF COUNSELING

- A. Counseling
 - 1. Core Skill Groups
 - a. Treatment Admission
 - b. Clinical Assessment
 - c. Ongoing Treatment Planning
 - d. Counseling Services
 - e. Documentation
 - f. Case Management
 - g. Discharge/Continuing Care
 - h. Legal, Ethical, and Professional Growth
 - 2. Disease Model and Stages
 - 3. 12 Step Philosophy
 - 4. Relapse Prevention
 - 5. Family
 - a. System Theory
 - b. Children of Alcoholics/Other Addicted Persons
 - c. Abuse Issues
 - 1) Sexual
 - 2) Physical
 - 3) Psychological
- B. Developmental Tasks and Responses
 - 1. Cultural Differences
 - 2. Gender Issues
- C. Adolescent Treatment Approaches
 - 1. Motivational Enhancement Therapy
 - 2. Cognitive/Behavioral Therapy

3. Behavior Therapy
4. Family Therapy

IV. PROFESSIONAL ISSUES

- A. Law and Regulation
 1. Patient Rights of Minors
 - a. Confidentiality
 - b. Informed Consent
 - c. Reporting
 - 1) Duty to Warn
 2. Discrimination
 3. Drug Testing
 4. Methadone Regulations
 5. Recordkeeping and Documents
 6. Infectious Diseases
 - a. HIV
 - b. Hepatitis
 - c. TB
 - d. STDs
 7. Continuous Quality Improvement
 8. Federal Controlled Substances
 9. Department of Transportation Regulations
 10. Managed Care
 - a. Utilization Review
 - b. Outcome Studies
- B. Ethics
 1. Non-Discrimination
 2. Counselor Responsibility
 3. Competence
 4. Legal and Moral Standards
 5. Public Statements
 6. Publication Credit
 7. Client Welfare
 8. Confidentiality
 9. Client Responsibility
 10. Interprofessional Relationships
 11. Remuneration
 12. Societal Obligations
- C. Supervision
 1. Administrative
 2. Clinical
- D. Research and Outcome Studies

SAMPLE QUESTIONS

1. Which of the following indicates the need for an adolescent to be screened substance-related problems?
 1. Failing a course in school
 2. Wearing substance-related clothing
 3. Breaking curfew more than once a week
 4. Using substances during childhood or early teenage years

2. Which of the following is the most important component of an adolescent treatment program?
 1. Family
 2. Education
 3. Life skills
 4. Individual therapy

3. Which of the following best describes the relapse of adolescents as compared to adults?
 1. Occurs less often because adolescents have fewer pressures
 2. Occurs less often because adolescents have parental support
 3. Occurs more often because there are no negative consequences
 4. Occurs more often because adolescents have fewer skills to make safe choices

4. Which of the following is LEAST likely to be a predisposing factor to drug experimentation among adolescents?
 1. Rebellion
 2. Alienation
 3. Physical pain
 4. Imitation of adults

Correct Answers to Sample Questions:

1.4; 2.1; 3.4; 4.3

BIBLIOGRAPHY

The following reference material is suggested for use in the preparation for the Adolescent Specialist Endorsement Examination. The list does not attempt to include all acceptable references nor is it suggested that the Examination is necessarily based on these references.

American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders. Text Revision. (4th ed.). Washington, DC: American Psychiatric Association.

Center for Substance Abuse Treatment. (1999). Screening and Assessing Adolescents for Substance Use Disorders. Treatment Improvement Protocol (TIP) Series, Number 31. DHHS Publication No. (SMA) 99-3282. Rockville, MD.

Center for Substance Abuse Treatment. (1999). Screening and Assessing Adolescents for Substance Use Disorders. Treatment Improvement Protocol (TIP) Series, Number 32. DHHS Publication No. (SMA) 99-3283. Rockville, MD.

Estroff, TW. (2001). Manual of Adolescent Substance Abuse Treatment. Washington, DC: American Psychiatric Association.

Liddle, HA. and Rowe, CL. (2006). Adolescent Substance Abuse: Research and Clinical Advances. Boston: Cambridge University Press.

Stevens, SJ. and Morral, AR. (2002). Adolescent Substance Abuse Treatment in the United States: Exemplary models from a national evaluation study. Binghamton, NY: Haworth Press.

Winters, KC. (1999). Treating adolescents with substance use disorders: An overview of practice issues and treatment outcomes. Substance Abuse. 20, 203-225.

PTC07079

National Association of Alcoholism and Drug Abuse
Counselors

Code of Ethics

I DO AFFIRM

That in the practice of my profession, I shall assert the ethical principles of autonomy, beneficence, and justice as a guide to my professional conduct.

That I shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation, or economic condition.

That I shall espouse objectivity and integrity, and maintain the highest standards in the services I offer.

That I recognize the profession is founded on national standards of competency which promote the best interests of society, of the client, of myself and of the profession as a whole. I also recognize the need for ongoing education as a component of professional competency.

That I shall uphold the legal and accepted moral codes which pertain to professional conduct.

That I shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

That I shall assign credit to all who have contributed to the published material and for the work upon which the publication is based.

That I shall respect the best interest and promote the welfare of the person or group with whom I am working.

That I shall embrace, as a primary obligation, the duty of protecting clients rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

That I shall safeguard the integrity of the counseling relationship and shall ensure that the client has reasonable access to effective treatment.

That I shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

That I shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interest of the client first, and then of the counselor, the agency, and the profession.

That I shall to the best of my ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.



APPLICATION FOR
**ADOLESCENT SPECIALIST ENDORSEMENT
 EXAMINATION**



Certified for Success
 www.naadac.org

Eligibility and Background Information

I. TREATMENT OR MODALITY YOU PROVIDE:

- Inpatient only
- Outpatient only
- Inpatient and outpatient
- Halfway house
- Other

J. HIGHEST ACADEMIC LEVEL:

- Less than high school graduate
- High school graduate or equivalent
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Other

K. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- No
- Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): _____

Name: _____

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Race:

- African American
- Asian
- Hispanic
- Native American
- White
- Other

Age Range:

- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

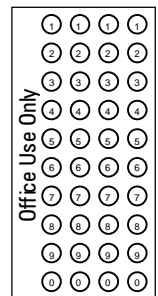
Gender:

- Male
- Female

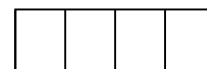
Candidate Signature

I have read the Handbook and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with the Handbook and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____



44198



APPLICATION FOR ADOLESCENT SPECIALIST ENDORSEMENT EXAMINATION - PART II

DIRECTIONS: Please complete all items in Part II, sides 1 and 2. Failure to complete all requested information will delay processing of your Application and may make you ineligible to sit for the examination.

SECTION A. PERSONAL AND EXAMINATION DATA

Name: _____ Choice of Testing Date: ____ Fall ____ Spring
(Print) Last First Middle

Telephone: Work: (____) _____ Home: (____) _____

Mailing Address: _____

City State Zip + 4

SECTION B. CURRENT STATE OR NATIONAL LICENSE/CERTIFICATION (Enter information requested and enclose copy of License/Certification.)

<u>Credential</u>	<u>Number</u>	<u>Expiration Date</u>	<u>Issuing Authority</u>	<u>Issuing State</u>

SECTION C. CAREER HISTORY IN MENTAL HEALTH AND ADDICTIONS

(1) Institution/Practice Site: _____

Address: _____

Dates: From _____ To _____ Position Title _____

Job Description: _____

Supervisor: _____ Telephone: _____

(2) Institution/Practice Site: _____

Address: _____

Dates: From _____ To _____ Position Title _____

Job Description: _____

Supervisor: _____ Telephone: _____

SECTION D. CAREER HISTORY WORKING WITH ADOLESCENTS

(1) Institution/Practice Site: _____

Address: _____

Dates: From _____ To _____ Position Title _____

Job Description: _____

Supervisor: _____ Telephone: _____

(2) Institution/Practice Site: _____

Address: _____

Dates: From _____ To _____ Position Title _____

Job Description: _____

Supervisor: _____ Telephone: _____

SECTION E. PROFESSIONAL EDUCATION AND TRAINING

A. TRAINING HOURS SUMMARY - Please attach copies of all training event documentation (college transcripts, conference/seminar attendance certificates, CEU's, etc.). A minimum of 70 contact hours is required for the Adolescent Specialist Endorsement Examination. Up to 20% of the total hours can be from a nationally or regionally recognized online or distance learning program. At least 80% must be face-to-face contact. If using college courses, one college credit counts as 10 contact hours.

- _____ Graduate level hours related subjects
- _____ Undergraduate level hours in related subjects
- _____ Certificates of training
- _____ Other
- _____ **TOTAL HOURS**

B. CREDENTIALS HELD: _____

SECTION F. CONTRIBUTION SUMMARY (List awards, publications, offices held, or other evidence of accomplishments in the field of adolescent treatment.)

SECTION G. VERIFICATION OF WORK EXPERIENCE - In the box provided below, have your supervisor over the last twelve months verify your work experience.

I verify that this candidate has demonstrated competency in accepted counseling techniques and practice with adolescents, that to the best of my knowledge the career history as stated above is accurate, and that the candidate engages in ethical practice.		
Signature	Title	Date
Print Name	Phone number	

SECTION H. CANDIDATE AFFIRMATION

I certify that the information on this Application is accurate, correct, and complete; and that I have read the NAADAC Code of Ethics and subscribe to it. I also certify that the license/certification presented is not encumbered in any manner and that I do not hold a license/certification from any other state that is or has been subject to criminal or ethical complaint. The NAADAC Certification Commission is authorized to contact any institution, organization, or individual listed on or included with this Application for verification of my addictions, mental health, and/or adolescent counseling history. I understand that the NAADAC Certification Commission retains ownership of ASE Certificates and may, from time to time, make available certificate holder names and other information to potential service users.

Signature of Candidate

Date

*** * * * * APPLICATION CHECK LIST * * * * ***

- _____ Application Part I, completed and signed
- _____ Application Part II, completed, signed, and verified
- _____ Copy of Certification enclosed
- _____ Copies of Training Documentation enclosed
- _____ Appropriate Fee enclosed:
 _____ Member _____ Nonmember