



# CCBADC

**CERTIFICATION RENEWAL FOR:  
CCS & CA CCS  
APPLICATION**



SYSTEM FOR CERTIFICATION IN THE STATE OF CALIFORNIA

**Revised 3/2007**

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Dear CA Certified Clinical Supervisor,

Your credential as a CA Certified Clinical Supervisor will expire on \_\_\_\_\_ . (Please check the registry or call the office.)

Attached is the renewal packet which includes the renewal criteria's, application, definition of the four areas and a code of ethics.

Please make sure that all documentation is completed and attached when submitting.

Late fees apply effective thirty (30) days after certification renewal date.

**Check off list:**

\_\_\_\_\_ **Application and copies of training certificates or documentation for renewal of certification**

\_\_\_\_\_ **Signed Code of Ethics**

\_\_\_\_\_ **Signed Management/Administration (Scope)**

\_\_\_\_\_ **Fee**

**\*Failure to submit a completed renewal packet will result in a delay of your renewal of certification.**



**SYSTEM FOR RENEWAL OF CERTIFICATION FOR  
CERTIFIED CLINICAL SUPERVISOR (CA-CCS/CCS)**

**CRITERIA FOR RENEWAL OF CERTIFICATION – EVERY TWO (2) YEARS**

The applicant must have been certified previously by the California Certification Board of Alcohol and Drug Counselors (CCBADC) or have been granted reciprocity through the International Certification & Reciprocity Consortium (IC&RC).

1. The applicant must submit to the CCBADC:
2. A completed application form for Renewal of Certification.
3. Documentation on the application form, or attached sheet, of the completion of at least sixty (60) clock hours of education/training significant to the field of chemical dependency counseling. (30 advanced education hours with a current CAADAC provider number, 30 professional development hours, 6 hours of specific clinical supervision.) Where a question exists about the relevancy of such the applicant to demonstrate to CCBADC through further documentation (i.e., syllabus of course, workshop objectives, agendas, outcomes, letter from instructor, etc.) that such training should be considered valid and relevant toward fulfilling the applicant's recertification requirements. It is essential that the applicant include all copies not originals) of certificates, further documentation, etc., with his/her portfolio for renewal of certification to CCBADC. Failure to do so may result in CCBADC denying renewal of certification to the applicant.
4. A signed "Code-of-Ethics" form.
5. All materials for Renewal of Certification must be received by the administrator of CCBADC at the address below thirty (30) days prior to the scheduled date for renewal of certification.
6. Any person who is certified by CCBADC and fails to apply for renewal of certification has a period of one cycle (six months) to renew his/her certification. Failure to do so will result in the need to apply for original certification. The current certification will not be extended through this period.
7. All materials sent to CCBADC by the applicant for the portfolio become the property of CCBADC.
8. The applicant must agree to a personal interview and evaluation, conducted by the board or committee of the board, if so requested.



RENEWAL OF CCS/CA-CCS CERTIFICATION APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

Current Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*List trainings accomplished since previous certification

\*Requirements are 66 total hours (to include 6 hours of CCS training)

TRAININGS REQUIRED BY A CURRENT CAADAC PROVIDER

Minimum 30 Hours Minimum 6 Hours in each of the following areas- Assessment/Evaluation, Counselor Development, Management/Administration and Professional Responsibilities)

Date Hours CAADAC Provider Number

Table with 3 columns: Date, Hours, CAADAC Provider Number. Contains 4 empty rows for data entry.

PERSONAL/PROFESSIONAL DEVELOPMENT NOT REQUIRED BY A CURRENT CAADAC PROVIDER: Minimum 30 Hours

Table with 3 columns: Date, Hours, CAADAC Provider Number. Contains 2 empty rows for data entry.

FEES: (effective April 01, 2007)

- \$100.00 for current members of CAADAC and holding multiple credentials (CCS)
\$175.00 for current members of CAADAC for the CA CCS
\$645.00 for non members of CAADAC (both CA CCS and CCS)

Late fees effective thirty (30) days after certification renewal date

- \$70.00 for current members of CAADAC
\$138.00 for non members of CAADAC

\*Please note that you must be a CADC I/II and in good standing to renew your CCS credential



**CCS/CA CCS  
MANAGEMENT AND ADMINISTRATION (SCOPE)**

Monitor compliance with federal and state regulations, implementing existing Quality Improvement mechanisms, in order to protect supervisee's and client's rights.

Evaluate and monitor agency policies and procedures using accreditation standards to ensure compliance.

Plan and coordinate the activities of supervisees to promote effective management in order to maintain clinically effective programming, through the review of daily schedule, consultation, knowledge of on-site and community resources, etc.

Meet with new staff to orient them to all program components and professional expectations in order to enable new staff to adhere to the program's performance standards.

Identify and assess program needs utilizing available mechanisms in order to formulate a plan for enhancing clinical services and program development.

Coordinate consultation services with supervisee utilizing additional resources for the purpose of providing continuity of quality care for clients.

Recommend; in accordance with agency policy and procedures, the employment and termination of clinical staff by participation in review, selection, and evaluation processes in order to retain quality clinical staff.

Assist in developing quality improvement guidelines, implementing those procedures and standards with staff involvement in a continuing quality improvements plan, in order to monitor and upgrade clinical performance.

**COUNSELOR DEVELOPMENT**

Build with the supervisee a development framework for a supervisory relationship through the use of assessment activities, case presentation, demonstration, and dialogue, for the purpose of facilitating supervisee development.

Promote a career development process with the supervisee through the use of mutual planning, assessment activities, and motivational techniques; in order to stimulate a desire for continuing personal and professional growth.

Work with the clinical staff to facilitate clinical teamwork behaviors by using observational tools, for the purpose of improving and maintaining clinical staff resource utilization and effectiveness.

With supervisee participation, develop and implement a clinical training and educational program based on an assessment of the supervisee's learning needs in order to operationalize clinical training and educational practices for the purpose of strengthening the supervisee's clinical competence.

Provide direct clinical supervision to supervisees, using a variety of supervisory methods; in order to build supervisees clinical skills.



**ASSESSMENT AND EVALUATION**

Assess supervisee temperament, leadership style, interpersonal strength/weakness, and reactions to stress within the work setting by use of interviews, observations, and assessment instruments in order to promote supervisee growth.

Assess the supervisee’s experience with and/or knowledge of the field of alcohol and other drug abuse, social and behavioral science, and 12 step philosophy and tradition, by interview, questioning, exploration, and/or discussion in order to determine the supervisee’s strengths and weaknesses.

Analyze supervisee performance of tasks related to the 12 core functions in order to identify levels of performance by interview, direct observation, review of case records, and use of evaluation tools.

In order to become familiar with the supervisee’s levels of clinical functioning, explore his/her ability to utilize various therapeutic approaches by direct, ongoing observation.

Evaluate the supervisee’s strengths and weaknesses by interviews, observations and feedback solicited from other sources in order to make appropriate work assignments and to formulate a plan for the supervisee’s ongoing development.

**PROFESSIONAL RESPONSIBILITY**

Participate actively in professional organizations to model and encourage professional involvement by the supervisee.

Promote; maintain safeguard the best interest of the supervisee by adhering to establish codes of ethics in order to encourage high standards of conduct.

Pursue personal and professional development by participating in related professional educational activities in order to improve supervisory competence.

Strive to maintain or improve personal, physical, and mental health by participating in activities, which promote professional effectiveness.

Recognize the uniqueness of the individual supervisee by gaining knowledge about personality, culture, lifestyle, personal feelings and other factors in order to influence the supervisee in process of his/her development.

Subscribe to federal, state, local and agency rules/regulations and, code of conduct/ethics, other legal and liability guidelines regarding alcohol and other drug abuse treatment by following appropriate procedures in order to protect supervisee rights.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_



## **Certified Clinical Supervisor (CA CCS and CCS) Code Of Ethics**

### **Principle 1: Non-discrimination**

The Clinical Supervisor should not discriminate against clients or professionals based upon race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic condition.

### **Principle 2: Responsibility**

The Clinical Supervisor should espouse objectivity and integrity, and maintain the highest standards in the services the Clinical Supervisor offers.

- a. The Clinical Supervisor, as teacher, should recognize the supervisor's primary obligation to help others acquire knowledge and skill in dealing with the disease of chemical dependency.
- b. The Clinical Supervisor, as practitioner, should accept the professional challenge and responsibility deriving from the supervisor's work.

### **Principle 3: Competence**

The Clinical Supervisor should recognize that the profession is founded on International Standards of competence, which promote the best interests of society, of the client, of the counselor and of the profession as a whole. The supervisor should recognize the need for ongoing education as a component of professional competency.

- a. The Clinical Supervisor should prevent the practice of alcoholism and drug abuse counseling by unqualified and unauthorized persons.
- b. The Clinical Supervisor who is aware of unethical conduct or of unprofessional modes of practice should report such violations to the appropriate certifying authority.
- c. The Clinical Supervisor should recognize boundaries and limitations of supervisor's competencies and not offer services or use techniques outside of these professional competencies.
- d. The Clinical Supervisor should recognize the effect of professional impairment on professional performance and should be willing to seek appropriate treatment for oneself or for a colleague. The supervisor should support peer assistance programs in this respect.

### **Principle 4: Legal Standards and Moral Standards**

The Clinical Supervisor should uphold the legal and accepted moral codes, which pertain to professional conduct.



- a. The Clinical Supervisor should not claim directly or by implication, professional qualifications/affiliations that the supervisor does not possess.
- b. The Clinical Supervisor should not use the affiliation with the California Association of Alcoholism and Drug Abuse Counselors for purposes that are not consistent with the stated purposes of the Association.
- c. The Clinical Supervisor should not associate with or permit the supervisor's name to be used in connection with any services or products in a way that is incorrect or misleading.
- d. The Clinical Supervisor associated with the development or promotion of books or other products offered for commercial sale should be responsible for ensuring that such books or products are presented in a professional and factual way.

### **Principle 5: Public Statements**

The Clinical Supervisor should respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction.

- a. The Clinical Supervisor who represents the field of alcoholism counseling to clients, other professionals, or to the general public should report fairly and accurately the appropriate information.
- b. The Clinical Supervisor should acknowledge and document materials and techniques used.
- c. The Clinical Supervisor who conducts training in alcoholism or drug abuse counseling skills or techniques should indicate to the audience the requisite training/qualifications required to properly perform these skills and techniques.

### **Principle 6: Publication Credit**

The Clinical Supervisor should assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The Clinical Supervisor should recognize joint authorship, major contributions of a professional character, made by several persons to a common project. The author who has made the principle contribution to a publication should be identified as a first listed.
- b. The Clinical Supervisor should acknowledge in footnotes or an introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- c. The Clinical Supervisor should acknowledge, through specific citations, unpublished, as well as published material, that has directly influences the research or writing.



- d. The Clinical Supervisor who complies and edits for publication the contributions of others should list oneself as editor, along with the names of those who have contributed.

### **Principle 7: Client Welfare**

The Clinical Supervisor should respect the integrity and protect the welfare of the person or group with whom the supervisor is working.

- a. The Clinical Supervisor should define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- b. The Clinical Supervisor, in the presence of professional conflict should be concerned primarily with the welfare of the client.
- c. The Clinical Supervisor should terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from it.
- d. The Clinical Supervisor, in referral cases, should assume the responsibility for the client's welfare either by termination by mutual agreement and/or by the client becoming engaged with another professional. In situations when a client refuses treatment, referral or recommendations, the Clinical Supervisor should carefully consider the welfare of the client by weighing the benefits of continued treatment or termination and should act in the best interest of the client.
- e. The Clinical Supervisor who asks a client to reveal personal information from other professionals or allows information to be divulged should inform the client of the nature of such transactions. The information released or obtained with informed consent should be used for expressed purposes only.
- f. The Clinical Supervisor should not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.
- g. The Clinical Supervisor should ensure the presence of an appropriate setting for clinical work to protect the client from harm and the supervisor and the profession from censure.
- h. The Clinical Supervisor should collaborate with other health care professional(s) in providing a supportive environment for the client who is receiving prescribed medications.

### **Principle 8: Confidentiality**

The Clinical Supervisor should embrace, as a primary obligation, the duty of protecting the privacy of clients and should not disclose confidential information acquired, in teaching, practice or investigation.



- a. The Clinical Supervisor should inform the client and obtain 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 observation of an interview by another person.
- b. The Clinical Supervisor should make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
- c. The Clinical Supervisor should reveal information received in confidence only when there is clear and imminent danger to the client or to other persons, and then only to appropriate professional workers or public authorities on a need to know basis.
- d. The Clinical Supervisor should discuss the information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes clearly concerned with the case. Written and oral reports should present only data germane to the purpose of the evaluation and every effort should be made to avoid undue invasion of privacy.
- e. The Clinical Supervisor should use clinical and other material in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

### **Principle 9: Client Relationships**

The Clinical Supervisor should inform the prospective client of the important aspects of the potential relationship.

- a. The Clinical Supervisor should 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 Clinical Supervisor should inform the designated guardian or responsible person of the circumstances, which may influence the relationship, when the client is a minor or incompetent.
- c. The Clinical Supervisor should not enter into a professional relationship with members of one's own family, intimate friends or close associates, or others whose welfare might be jeopardized by such a dual relationship.
- d. The Clinical Supervisor should not engage in any type of sexual activity with a client.

### **Principle 10: Interprofessional Relationships**

The Clinical Supervisor should treat colleagues with respect, courtesy and fairness, and should afford the same professional courtesy to other professionals.



- a. The Clinical Supervisor should not offer 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 Clinical Supervisor should cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

### **Principle 11: Remuneration**

The Clinical Supervisor should establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client, of the counselor and of the profession.

- a. The Clinical Supervisor should consider carefully the ability of the client to meet the financial cost in establishing rates for professional services.
- b. The Clinical Supervisor should not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services. The supervisor should not engage in fee splitting.
- c. The Clinical Supervisor in clinical or counseling practice should not use one's relationship with clients to promote personal gain or the profit of an agency or commercial enterprise of any kind.
- d. The Clinical Supervisor should not accept a private fee or any other gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. The policy of a particular agency may make explicit provisions for private work with its client by members of its staff, and in such instances the client must be fully apprised of all policies affecting the client.

### **Principle 12: Societal Obligations**

The Clinical Supervisor should advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of alcoholism and other forms of drug addiction. The supervisor should inform the public through active civic and professional participation in community affairs of the effects of alcoholism and drug addiction and should act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. The Clinical Supervisor should adopt a personal and professional stance, which promotes the well being of all human beings.



**CALIFORNIA CERTIFICATION BOARD OF ALCOHOL & DRUG COUNSELORS**

CA CCS/CCS Renewal/Advancement Application  
3/07

*The undersigned hereby understands and agrees to comply with the code of ethics as outlined in this document. \*\*The undersigned also agrees to abide by the California Department of Alcohol and Drug Program Administrations Code of Conduct outlined in Chapter 8; Subchapter 3, Section 13060. The undersigned also understands and consents to the release of information pertaining to any ethical violation(s) and/or sanctions as part of the process of becoming a CAADAC member, registrant, or a certificant. The information may be disclosed to the California Alcohol/Drug Program Administration and to the California state-approved certification bodies. I agree to cooperate with complaint investigations and supply information requested during complaint investigations unless such disclosure of information would violate the confidentiality requirements of Subpart 2, Title 42, Code of Federal Regulations.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

\*\*Applies to those employed by CA state licensed and/or certified agencies only.