

# ACCBO RECERTIFICATION POLICIES

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. The packet will consist of this form, the Application for Recertification, and the Recertification Continuing Education Log form.

**As an emergency measure in response to recent budgetary cuts, the ACCBO Board of Directors has voted to temporarily reduce the hours necessary for recertification from 60 to 40.**

Please check your ACCBO / AADACO Newsletter for more information.

1. The recertification applicant must demonstrate 40 clock hours of continuing education. This can be college course work, workshops, inservices, trainings, or 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, methadone, ATOD Prevention, alcohol and drug specific behavioral health software training, etc...*

**Category II: Counseling Education maximum of 20 hours:** *Managed Care, Counseling Survivors of Trauma, Psychiatric Disorders, general college psychology coursework, social work coursework, general behavioral health software training, etc.*

All 40 hours can be alcohol and drug specific training. Continuing Education hours do not necessarily have to be ACCBO approved.

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

# EXTENSION POLICY

Any CADC (CADC I, CADC II, CADC III) wishing to acquire an extension on expiring certification, must present a request for extension to the Board in writing. A 30 day grace period will be allowed under request. An additional 90 days (120 day extension from expiration of the certificate) may be granted at a cost of \$50.



# ACCBO

2054 N Vancouver Ave, Portland OR 97227-1917  
 (503)231-8164  
 E-Mail: accbo@accbo.com

## APPLICATION FOR CADC RECERTIFICATION

Name	Date
Address	Home Phone
City	Work Phone
State	Email
Zip	Job Title
Current Employer (primary)	Employed Since

I have not misused alcohol or other drugs at any time during the two years immediately preceding this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

To the best of my knowledge the above statement is true.

Clinical or Administrative Supervisor \_\_\_\_\_ Date \_\_\_\_\_

### RECERTIFICATION APPLICATION CHECK LIST *(be sure to complete all of the following):*

- \_\_\_\_\_ Application Page (demographic data, include official documentation of any name changes)
- \_\_\_\_\_ Education Log - You must attach photocopies of certificates and/or transcripts to verify all education
- \_\_\_\_\_ Survey
- \_\_\_\_\_ \$130 Recertification Fee - Do not mail payment separately. Payment **must** accompany recertification application.
- \_\_\_\_\_ Extension request and any applicable fees if filing after the expiration of your certification.

# ACCBO RECERTIFICATION CONTINUING EDUCATION LOG

Name	Date	Certification Expiration Date
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**You must attach photocopies of certificates and/or transcripts to verify all education**

Course / Training / Workshop / College Course	Date: month/ year	Provider Sponsor Instructor	Category I or II?	Clock Hours
<b>TOTAL HOURS</b>				

# Anonymous Survey - Do not write your name anywhere on this sheet!

This survey is an effort to better understand characteristics of addiction counselors that continue to recertify and stay in the field of addiction counseling. This research provides crucial information regarding needed improvements in our field. This survey will be immediately separated from your recert packet when ACCBO receives it.

## What is your highest level of education?

- High School diploma / GED
- Some college coursework
- Specialized training program (ELCP, or other non degree Addiction Counseling program)
- AA/AS
- BA/BS/BSW
- MA / MS / MSW, etc.
- PhD / JD / DEd / DSW, etc.

## Do you currently work in the Addictions Treatment Field?

- Yes, completely
- Somewhat, in closely related work
- No, not really

## How long have you worked in the Addictions Treatment Field?

Years
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## What credentials or qualifications do you possess?

- NAADAC/NBCC - MAC Certification
- Certified Gambling Addictions Counselor
- Certified ATOD Prevention Specialist
- CADCI       CADCI II
- NCAC I       NCAC II
- LPC           LMFT
- QMHA         QMHP
- LCSW         Licensed Psychologist
- M.D.          R.N.
- CNA / CMA, etc.
- Other: \_\_\_\_\_

## What is your date of birth?

Date	Month	Year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## What is your current estimated gross annual income (before taxes)?

\$
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## Which answer best describes your motivation to enter the Addiction Treatment Field?

- Close personal experience with addiction
- Recovering from addiction
- A pragmatic career choice providing useful experiences and opportunities
- It was pretty easy to get a job and the qualifications weren't that difficult
- Other (briefly describe): \_\_\_\_\_

## What is your ethnicity?

- Caucasian
- African American
- Asian American / Pacific Islander
- Native American / Alaskan Native
- Hispanic
- Other ethnic or multi-ethnic origins: \_\_\_\_\_

## Sex

- Male
- Female

## Recovery Status

- Recovering from Chemical Dependence or participate in related recovery program
- Not recovering

## Spoken Languages

- English only
- English & \_\_\_\_\_

## Sexual Orientation

- Heterosexual
- Gay / Lesbian / Bi / Transgendered

## Do you have any disabilities?

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**Turn over ,  
and complete back side**

**Approximate Region of Oregon where you reside?**

- Northwest Oregon (Portland, etc.)
- Northwest Coast
- North Central (Dalles, Pendleton, etc.)
- Northeast Oregon (LaGrande, Baker, etc.)
- Central West (Salem, Eugene, Albany, etc.)
- Central Coast
- Central Oregon (Bend, Prineville, etc.)
- Central East (Ontario, etc.)
- South Coast
- Southern Oregon (Medford, Roseburg, etc.)
- Southeast & South Central (Klamath Falls, etc.)

How would you rate your current level of work satisfaction on a scale 1 to 5? (Circle a number)

Low satisfaction		High
Satisfaction	1 - 2 - 3 - 4 - 5	

Assign values to the following factors affecting your job satisfaction (scale of 1 to 3).

- 1 = little or no satisfaction
- 2 = moderate satisfaction
- 3 = very satisfied

Circle the appropriate number

1	2	3	The Factors
1	2	3	Pay and income level
1	2	3	Benefits and job security
1	2	3	Respect and sense of professionalism
1	2	3	Being involved in important, socially significant work that changes lives
1	2	3	Relationships with others in workplace and profession
1	2	3	Relationships with clients
1	2	3	Paperwork and bureaucracy
1	2	3	Stress and pressure from case loads and/or working conditions, staffing levels, etc.
1	2	3	Systems and devices that work or don't work (computers, copy machines, forms, etc.)
1	2	3	Training availability and funding

What makes you want to stay in this field?

**What do you envision for your career or work future?**

- Continuing in my current position
- Obtaining additional training and advanced credentials in addiction counseling
- Moving into different areas of counseling, health care or criminal justice
- Moving into some entirely different line of work
- Other? \_\_\_\_\_

Which one of the following best describes your primary role in the addiction treatment field?

- Counselor Aid or Assistant / Residential Milieu staff
- Admissions / Intake Counselor
- Primary Counselor / Casemanager
- Senior Counselor or Team Leader
- Clinical Supervisor or Clinical Manager
- Administrative Manager / Supervisor / or Coordinator
- Director

What is the primary setting that you work in?

- Inpatient Hospitalization / Medical Detox
- Residential
- Outpatient
- In-prison program
- Drug Court
- Other (Child Welfare, Evaluation Service, Probation/Parole, other DHS office, Voc-rehab, Job Corps, etc.)
- Public School / college or university

Check up to "three" of the following types of addiction counseling approaches /models that "best" describes your clinical approach?

- 12 Step Facilitation
- Client Centered, Rogerian, Basic Counseling Skills
- Motivational Interviewing
- Stages of Change
- REBT, Cognitive Therapy, etc.
- Relapse Prevention Therapy
- Cue extinction
- Methadone
- Harm reduction
- Family systems or other family therapy model
- Wilderness therapy
- Co-occurring Disorders (w/ major psychiatric conditions)
- Acupuncture
- Therapeutic Community
- Other approach: \_\_\_\_\_