



ACCBO

2054 N Vancouver Ave, Portland, OR 97227

(503) 231-8164

accbo@accbo.com

<http://www.accbo.com>

Dear Applicant,

Enclosed is the application & information packet you requested. The 2010 test dates are as follows.

Complete application due to ACCBO by:

- *January 10, 2010* for the test week of *March 6-13, 2010*
- *April 2, 2010* for the test week of *June 5-12, 2010*
- *July 2, 2010* for the test week of *September 11-18, 2010*
- *October 1, 2010* for the test week of *December 4-11, 2010*

You must have a **completed** application packet, the Test Application form, and the appropriate fees in our office **no later than** the above application due date, *regardless of postmark*, for the appropriate test date.

The Test Application (a.k.a. Application for National Certification Examination for Addiction Counselors), formerly known as the "green scantron," is now included in this packet. This form is absolutely necessary to get you into the test. You must fill out this and all forms with your legal name as shown on your driver's license or state ID. PTC will send you a testing Eligibility Notice approximately 2 weeks before the first day of testing. You must have this notice with you when you arrive for your testing appointment or you will be denied admission for testing. Your name on the Eligibility Notice must match your legal name on your driver's license or state ID. If it does not, contact PTC immediately at (212)356-0661. Mismatched names can be cause for denial of admission for testing.

If you are sending packages overnight mail at the last minute, we suggest that you sign the waiver to allow the carrier to leave the package without a signature. Certified mail that requires a signature also can cause your package to arrive late.

The \$50 application fee is non-refundable. The \$195 test fee is **absolutely non-refundable** and **non-transferable** after the application due date. If you have scheduled an appointment for testing with PCI/Lasergrade and can not make your appointment, you must reschedule **within** the testing week. You **will not** be able to transfer your testing to the next test period.

If you have submitted your applications and fees and find **prior** to the application due date that you are unable to attend the test, please notify us immediately and your fee can be refunded or applied to the next test.

When you have sent us a completed application, including the test fee and the completed NCAC test registration card, you will be automatically enrolled in the next available test date unless you contact us and request otherwise.

FEE SCHEDULE:

Application Fee.....	\$ 50
Objective Exam Fee (Level I, II, or III).....	\$195
Objective Exam Retake Fee (if you did not pass previously).....	\$145
NAADAC Case Presentation Exam Fee (Level II & III)	\$125
Case Presentation Exam Retake Fee (if you did not pass previously).....	\$ 95
File Copying (moving to another state, etc.).....	\$ 13

If you have any other questions, please feel free to call us at the number above. Our office hours are Monday through Friday 10am to 4pm.

**Addiction Counselor
Certification Board of Oregon**

**Application for Addiction
Counselor Credentialing**

The Addiction Counselor Certification Board of Oregon is proud to utilize professional psychometric examinations produced by the NCC, National Certification Commission and NAADAC, the National Association of Alcohol & Drug Abuse Counselors. Additionally, NAADAC operates in conjunction with NBCC, the National Board of Certified Counselors to award MAC certification to qualified candidates.

If you currently possess state licensure as a mental health professional (LCSW, LPC, LMFT, etc.), you are eligible to apply for MAC certification directly through NBCC or NAADAC at nbcc.org or naadac.org

Acting Executive Director
David Bliss, M.A., CPS

Gambling Director
Richard Johnson, M.A., CADC III, CGAC II, BACC

Certification Manager
Brian Hunt

President
Meloney Crawford Chadwick, J.D., CADC III, NCAC II

Vice-President
Ronald Fisher, B.A., CADC II, CGAC II, BACC

Secretary
Tanya Pritt, CADC II

Treasurer
Ted Amann, MPH, R.N., C.

Members
Sherrilynn Blanton, B.S., CADC II
Pernell Brown, CADC I, GIS
Greta Coe, CPS
Pat Gold, B.S., CADC II
Thad Labhart, M.A., QMHP, CADC III, CGAC II, CPS
Ramone Olguin, CADC II
Robert Olmstead, B.A., CADC III
Florence Spraggins, M.S. CADC III

Board Liaisons, Consultants & Support Staff
Nikki Johnson
Devarshi Bajpai
Eric Martin
Paul D. Potter
Michael Russell

Choosing which certification to apply for?

You must evaluate which certification best matches your position of employment and your prerequisite qualifications. You must submit a completed application packet prior to examination, by the stated registration deadlines in the cover letter and calendar. Therefore you will need to meet all of the prerequisites for the appropriate certification you have chosen to apply for.

Table Of Contents

- Certification Overview, Applicant Instructions and Applicant Checklist
- Applicant Registration Form
- Supervised Experience Form
- Supervised Experience Guidelines
- Educational Prerequisites Form
- Ethics Agreement
- Professional Letter of Alcohol & Drug Free Verification
- Case Presentation Examination Overview
- Extension Policies
- Recertification Policy
- National Certification Information
- ACCBO Calendar

CADC I - Associate Proficiency Level Applicant Checklist

A completed application packet must be submitted prior to examination placement. Official transcripts and letter of verification may be received separately.

- _____ Complete the Applicant Registration Form (use your real legal name).
- _____ Photocopy of Valid State Identification
- _____ Complete the Supervised Experience Form(s). Refer to the Supervised Experience Overview if you do not understand how to complete this form(s). If you are documenting experience at more than one agency, photocopy the form so that you will have enough forms to document the total required 1,000 hours of supervised experience. Make sure that your supervisor encodes their qualification to supervise you by writing their credentials after their name (e.g.; CADC II/III, LPC, LCSW, Licensed Psychologist, etc.)
- _____ Complete the Education Summary Form. If you need more room than what is provided on the form, photocopy it for additional space. Please attach copies of certificates and submit official transcripts. You must demonstrate the required 150 Hours of Alcohol & Drug Education, which must include the topical areas of; Basic Counseling Skills, Group Counseling Skills, Alcohol & Drugs of Abuse Pharmacology, HIV/AIDS Risk Assessment Risk Reduction, and Counseling Ethics. All education must be accredited or approved by a recognized accreditation body. (*IMPORTANT NOTE: the CADC I does not require an associates degree. The Board approximates 150 Education [15 college credits], 1,000 hours of Supervised Experience/Practicum, and successful completion of the National Certification Examination as approximating the Associate Proficiency Level.*)
- _____ Sign & Date the ACCBO Ethics Agreement. After you have reviewed the ethics agreement, sign and date the document. Keep a copy for yourself and return the original (with original signature to ACCBO).
- _____ Register for the NCAC I Examination. You must submit a Test Application (Application for National Certification Examination for Addiction Counselors) along with the testing fee by the registration deadline for each exam. If you do not pass the exam and wish to retake it, you will need to complete another Test Application.
- _____ Request a letter of Alcohol & Drug Free Verification from your peers/supervisors, etc. (for those who are recovering).
- _____ Submit the appropriate fees
 Application Fee..... \$50
 Written Examination Fee..... \$195

CADC II - Baccalaureate Proficiency Level Applicant Checklist

A completed application packet must be submitted prior to examination placement. Official transcripts and letter of verification may be received separately.

- _____ Complete the Applicant Registration Form (use your real legal name).
- _____ Photocopy of Valid State Identification
- _____ Complete the Supervised Experience Form(s). Refer to the Supervised Experience Overview if you do not understand how to complete this form(s). If you are documenting experience at more than one agency, photocopy the form so that you will have enough forms to document the total required 4,000 hours of supervised experience. Make sure that your supervisor encodes their qualification to supervise you by writing their credentials after their name (e.g.; CADC II/III, LPC, LCSW, Licensed Psychologist, etc.)
- _____ Complete the Education Summary Form. If you need more room than what is provided on the form, photocopy it for additional space. Please attach original certificates and submit official transcripts. You must demonstrate the required Bachelors degree, (or equivalency) with a minimum of 300 Hours of Alcohol & Drug Education, which must include the topical areas of; Basic Counseling Skills, Group Counseling Skills, Alcohol & Drugs of Abuse Pharmacology, HIV/AIDS Risk Assessment Risk Reduction, Counseling Ethics, Counseling Diverse Populations, Clinical Evaluation, and Co-occurring Disorders. All education must be regionally accredited, NAADAC accredited or provided by a state licensed university college. (*IMPORTANT NOTE: the CADC II does not require a bachelors degree. The Board approximates 300 A&D Education hours, with approx 90 college credits, 4,000 hours of Supervised Experience/Practicum, and successful completion of the National Certification Examination as approximating the Baccalaureate Proficiency Level.*)
- _____ Sign & Date the ACCBO Ethics Agreement. After you have reviewed the ethics agreement, sign and date the document. Keep a copy for yourself and return the original (with original signature to ACCBO).
- _____ Register for the NCAC II Examination. You must submit a Test Application (Application for National Certification Examination for Addiction Counselors) along with the testing fee by the registration deadline for each exam. If you do not pass the exam and wish to retake it, you will need to complete another Test Application.
- _____ Request a letter of Alcohol & Drug Free Verification from your peers/supervisors, etc. (for those who are recovering).
- _____ Submit the appropriate fees (see the cover letter).
 Application Fee..... \$50
 Written Examination Fee..... \$195
- _____ The NAADAC Case Presentation Examination. Upon successful completion of the NCAC II Examination, you will be issued CADC I certification along with instructions on how to prepare a case and complete the Case Presentation Exam.

CADC III - Graduate Proficiency Level Applicant Checklist

A completed application packet must be submitted prior to examination placement. Official transcripts and letter of verification may be received separately.

- _____ Complete the Applicant Registration Form (use your real legal name).
- _____ Photocopy of Valid State Identification
- _____ Complete the Supervised Experience Form(s). Refer to the Supervised Experience Overview if you do not understand how to complete this form(s). If you are documenting experience at more than one agency, photocopy the form so that you will have enough forms to document the total required 6,000 hours of supervised experience. Make sure that your supervisor encodes their qualification to supervise you by writing their credentials after their name (e.g.; CADC II/III, LPC, LCSW, Licensed Psychologist, etc.)
- _____ Complete the Education Summary Form. If you need more room than what is provided on the form, photocopy it for additional space. Please attach original certificates and submit official transcripts. You must demonstrate the required Masters degree in the Human Arts with a minimum of 300 Hours of Alcohol & Drug Education, which must include the topical areas of; Basic Counseling Skills, Group Counseling Skills, Alcohol & Drugs of Abuse Pharmacology, HIV/AIDS Risk Assessment Risk Reduction, Counseling Ethics, Counseling Diverse Populations, Clinical Evaluation, Co-occurring Disorders and Science-based Best Practices. All additional education must be accredited or approved by a recognized accreditation body. Graduate degree must be regionally accredited, or otherwise approved by the Oregon Office of Degree Authorization for new applicants as of April 4, 2008.
- _____ Sign & Date the ACCBO Ethics Agreement. After you have reviewed the ethics agreement, sign and date the document. Keep a copy for yourself and return the original (with original signature to ACCBO).
- _____ Register for the MAC Examination. You must submit a Test Application (Application for National Certification Examination for Addiction Counselors) along with the testing fee by the registration deadline for each exam. If you do not pass the exam and wish to retake it, you will need to complete another Test Application.
- _____ Request a letter of Alcohol & Drug Free Verification from your peers/supervisors, etc. (for those who are recovering).
- _____ Submit the appropriate fees (see the cover letter).
- _____ The NAADAC Case Presentation Examination. Upon successful completion of the MAC Examination, you will be issued CADC I certification along with instructions on how to prepare a case and complete the Case Presentation Exam.
- _____ Submit the appropriate fees
 - Application Fee..... \$50
 - Written Examination Fee..... \$195

Applicant Registration

Your true legal name - matching your state identification

Name	Last	First	Middle Initial
Date of Application			
Home Address: Street Address <i>(please print)</i>			
City	State	Zip	<i>(please print)</i>
Work Address: Agency Name			
Street Address <i>(please print)</i>			
City	State	Zip	<i>(please print)</i>
Home Phone			
Work Phone			
Message Phone			
Email <i>(do not write in cursive - please print)</i>			
Last four digits of your Social Security Number (for legal purposes of verifying identity)			
Certification you are applying for CADC I, II, or III?			
Do you hold any other certifications, licensures? (LCSW, LPC, LMFT, RN, LPN, etc...)			
Make a photocopy of valid state identification and attach to this form.			

Check one of the following:

_____ I am not recovering from chemical addiction, nor have I ever been diagnosed with a substance-related disorder

_____ I am recovering from chemical addiction

Statement of Alcohol & Drug Abstinence for those who are Recovering

I hereby attest that I have not used alcohol or illicit drugs (or have abused prescription medication) for the _____ years immediately preceding this application.

applicant signature

date

2 years minimum abstinence time required for CADC I
3 years minimum abstinence time required for CADC II & III

Candidate Statement

I hereby apply for certification in Oregon as an Alcohol & Drug Counselor.

Initial here: _____ I understand that the application fee is non-refundable and that the \$195 Objective Examination Fee is non-refundable & non-transferable from one examination date to another. I understand that if for any reason I am unable to attend a pre-arranged National Examination appointment that I will forfeit those fees paid for the National Exam.

Initial here: _____ I understand that I must bring my "Eligibility Notice" to the examination site at the time of my National Exam.

Initial here: _____ Furthermore I attest that the information I have given in this application & all supporting documentation is correct and true. I give ACCBO permission to verify any statements given in any part of this application.

applicant signature

Supervised Experience Form

Directions: photocopy as many copies of this form as your will need. You will most likely need one copy for each agency you have been employed/interned with. You must document the minimum prerequisite hours for the level of certification that you are applying for:

CADC I – Associate Proficiency level

1,000 hours Supervised Experience in Addiction Counseling Competencies (CSAT Technical Assistance Publication number 21, DHHS Publication No. [SMA] 98-3171, 1998

CADC II – Bachelors Proficiency level

4,000 hours Supervised Experience in Addiction Counseling Competencies (CSAT Technical Assistance Publication number 21, DHHS Publication No. [SMA] 98-3171, 1998

CADC III – Graduate Proficiency level

6,000 hours Supervised Experience in Addiction Counseling Competencies (CSAT Technical Assistance Publication number 21, DHHS Publication No. [SMA] 98-3171, 1998

Each category of the Addiction Counseling Competencies carries a minimum number of hours of participation for that category. Please do not confuse those minimums in each category with the overall prerequisite hours you must document.

Candidate Name

Position Title

Dates of experience: FROM - TO (do not write "present")

Employer / Agency

Print the name of the Clinical Supervisor and credentials, must meet OAR 415 for Clinical Supervisor Qualifications in Addiction Treatment

Check off the certification supervisor maintains:

- CADC II NCAC II
 CADC III MAC

(As of January 1, 2011 a supervisor must be a CADC II, CADC III, NCAC II, or MAC.)

Please estimate the number of hours accrued in each category of the Addiction Counseling Competencies. Total those numbers and sign.

Assessing Experience Hours

1 Full Time year = 2,000 hours

Clinical Supervisor's Statement

Hours Accumulated	Addiction Counseling Competencies	Minimum Hours	
		CADC I	CADC II/III

	Category 1 ◀ A&D Screening ◀ A&D Orientation ◀ A&D Assessment	100	400
	Category 2 ◀ A&D Treatment Planning ◀ Case Management ◀ Documentation	150	600
	Category 3 ◀ A&D Client / Family Education ◀ Crisis Intervention ◀ A&D Counseling	200	800
	Category 4 ◀ A&D Discharge Planning with Relapse Prevention ◀ Consultation & Referral	50	200
	Other ◀ Program Development ◀ Quality Assurance ◀ Supervisory ◀ Outcome Monitoring		100

There are established minimums in each category, however the total number of hours must be at least 1,000 for CADC I and 4,000 for CADC II and 6,000 for CADC III

Total Hours _____

Supervisor's Signature

Date

Supervisor's Phone Number for primary source verification

Candidate Signature

Date

Supervised Experience Guidelines

Supervised experience indicates that your employment/practicum hours were supervised by a qualified supervisor who can verify the hours that you worked and the type of work that you did. Supervised experience hours include all working hours (not just face to face client contact hours).

Supervisor Qualifications

All hours must be supervised by an individual(s) who meets the Oregon Administrative Rule for clinical supervision in addiction treatment settings. That person must be a CADC II/III, or Licensed Mental Health Professional and must meet additional requirements as outlined by Oregon Administrative Rule for supervision in addiction treatment settings.

Directions to the Clinical Supervisor

In order to evaluate the counselor's experience and correctly record the approximate number of hours in each of the categories on the Supervised Experience Form, please review the Addiction Counselor Competencies. Any form submitted with "minimums +" or some similarly gross approximations will not be accepted by ACCBO. Please approximate as closely as possible the actual approximate hours spent in each category.

Addiction Counseling Competencies

(CSAT Technical Assistance Publication number 21, DHHS Publication No. [SMA] 98-3171, printed 1998)

A. UNDERSTANDING ADDICTION

1. Understand a variety of models and theories of addiction and other problems related to substance use.
2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.
3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.
4. Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.

B. TREATMENT KNOWLEDGE

1. Describe 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 and other substance-related problems.
2. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.

3. Understand the importance of research and outcome data and their application in clinical practice.
4. Understand the value of an interdisciplinary approach to addiction treatment.

C. APPLICATION TO PRACTICE

1. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.
2. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.
3. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.
4. Provide treatment services appropriate to the personal and cultural identity and language of the client.
5. Adapt practice to the range of treatment settings and modalities.
6. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.
7. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.
8. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
9. Understand the need for and the use of methods for measuring treatment outcome.

D. PROFESSIONAL READINESS

1. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
2. Understand the importance of self-awareness in one's personal, professional, and cultural life.
3. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.
4. Understand the importance of ongoing supervision and continuing education in the delivery of client services.
5. Understand the obligation of the addiction professional to participate in prevention as well as treatment.
6. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.

I. CLINICAL EVALUATION

The systematic approach to screening and assessment.

A. SCREENING

The process through which counselor, client and available significant others determine the most appropriate initial course of action, given the client's needs and characteristics, and the available resources within the community.

1. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.
2. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance

- related treatment history; mental status; and current social, environmental, and/or economic constraints.
3. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and coexisting mental health problems.
 4. Assist the client in identifying the impact of substance use on his or her current life problems and the effects of continued harmful use or abuse.
 5. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.
 6. Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.
 7. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
 8. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.
 9. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.

B. ASSESSMENT

An ongoing process through which the counselor collaborates with the client and others to gather and interpret information necessary for planning treatment and evaluating client progress.

1. Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic cultural issues, and disabilities that includes, but is not limited to:
 - history of alcohol and other drug use;
 - physical health, mental health, and addiction treatment history;
 - family issues;
 - work history and career issues;
 - history of criminality;
 - psychological, emotional, and world-view concerns;
 - current status of physical health, mental health, and substance use;
 - spirituality;
 - education and basic life skills;
 - socio-economic characteristics, lifestyle, and current legal status;
 - use of community resources.
2. Analyze and interpret the data to determine treatment recommendations.
3. Seek appropriate supervision and consultation.
4. Document assessment findings and treatment recommendations.

II. TREATMENT PLANNING

A collaborative process through which the counselor and client develop desired treatment outcomes and identify the strategies for achieving them. At a minimum the treatment plan addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, employment, education, spirituality, health concerns, and legal needs.

1. Obtain and interpret all relevant assessment information.
2. Explain assessment findings to the client and significant others involved in potential treatment.
3. Provide the client and significant others with clarification and further information as needed.
4. Examine treatment implications in collaboration with the client and significant others.

5. Confirm the readiness of the client and significant others to participate in treatment.
6. Prioritize client needs in the order they will be addressed.
7. Formulate mutually agreed upon and measurable treatment outcome statements for each need.
8. Identify appropriate strategies for each outcome.
9. Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria.
10. Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress.
11. Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.
12. Reassess the treatment plan at regular intervals and/or when indicated by changing circumstances.

III. REFERRAL

The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

1. Establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs.
2. Continuously assess and evaluate referral resources to determine their appropriateness.
3. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.
4. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.
5. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.
6. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care.
7. Evaluate the outcome of the referral.

IV. SERVICE COORDINATION

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 for 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.

A. IMPLEMENTING THE TREATMENT PLAN

1. Initiate collaboration with referral source.
2. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.

3. Confirm the client's eligibility for admission and continued readiness for treatment and change.
4. Complete necessary administrative procedures for admission to treatment.
5. Establish accurate treatment and recovery expectations with the client and involved significant others including, but not limited to:
 - nature of services,
 - program goals,
 - program procedures,
 - rules regarding client conduct,
 - schedule of treatment activities,
 - costs of treatment,
 - factors affecting duration of care,
 - client rights and responsibilities.
6. Coordinate all treatment activities with services provided to the client by other resources.

B. CONSULTING

1. Summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment.
2. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.
3. Contribute as part of a multidisciplinary treatment team.
4. Apply confidentiality regulations appropriately.
5. Demonstrate respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.

C. CONTINUING ASSESSMENT AND TREATMENT PLANNING

1. Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan.
2. Understand and recognize stages of change and other signs of treatment progress.
3. Assess treatment and recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.
4. Describe and document treatment process, progress, and outcome.
5. Use accepted treatment outcome measures.
6. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.
7. Document service coordination activities throughout the continuum of care.
8. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.

V. COUNSELING

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 upon 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.

A. INDIVIDUAL COUNSELING

1. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.
2. Facilitate the client's engagement in the treatment and recovery process.
3. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.
4. Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
5. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
6. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
7. Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.
8. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), tuberculosis (TB), sexually transmitted diseases (STDs), and other infectious diseases.
9. Facilitate the development of basic and life skills associated with recovery.
10. Adapt counseling strategies to the individual characteristics of the client, including but not limited to, disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
11. Make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals.
12. Apply crisis management skills.
13. Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

B. GROUP COUNSELING

1. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.
2. Carrying out the actions necessary to form a group, including, but not limited to: determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.
3. Facilitate the entry of new members and the transition of exiting members.
4. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.
5. Understand the concepts of process and content, and shift the focus of the group when such an intervention will help the group move toward its goals.
6. Describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs and issues that may require a modification in the treatment plan.

C. COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS

1. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.
2. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and

- significant others, including extended, kinship, or tribal family structures.
- 3. Facilitate the engagement of selected members of the family, couple, or significant others in the treatment and recovery process.
- 4. Assist families, couples, and significant others to understand the interaction between the system and substance use behaviors.
- 5. Assist families, couples, and significant others to adopt strategies and behaviors that sustain recovery and maintain healthy relationships.

VI. CLIENT, FAMILY, AND COMMUNITY EDUCATION

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.

- 1. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.
- 2. Describe factors that increase the likelihood for an individual, community, or group to be at-risk for, or resilient to, psychoactive substance use disorders.
- 3. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.
- 4. Describe warning signs, symptoms, and the course of substance use disorders.
- 5. Describe how substance use disorders affect families and concerned others.
- 6. Describe the continuum of care and resources available to family and concerned others.
- 7. Describe principles and philosophy of prevention, treatment, and recovery.
- 8. Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, TB, STDs, and other infectious diseases.
- 9. Teach life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.

VII. DOCUMENTATION

The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.

- 1. Demonstrate knowledge of accepted principles of client record management.
- 2. Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.
- 3. Prepare accurate and concise screening, intake, and assessment reports.
- 4. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.

- 5. Record progress of client in relation to treatment goals and objectives.
- 6. Prepare accurate and concise discharge summaries.
- 7. Document treatment outcome, using accepted methods and instruments.

VIII. PROFESSIONAL AND ETHICAL RESPONSIBILITIES

The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.

- 1. Demonstrate ethical behaviors by adhering to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.
- 2. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.
- 3. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
- 4. Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice.
- 5. Utilize a range of supervisory options to process personal feelings and concerns about clients.
- 6. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
- 7. Obtain appropriate continuing professional education.
- 8. Participate in ongoing supervision and consultation.
- 9. Develop and utilize strategies to maintain one's own physical and mental health.

Educational Prerequisites Form

Directions: Photocopy as many duplicates of this form as you will need. You will most likely need only one copy to document the needed prerequisite education hours, however if you need more space photocopy this blank form. Attach photocopies of certificates, photocopy of degrees and submit official transcripts. You must document the minimum prerequisite education hours for the level of certification that you are applying for:

CADC I - Associate Proficiency level

150 Hours of Alcohol, Drug, Addictions Education which must include:

- Basic Counseling Skills
- Group Counseling Skills
- A&D Pharmacology
- HIV/AIDS Risk Assessment Risk Reduction
- Counseling Ethics

CADC II - Bachelors Proficiency level

Minimum of a Bachelors Degree (or equivalency – 90 college credits plus additional training hours commensurate with education hours towards a baccalaureate degree) which must also include a minimum of 300 Hours of Alcohol, Drug, Addictions Education including the following topical hours:

- Basic Counseling Skills
- Group Counseling Skills
- A&D Pharmacology
- HIV/AIDS Risk Assessment Risk Reduction
- Counseling Ethics
- Cultural Diversity
- Clinical Evaluation (ASAM)
- Co-occurring Disorders

CADC III - Graduate Proficiency level

Minimum of a Masters Degree, including a minimum of 300 Hours of Alcohol, Drug, Addictions Education including the following topical hours:

- Basic Counseling Skills
- Group Counseling Skills
- A&D Pharmacology
- HIV/AIDS Risk Assessment Risk Reduction
- Counseling Ethics
- Cultural Diversity
- Clinical Evaluation (ASAM)
- Co-occurring Disorders
- Addiction Treatment Evidence-Based Practices

Graduate degree must be regionally accredited, or otherwise approved by the Oregon Office of Degree Authorization as of April 1st, 2008. All other education must be accredited or approved by a recognized accreditation body (Regional Accreditation, ACCBO, AMH, NAADAC, etc.) Any additional training needed to meet the minimum 300 hour requirement must be alcohol & drug specific education.

**(1 credit= 10 hours, 1 semester hour= 15 hours,
1 California Unit = 10 hours)**

Addictions Education Course

Hours

Write the title of the class that most closely approximates the stated topical area in each space provided below. ACCBO will review all courses for which you are seeking credit for approval in meeting the stated topical requirement. If course content is not apparent from the title, you are encouraged to include a course description.

Course Title or Voc-Code (example AD101)	Hours
<p>Basic Counseling Skills (A course where you practiced basic counseling skills such as paraphrasing, identifying feelings, etc. where you were video taped or observed and received feedback on your skills)</p> <p>Course:</p>	
<p>Group Counseling Skills (A course where you learned and practiced group process/facilitation/counseling)</p> <p>Course:</p>	
<p>Alcohol & Drugs of Abuse Pharmacology (A course covering both Alcohol and Drugs of Abuse. Courses covering psychiatric medications or basic physiology courses are not acceptable for this core requirement)</p> <p>Course:</p>	
<p>Infectious Disease Risk Assessment & Risk Reduction (A “counseling” course regarding how to evaluate a client’s Infectious Disease risk factors and how to work with them over time to reduce those risk factors. Blood borne pathogens or HIV epidemiology courses are not acceptable)</p> <p>Course:</p>	
<p>Counseling Ethics (A “counseling” course regarding ethics which may cover ACCBO, NADAC, NASW, APA ethical standards)</p> <p>Course:</p>	

Ethics Agreement

DIRECTIONS: Please carefully read the following, sign and date. Make a photocopy for your records and return the entire ORIGINAL to ACCBO.

ETHICAL STANDARDS OF ALCOHOLISM AND DRUG ABUSE COUNSELORS

The Addiction Counselor Certification Board of Oregon certified counselors are comprised of professional alcoholism and drug abuse counselors who, as responsible health care professionals, believe in the dignity and worth of human beings. In the practice of their profession they assert that the ethical principles of autonomy, beneficence and justice must guide their professional conduct. As professionals dedicated to the treatment of alcohol and drug dependent clients and their families, they believe that they can effectively treat its individual and familial manifestations. ACCBO certified counselors dedicate themselves to promote the best interests of their society, of their clients, of their profession and of their colleagues.

Principle 1: Non-Discrimination

The ACCBO certified counselor shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- a. The ACCBO certified counselor shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the member guards the individual rights and personal dignity of clients.
- b. The ACCBO certified counselor shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory and cognitive accommodations that allow clients with disabilities to receive services.

Principle 2: Responsibility

The ACCBO certified counselor shall espouse objectivity and integrity, and maintain the highest standards in the services the member offers.

- a. The ACCBO certified counselor shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.
- b. The ACCBO certified counselor, as educator, has a primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.
- c. The ACCBO certified counselor who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.
- d. The ACCBO certified counselor who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competence

The ACCBO certified counselor shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the member and of the profession as a whole. The ACCBO certified counselor shall recognize the need for ongoing education as a component of professional competency.

- a. The ACCBO certified counselor shall recognize boundaries and limitations of the member's competencies and not offer services or use techniques outside of these professional competencies.

- b. The ACCBO certified counselor shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The member shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards

The ACCBO certified counselor shall uphold the legal and accepted moral codes which pertain to professional conduct.

- a. The ACCBO certified counselor shall be fully cognizant of all federal laws and laws of Oregon governing the practice of alcoholism and drug abuse counseling.
- b. The ACCBO certified counselor shall not claim either directly or by implication, professional qualifications/affiliations that the member does not possess.
- c. The ACCBO certified counselor shall ensure that products or services associated with or provided by the member by means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

Principle 5: Public Statements

The ACCBO certified counselor shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

- a. The ACCBO certified counselor, in making statements to clients, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact. All other opinions, speculations, and conjecture concerning the nature of alcoholism and drug abuse, its natural history, its treatment or any other matters which touch on the subject of alcoholism and drug abuse shall be represented as less than scientifically validated.
- b. The ACCBO certified counselor shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of alcoholism and drug abuse, its natural history, and its treatment. Such acknowledgment should extend to the source of the information and reliability of the method by which it was derived.

Principle 6: Publication Credit

The ACCBO certified counselor shall assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The ACCBO certified counselor shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The author who has made the principal contribution to a publication must be identified as first author.
- b. The ACCBO certified counselor shall acknowledge in footnotes or in an introductory statement minor contributions of a professional nature, extensive clerical or similar assistance and other minor contributions.
- c. The ACCBO certified counselor shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

Principle 7: Client Welfare

The ACCBO certified counselor shall promote the protection of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all ACCBO members.

- a. The ACCBO certified counselor shall disclose the member's code of ethics, professional loyalties and responsibilities to all clients.
- b. The ACCBO certified counselor shall terminate a counseling or consulting relationship when it is reasonably clear to the member that the client is not benefiting from the relationship.

- c. The ACCBO certified counselor shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
- d. The ACCBO certified counselor shall not use or encourage a client's participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed. (See Principle 9)
- e. The ACCBO certified counselor shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensure the appropriateness of service delivery.

Principle 8: Confidentiality

The ACCBO certified counselor working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client's rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

- a. The ACCBO certified counselor shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, the use of material for training or observation by another party.
- b. The ACCBO certified counselor shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The member shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.
- c. The ACCBO certified counselor shall adhere to all federal and state laws regarding confidentiality and the member's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- d. The ACCBO certified counselor shall discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be made to avoid undue invasion of privacy.
- e. The ACCBO certified counselor shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 9: Client Relationships

It is the responsibility of the ACCBO certified counselor to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The ACCBO certified counselor shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- a. The ACCBO certified counselor shall inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- b. The ACCBO certified counselor shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- c. The ACCBO certified counselor shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- d. The ACCBO certified counselor shall not under any circumstances engage in sexual behavior with current or former clients.

- e. The ACCBO certified counselor shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

The ACCBO certified counselor shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- a. The ACCBO certified counselor shall refrain from offering professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- b. The ACCBO certified counselor shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
- c. The ACCBO certified counselor shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The ACCBO certified counselor shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client first, and then of the counselor, the agency, and the profession.

- a. The ACCBO certified counselor shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients shall be made fully aware of these policies.
- b. The ACCBO certified counselor shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- c. The ACCBO certified counselor shall not engage in fee splitting. The member shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- d. The ACCBO certified counselor, in the practice of counseling, shall not at any time use one's relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.
- e. The ACCBO certified counselor shall not accept a private fee for professional work with a person who is entitled to such services through an institution or agency unless the client is informed of such services and still requests private services.

Principle 12: Societal Obligations

The ACCBO certified counselor shall to the best of his/her 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.

Print Name

Sign Name, pledging adherence to this Ethical Code

Adapted from the NAADAC Code of Ethics.
Revised April 2000.

Letter of Alcohol & Drug Free Verification

Directions:

Please have a professional colleague or supervisor write a letter of professional alcohol/drug free verification on your behalf.

1. Agency Letterhead.
2. Date.
3. Letter must indicate to the best of the authors knowledge that the recovering candidate has been free of substance abuse for ____ years.

Mail letters of Professional Alcohol & Drug Free Verification directly to ACCBO:

Addiction Counselor Certification Board of Oregon
2054 N Vancouver Ave
Portland, Oregon 97227-1917

Questions:

If you have questions please contact ACCBO at:

(503) 231-8164
accbo@accbo.com
<http://www.accbo.com/>

NAADAC Case Presentation Examination Policies & Procedures

The Oral Exam is a method to evaluate counselors on their knowledge, understanding, and practical application of the Counselor Skill Groups: 1) Treatment Admission; 2) Clinical Assessment; 3) Ongoing Treatment Planning; 4) Counseling Services; 5) Documentation; 6) Case Management; 7) Discharge and Continuing Care; 8) and Legal, Ethical and Professional Issues.

The Oral Exam is a two-part process comprised of the development of a Case History and the Oral Exam Interview. Listed below are the steps and policies for each.

Part One: Development of the Case History

1. Each certification Applicant must receive a copy of the Applicant's Guide to the NAADAC Oral Exam.
2. The Case History must be typed and attached to the Cover Sheet: Written Case History (which will be provided).
3. An original and multiple copies as determined by the Certification Board must be submitted to the Board. (Applicant should also keep a copy.)
4. The Case History must be completed according to the prescribed format. This prescribed format is complete and detailed. In other words, it will be clear in regard to the level of detail requested.
5. The Case History will be reviewed by a qualified reviewer appointed by the Certification Board, to make sure the case conforms to the prescribed format and provides the necessary information. The Case Reviewer will use the Scoring Sheet: Written Case History to assess the case (see attached)
6. Once the Case is accepted, an Oral Exam Interview will be scheduled with the Applicant. The date, time and location of the Exam will be provided in writing. Three (3) Examiners (including a Supervising Examiner) will be assigned to conduct the Oral Exam Interview. If the Case History is rejected, it will be returned to the Applicant with instructions on what is needed for resubmission. The Applicant may then resubmit the Case History for review.

Part Two: Oral Exam Interview

1. The length of the entire Oral Exam Interview process will be a maximum of 1 hour and 30 minutes:

Applicant Study Period	30 minutes
Oral Case Interview	<u>50 minutes</u>

> <i>Case Presentation</i> (<i>Oral Summation</i>)	10 minutes
> <i>Q&A</i>	40 minutes

2. After reading the written Case History (mailed in advance of the Oral Exam), the assigned Supervising Examiner will have selected one question from each of the eight (8) Counselor Skill Groups, which will be given to the Applicant at the beginning of the study period. In addition, four questions from the Counselor Skill Groups, which the Examiner judges to be relevant to the Case History, will be selected, but not given to the Applicant, in advance. All questions must be from the Question Pool.

3. The Applicant will be given the eight questions at the beginning of the Study Period. During that time, the Applicant may have as many references and other resources with him/her as he/she wishes and may generate notes for each answer. The Applicant may only bring to the Oral Exam Interview a copy of the questions and a copy of their Case History.

4. The Oral Exam will be administered by three (3) trained Examiners, one of whom shall serve as Supervising Examiner. An Examiner must excuse him/herself from the Oral Exam, if there is a conflict of interest or bias, which could be perceived.

5. The Applicant will be asked to summarize the key points of the Case History taking a maximum of 10 minutes. This should simulate a presentation at a treatment planning meeting. Examiners may not interrupt the applicant during this presentation. However, the Applicant will be stopped at the end of the 10 minute period.

6. The entire Oral Exam Interview, from introduction to end, must be audio taped.

7. Each Examiner will ask their four assigned questions, taken from the Question Pool, in rotation order. The Examiner may ask for clarification and/or further information in the form of an open-ended questions, such as "Could you elaborate/tell me more/expand on...?" or "What did you mean when you said...?" The follow up question must relate directly to the original question focusing on that Counselor Skill Area. Also, the Examiner may repeat the question for the Applicant, but may not pick a new question from the Question Pool.

8. At the end of the Oral Exam Interview, the Supervising Examiner will excuse the Applicant.

9. Without any group discussion, each Examiner will complete and sign the Evaluation Form: Applicant.

10. Following completion of the evaluation forms, the Supervising Examiner will ask each Examiner for his/her score on each evaluation and an explanation supporting the score. This is required, if the Examiner has failed an Applicant in an area. Examiners are allowed to change their scores following the discussion.

Important Note: In order to pass the Oral Exam, the Applicant must get a passing score on every Counselor Skill Group from a majority (at least two) of the Examiners. Applicants will not be evaluated on the Case History Presentation.

11. At the conclusion of the discussion, the Supervising Examiner will collect the Examiner Evaluation Forms and summarize the results on the Summary Feedback Form. He/she will also collect all copies of the Case History and the audio tape. These will be delivered, in person, to the Site Coordinator. These materials will be maintained by the Certification Board to insure their safety and confidentiality.

12. The Certification Board will notify the Applicant of the decision, in writing, as soon as possible.

Failure to Complete the Case Presentation Examination

Upon successful completion of the NCAC II or MAC exam, applicants will be issued a CADC-I certificate. Failure to complete the NAADAC Case Presentation Exam will result in maintaining a CADC-I. This certification will be subject to the standard recertification policy.

Recertification Policy

Certification is granted for a two year period. It may be renewed by Recertification, a process designed to assist the CADC in maintaining and expanding competence. If your certification has lapsed you must file for an extension, otherwise you will be dropped from the CADC roster. In order to file for an extension you must send a detailed letter explaining the cause for lapsed certification.

You will receive a recertification packet from ACCBO 30-60 days prior to the expiration date of your certificate.

1. The recertification applicant must demonstrate 40 clock hours of continuing education.

- * college course work
- * workshops
- * inservices
- * training
- * classes

2. Up to 16 clock hours of volunteer examiner time can be used in lieu of education hours. Volunteer hours can be earned as an Oral Examiner. Only persons who meet the prerequisite qualifications and participate in the NAADAC Oral Examiner Training may utilize these hours.

3. The recertification applicant must complete the Record of Training Education and attach all certificates or transcripts. Only recorded training hours accompanied by a certificate will be accepted. Program schedules, syllabuses, flyers will not be accepted.

4. Hours are broken down into two categories:

Category I: Alcohol & Drug Counseling Education - Minimum 20 hours

A&D Tx, Tx Planning, Dual Diagnosis, Special Populations in A&D Tx, Counseling methodologies focusing on substance abuse, Relapse Prevention, ASAM, etc...

Category II: Counseling Education (non-A&D)- Maximum 20 hours

Managed Care, JCAHO, Counseling Survivors of Trauma, Psychiatric Disorders, DSM-IV, Psychotropic Medications, etc...

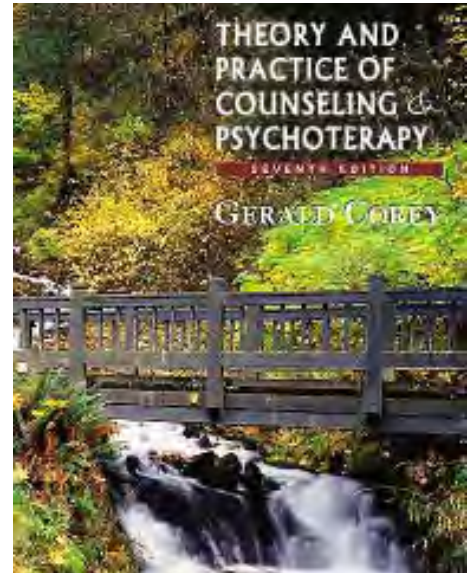
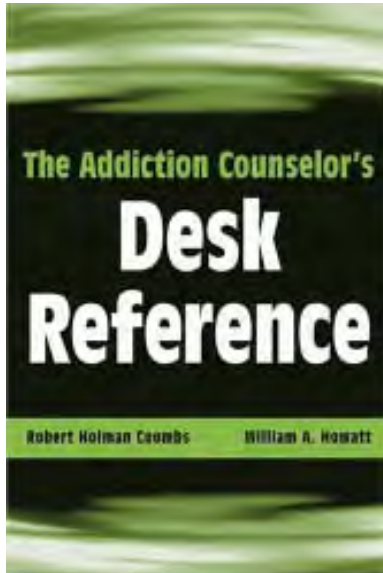
5. You must submit the Application page, Training Record, attach copies of all certificates, and the recertification fee to ACCBO by the expiration date of the certificate.

The recertification fee rate is in transition. ACCBO is committed to progressively reducing the rate as more and more people recertify every two years. The previous and current rates, for those recertifying are:

- 1981 - 1996: \$150 every two years
- 1997: \$140 every two years
- 1998-current: \$130 every two years

When it is time for you to recertify, please call ACCBO, review the recertification material that will be sent to you approx. 60 days prior to the expiration of your certificate, or review the ACCBO Newsletter, in order to verify the appropriate recertification fee.

RECOMMENDED BOOKS TO STUDY



The Addiction Counselor's Desk Reference

by Robert Holman Coombs & William A. Howatt

Uppers, Downers, All Arounders

by Darryl S. Inaba Pharm.D. & William Cohen

Theory and Practice of Counseling and Psychotherapy

by Gerald Corey

These can often be found as textbooks at local colleges, or can be ordered either from your local bookstore, or from online book resources.

<http://www.amazon.com>

<http://www.bookfinder.com>

<http://www.cnsproductions.com>

Covers shown may not represent the latest editions. All images copyright by their respective owners.



STATE/COMMONWEALTH APPLICATION FOR
NATIONAL CERTIFICATION EXAMINATION
FOR ADDICTION COUNSELORS



Eligibility and Background Information

I. TREATMENT OR MODALITY YOU PROVIDE:

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

J. PROFESSIONAL BACKGROUND:

- Counselor
- Rehabilitation Therapist
- Administrator
- Social Worker
- Psychologist
- Nurse
- Physician other than Psychiatrist
- Psychiatrist
- Clergy
- Other

K. EXPERIENCE IN ALCOHOLISM AND ADDICTION COUNSELING:

- Less than 3 years
- 3 years
- 4 years
- 5 years
- 6 to 10 years
- More than 10 years

L. HIGHEST ACADEMIC LEVEL:

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

M. IN WHICH OF THE FOLLOWING ARE YOU LICENSED OR HOLD CERTIFICATION OR REGISTRATION?

- (Darken all that apply.)*
- Social work
 - Nursing
 - Psychology
 - Counseling
 - Medicine
 - Employee assistance programming
 - Marriage and family therapy
 - Other

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

Release Authorization

Must be completed by all candidates authorizing release of test results to a state/commonwealth.

State/Commonwealth

--	--

Please print the two letter state/commonwealth abbreviation in the boxes provided. For Bureau of Prisons print "BP".

I hereby authorize the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NACC) to release the results of my Certification Examination for Addiction Counselors to the state/commonwealth indicated. I understand that these test results will be used only for state/commonwealth certification at this time.

CANDIDATE SIGNATURE: _____ **DATE:** _____

Candidate Signature

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

CANDIDATE SIGNATURE: _____ **DATE:** _____

Office Use Only

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0

State Board Approval

Level I
 Level II **APPROVED BY:** _____ **DATE:** _____
 MAC *State Board Representative Signature*

45230

--	--	--	--



NATIONAL CERTIFICATION EXAMINATIONS FOR ADDICTION COUNSELORS LEVEL I LEVEL II MAC

State/Commonwealth Candidate Information Leaflet

SPRING 2010 TESTING PERIOD

First Day of Testing: Saturday, March 6, 2010

Last Day of Testing: Saturday, March 13, 2010

SUMMER 2010 TESTING PERIOD

First Day of Testing: Saturday, June 5, 2010

Last Day of Testing: Saturday, June 12, 2010

FALL 2010 TESTING PERIOD

First Day of Testing: Saturday, September 11, 2010

Last Day of Testing: Saturday, September 18, 2010

WINTER 2010 TESTING PERIOD

First Day of Testing: Saturday, December 4, 2010

Last Day of Testing: Saturday, December 11, 2010



ADMINISTRATION: The certification program is sponsored by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NCC). The Certification Examinations for Addiction Counselors Level I, Level II, and MAC are administered for the NCC by the Professional Testing Corporation (PTC).

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

Mail completed Application with the Application fee to be received by the deadline to the appropriate representative for your agency or state. **Note: Fees, deadline information, and mailing address for completed Applications will be provided by your state representative.**

EXAMINATION ADMINISTRATION: The National Certification Examination for Addiction Counselors is administered during an established one-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: Once your application has been received and processed, you will be mailed an Eligibility Notice within the 6 week period preceding the start of the testing period. **The Eligibility Notice plus current government issued photo identification must be presented in order to gain admission to the testing center.** A candidate not receiving an Eligibility Notice or other correspondence 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.

SPECIAL NEEDS: Special testing arrangements will be made for individuals with special needs. Submit the Application, Examination Fee, and a completed and signed Request for Special Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. Requests for special testing for individuals with special needs must be received at least EIGHT weeks before the testing date.

CHANGING YOUR EXAMINATION APPOINTMENT: If you need to cancel your examination appointment or reschedule to a different date within the one-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 other 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 or not they have passed the examination. Scores on the major areas of the examination and on the total examination will be reported. Candidates will receive a notification letter from their state representative regarding their state certification status.

REEXAMINATION: Candidates wishing to retake the examination may do so upon filing a new Application and fee. There is no limit to the number of times the examination may be repeated.

CONFIDENTIALITY: Test scores will be released in writing only to the individual candidate and the state or agency authorized by the candidate to receive the results. Any questions concerning test results or the certification process should be referred to your state or agency representative.

CONTENT OF THE EXAMINATION:

1. The Certification Examinations for Addiction Counselors are written examinations each composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting below.
3. The questions for the examination are obtained from individuals with expertise in alcoholism and drug abuse counseling and are reviewed for construction, accuracy, and appropriateness by the NCC.
4. The NCC, with the advice and assistance of the Professional Testing Corporation, prepares the examinations.
5. The National Certification Examinations for Addiction Counselors will be weighted in approximately the following manner:

	<u>Level I</u>	<u>Level II</u>	<u>MAC</u>
I. Pharmacology of Psychoactive Substance	30%	25%	35%
II. Counseling Practice	40%	25%	30%
III. Theoretical Base of Counseling	15%	25%	0%
IV. Professional Issues	15%	25%	35%

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) Antabuse
 - 2) 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) Sedatives-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 Addiction Process
 1. The Disease Model
 2. Tolerance Mechanisms
 3. Detoxification
 4. Stages of Addiction
 - D. The Recovery Process
 1. Medical Stabilization
 2. Non-Pharmaceutical Treatment Applications
 3. Unsafe Medication in Recovery
 4. Safe Medication in Recovery
 5. Dual 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. Specials Issues/Populations

1. Adolescence
2. Geriatrics
3. Gender
4. Sexual
5. Cultural
6. Relapse
7. Suicide
8. Dual/Multiple Diagnosis
9. Survivors of Abuse
10. Chronic Illness and Communicable Diseases
11. Disabilities
12. Criminal Justice

III. THEORETICAL BASE OF COUNSELING

A. Addiction 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/Addicts
 - c. Co-Dependency
 - d. Abuse Issues
 - 1) Sexual
 - 2) Physical
 - 3) Psychological

B. Human Growth and Development

1. Life Stages
 - a. Childhood
 - b. Adolescence
 - c. Adulthood
 - d. Geriatrics
2. Cultural Differences
3. Gender Issues

C. Behavioral/Cognitive/Analytical Theories

1. Cognitive Approaches
 - a. Rational Emotive Psychotherapy
 - b. Cognitive Theory
2. Learning Theory Approaches
 - a. Reinforcement Theory and Psychoanalytic Therapy
 - b. Behavior Therapy
 - c. Social Learning Approach

- d. Cognitive - Behavior Modification

3. Psychoanalytic Approaches

- a. Psychoanalysis
- b. Psychoanalytic Therapy

4. Perceptual - Phenomenological Approaches

- a. Transactional Analysis
- b. Gestalt Therapy
- c. Client Centered Therapy

IV. PROFESSIONAL ISSUES

A. Law and Regulation

1. Patient Rights
 - a. Confidentiality
 - b. Informed Consent
 - c. Reporting
 - 1) Child/Spousal Abuse
 - 2) Duty to Warn
2. Discrimination
3. Drug Testing
4. Methadone Regulations
5. Recordkeeping and Documents
6. Infectious Disease
 - a. HIV
 - b. Hep B
 - c. TB
 - d. STD's
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. In the early stage of alcoholism, the drinker is
 1. unable to stop drinking.
 2. drinking in the morning.
 3. completely out of control.
 4. likely to experience a blackout.
2. Most drugs taken by the oral route of administration are primarily absorbed in the
 1. mouth.
 2. stomach.
 3. small intestine.
 4. large intestine.
3. A program must allow the court to see a client's file when
 1. a subpoena is presented.
 2. a court order is presented.
 3. the client verbally requests it.
 4. any involved attorney requests it.
4. What is the most common method for administration of marijuana?
 1. Eating
 2. Smoking
 3. Injection
 4. Free basing

5. An effect of cocaine that contributes to its abuse potential is its
 1. long half-life.
 2. long duration of action.
 3. short duration of action.
 4. slow absorption into the brain.
6. Which of the following has the greatest influence on the effects of alcohol?
 1. Time of day
 2. Height of the individual
 3. Body weight of the individual
 4. Amount of food in the stomach

Answers to Sample Questions: 1.4; 2.3; 3.2; 4.2; 5.3; 6.3

-----BIBLIOGRAPHY-----

The following reference material is suggested for use in the preparation for National Certification Examination in the areas of alcohol and/or drug abuse counseling.

Alcoholics Anonymous. *Alcoholics Anonymous*. New York: Alcoholics Anonymous World Services, Inc., 2001.

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

Baruth, Leroy, and M. Lee Manning. *Multicultural Counseling and Psychotherapy: A Lifespan Perspective*. 4th ed. Upper Saddle River, NJ: Prentice Hall, 2006.

Berg, I., Miller, S., *Working With the Problem Drinker: A Solution-Focused Approach*. New York: W.W. Norton & Company, 1992.

Bissell, LeClair, and James E. Royce. *Ethics for Addiction Professionals*. 2nd ed. Center City, MN: Hazelden Foundation, 1994.

Blume, Arthur W. *Treating Drug Problems*. Hoboken, NJ: John Wiley & Sons, 2005.

Brammer, Lawrence M., and Ginger MacDonald. *The Helping Relationship: Process and Skills*. 8th ed. Boston, MA: Allyn and Bacon, 2002.

Carroll, Charles R. *Drugs in Modern Society*. 5th ed. Columbus, OH: McGraw-Hill Higher Education, 2000.

Center for Substance Abuse Treatment. *Technical Assistance Publication (TAP) Series*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Center for Substance Abuse Treatment. *Treatment Improvement Protocol (TIP) Series*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Corey, Gerald. *Theory and Practice of Counseling and Psychotherapy*. 8th ed. Belmont, CA: Thomson Brooks/Cole, 2009.

Corey, Marianne Schneider, Gerald Corey, and Cindy Corey. *Groups: Process and Practice*. 8th ed. Belmont, CA: Thomson Brooks/Cole, 2009.

Corsini, Raymond J., and Danny Wedding. *Current Psychotherapies*. 8th ed. Florence, KY: Cengage Learning, 2007.

Daley, Dennis C., and Howard B. Moss. *Dual Disorders: Counseling Clients with Chemical Dependency and Mental Illness*. 3rd ed. Center City, MN: Hazelden Foundation, 2002.

DiClemente, Carlo C. *Addiction and Change: How Addictions Develop and Addicted People Recover*. New York: The Guilford Press, 2003.

Eliason, M., *Improving Substance Abuse Treatment, An Introduction to the Evidence-Based Practice Movement*. Thousand Oaks, CA: Sage Publishing, 2007.

Fisher, Gary L., and Thomas C. Harrison. *Substance Abuse: Information for School Counselors, Social Workers, Therapists and Counselors*. 4th ed. Boston, MA: Allyn & Bacon, 2008.

Hackney, Harold L., and Sherry Cormier. *The Professional Counselor: A Process Guide to Helping*. 6th ed. Boston, MA: Allyn and Bacon, 2008.

Hanson, Glen, Peter Venturelli, and Annette Fleckenstein. *Drugs and Society*. 10th ed. Sudbury, MA: Jones and Bartlett Publishers, 2008.

Inaba, Darryl, and William E. Cohen. *Uppers, Downers, All Arounders: Physical and Mental Effects of Psychoactive Drugs*. 6th ed. Ashland, OR: CNS Publications, 2007.

Julien, R., *A Primer of Drug Action*. 11th ed. New York: Worth Publishers, 2007.

Ksir, Charles J., Carl L. Hart, and Oakley S. Ray. *Drugs, Society, and Human Behavior*. 12th ed. Boston, MA: McGraw-Hill, 2006.

Legal Action Center. *Confidentiality and Communication: A Guide to the Federal Drug and Alcohol Confidentiality Law and HIPAA*. New York: Author, 2006.

Lowinson, Joyce H., Pedro Ruiz, Robert B. Millman, and John G. Langrod, eds. *Substance Abuse: A Comprehensive Textbook*. 4th ed. Baltimore, MD: Williams & Wilkins.

McKillip, Rhonda. *The Basics: A Curriculum for Co-Occurring Psychiatric and Substance Disorders*. 2nd ed. Springdale, WA: McKillip and Associates, 2004.

Mee-Lee, David, Lee Gartner, Gerald Shulman, and Bonnie Wilford. *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders*. 2nd ed., Revised. Chevy Chase, MD: American Society of Addiction Medicine, Inc., 2001.

Miller, William R., and Stephen Rollnick. *Motivational Interviewing: Preparing People for Change*. 2nd ed. New York: The Guilford Press, 2002.

Myers, P., and Salt, N., *Becoming an Addiction Counselor, A Comprehensive Text*. 2nd ed. New York: Jones and Bartlett, 2007.

NAADAC, the Association for Addiction Professionals. *Ethical and Professional Issues in Addiction Counseling*. Alexandria, VA: Author, 2009.

National Institute on Alcohol Abuse and Alcoholism. *Assessing Alcohol Problems: A Guide for Clinicians and Researchers*. 2nd ed. (NIH Publication No. 03-3745). Washington, DC: NIAAA, 2003.

National Institute on Drug Abuse. *Principles of Drug Addiction Treatment: A Research-Based Guide* (NIH Publication No. 00-4180) [Brochure]. Rockville, MD: Department of Health and Human Services, 1999.

Roberts, Albert R. *Crisis Intervention Handbook: Assessment, Treatment, and Research*. 3rd ed. New York: Oxford University Press, 2005.

Rotgers, Frederick, Jonathan Morgenstern, and Scott T. Walters, eds. *Treating Substance Abuse*. 2nd ed. New York: Guilford Press, 2006.

Thombs, Dennis L. *Introduction to Addictive Behaviors*. 3rd ed. New York: Guilford Press, 2006.

White, William L. *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. Bloomington, IL: Chestnut Health Systems, 1998.

White, William L., and Renee M. Popovits. *Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction*. 2nd ed. Bloomington, IL: Chestnut Health Systems, 2001.

Wing Sue, Derald, and David Sue. *Counseling the Culturally Diverse: Theory and Practice*. 5th ed. Hoboken, NJ: John Wiley & Sons, 2007.

NOTE: This bibliography intentionally omits the large number of references specific to each of the individual therapies. Counselors are encouraged to seek and review such references as may be necessary to ensure a fundamental knowledge of each therapy.

REQUEST FOR SPECIAL NEEDS ACCOMMODATIONS

If you are requesting special testing accommodations and have a disability covered by the Americans with Disabilities Act, please complete this form. The information you provide and any documentation regarding your disability and special testing accommodations will be held in strict confidence.

Candidate Information

Name of Examination

Test Date

Name (Last, first, Middle Initial)

Address

City State Zip Code

Daytime Telephone Number

Fax Number

E-mail Address

Special Accommodations

I request special accommodations as follows: (Check all that apply)

_____ Special seating or other physical accommodation

_____ Reader

_____ Scribe

_____ Extended testing time _____
Specify Total hours requested

_____ Distraction-free room / Tested separately

_____ Other special accommodations (Please specify.)

Signed: _____ Date: _____
Candidate Signature

DOCUMENTATION OF SPECIAL NEEDS

Please have this section completed by an appropriate healthcare professional (eg. physician, psychologist, psychiatrist)

Professional Documentation

I have evaluated _____ on ____/____/____ in my capacity as a
Examination Candidate Month Day Year

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should receive the special testing accommodations listed above.

Description of disability: _____

Signed: _____ Title: _____

Professional's Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Date: _____ License # (if applicable): _____

Return this completed & signed form with your application and fees to ACCBO.