

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL & DRUG COUNSELORS

CCBADDC®

**CERTIFIED ALCOHOL & DRUG COUNSELOR I/II
APPLICATION**



SYSTEM FOR CERTIFICATION IN THE STATE OF CALIFORNIA

January, 1988
Revised April, 1988
Revised November, 1989
Revised July, 1990
Revised April, 1991
Revised January, 1992

Revised May, 1992
Revised January, 1993
Revised January, 1994
Revised January, 1995
Revised March, 1996
Revised March, 2001

Revised September, 2001
Revised June, 2003
Revised June 2006
Revised March, 2007
November, 2008

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**California Certification Board of Alcohol and Drug Counselors
(CCBADC)**

**3400 Bradshaw Road, Suite A-5
Sacramento, CA 95827
Tel: 916.368.9412 Fax: 916.368.9424**

Dear Applicant,

On behalf of the California Certification Board of Alcohol and Drug Counselors, (CCBADC) congratulations on taking the steps necessary to become a Certified Alcohol and Drug Counselor! CCBADC is the credentialing body of CAADAC conferring the professional rights and privileges of certification. The California Certification Board of Alcohol and Drug Counselors (CCBADC) offer certification on a voluntary basis to applicants who meet the criteria for the certification Certified Alcohol and Drug Counselor. The International Certification Reciprocity Consortium (ICRC) has set minimum standards for certification. The CCBADC is a member board of the ICRC which now totals 60 member boards, including 7 countries, 7 Indian Health Services, 5 branches of US Armed Services, 41 States, Administrative Office of the Courts of the United States and the World Federation of Therapeutic Communities.

The certificate is the counselor's passport to relocation through application for reciprocity to any member board with ICRC. Each member board of ICRC accepts the certificate of another member board which may require other qualifications. This process creates a new level of mobility for the professional counselor.

The certification provided through CCBADC will provide public assurance that certified counselors have demonstrated an appropriate level of knowledge and skills to perform competently in all treatment modalities.

To assure that you have met the requirements for the CADC I or II, please download and print the Certification Handbook.

CCBADC wishes you good luck on the certification exams(s) and a prosperous future in the Alcohol and Drug Counseling profession.

Sincerely,

Jerry Synold

Jerry Synold, MAC, CADC II, ICADC, SAP
Certification Chair

ALCOHOL AND DRUG COUNSELOR CRITERIA

CADC-I ®

1. High School Diploma or equivalent (GED)
2. Two (2) years of full-time supervised employment as an alcoholism counselor or drug counselor or 4,000* clock hours of supervised counseling work experience, to include 255 hours of supervised field work practicum (described in 2.B.), 315 hours of "approved alcohol and drug training education in the eight performance domains" (including the 45 hours for supervised practicum course described in the Practicum Requirements.)
3. 315 hours = 270 class hours (6 classes)
4. + 45 hours practicum class (7th class)
5. 4,000* hours includes 255 hours of field placement experience.
6. Supervised counseling hours completed in a qualified setting prior to beginning a course of study in alcohol and drug education may be included in the 4,000 hours/two year work experience requirement. (*maximum of 250 hours of an intern's 4,000 required work experience hours, maybe acquired in CAADAC approved workshops if desired*)
7. Completion of 300 hours, supervised practicum to be divided as follows:
 - a. **Supervised Practicum = 45 hours
 - b. agency orientation = 3 hours
 - c. Core function areas = 252 hours
 - d. **Total = 300 hours**

** (Supervised Field Work Practicum: field placement experience that must include a minimum of 21 hours in each of the 12 core functions)

- ◆ The areas of alcohol/drug counseling to be covered, known as "core functions," include: (1) Screening, (2) Intake, (3) Orientation, (4) Assessment, (5) Treatment Planning, (6) Counseling (individual, group, and significant others), (7) Case Management, (8) Crisis Intervention, (9) Client Education, (10) Referral, (11) Reports and Recordkeeping, (12) Consultation (with other professionals in regard to client treatment and services). *Please see the Certification Handbook for a detailed description of these core functions are located in the Domains, Tasks, Knowledge and Skills For The Certified AODA Counselor, Educational Requirements, ICRC Role Delineation Study.*
- ◆ The eight performance domains include:
 1. Clinical Evaluation, (2) Treatment Planning, (3) Referral, (4) Service Coordination, (5) Counseling, (6) Client, Family and Community Education, (7) Documentation, (8) Professional and Ethical Responsibilities. (Please see the Certification Handbook for the elements of each domain.)
- ◆ If hours are for volunteer work - 4,000 hours of documented, supervised, volunteer alcohol and other drug counseling experience is equivalent to two (2) years of full-time employment.**
- ◆ The applicant will send to the address specified on the application form all records required as listed below, the completed application form and all required fees. Persons furnishing completed evaluation forms are to mail them directly to the address listed on the evaluation form.
- FOR MORE INFORMATION ON THE FOLLOWING TOPICS SEE "CERTIFICATION HANDBOOK"
 - EDUCATION REQUIREMENTS AND INTERNSHIP/PRACTICUM
 - ETHICS COMPLAINTS AND PROCEDURES
 - CASE PRESENTATION METHOD
 - OTHER POLICIES/PROCEDURES AND DISCLOSURES RELATED TO CERTIFICATION

ALCOHOL AND DRUG COUNSELOR CRITERIA CADC II

1. High School Diploma or equivalent (GED)
2. Three (3) years of full-time supervised employment as an alcoholism counselor or drug counselor or
3. 6,000* clock hours of supervised counseling work experience, to include 255 hours of supervised field work practicum (described in 2.B.), 315 hours of "approved alcohol and drug training education in the eight performance domains" (including the 45 hours for supervised practicum course described in the Practicum Requirements.).
4. 315 hours = 270 class hours in alcohol/drug specific courses (6 classes) See Handbook for details.
5. + 45 hours practicum class (7th class) See Handbook for details.
6. 4,000* hours includes 255 hours of field placement experience.
7. Supervised counseling hours completed in a qualified setting prior to beginning a course of study in alcohol and drug education may be included in the 4,000 hours/two year work experience requirement. (*maximum of 250 hours of an intern's 4,000 required work experience hours, maybe acquired in CAADAC approved workshops if desired*)
8. Completion of 300 hours, supervised practicum to be divided as follows:
 - a. **Supervised Practicum = 45 hours
 - b. agency orientation = 3 hours
 - c. Core function areas = 252 hours
 - d. Total = 300 hours

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 - Screening, (2) Intake, (3) Orientation, (4) Assessment, (5) Treatment Planning, (6) Counseling (individual, group, and significant others), (7) Case Management, (8) Crisis Intervention, (9) Client Education, (10) Referral, (11) Reports and Recordkeeping, (12) Consultation (with other professionals in regard to client treatment and services). (*A detailed description of these core functions are located in the Domains, Tasks, Knowledge and Skills For The Certified AODA Counselor, Educational Requirements, ICRC Role Delineation Study*)
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 1. Clinical Evaluation, (2) Treatment Planning, (3) Referral, (4) Service Coordination, (5) Counseling, (6) Client, Family and Community Education, (7) Documentation, (8) Professional and Ethical Responsibilities. (Please see the Certification Handbook for the elements of each domain.)
- ◆ If hours are for volunteer work - 4,000 hours of documented, supervised, volunteer alcohol and other drug counseling experience is equivalent to two (2) years of full-time employment.**
- ◆ The applicant will send to the address specified on the application form all records required as listed below, the completed application form and all required fees. Persons furnishing completed evaluation forms are to mail them directly to the address listed on the evaluation form.
- FOR MORE INFORMATION ON EDUCATION REQUIREMENTS AND INTERNSHIP/PRACTICUM: SEE THE CERTIFICATION HANDBOOK
- FOR MORE INFORMATION ON THE WRITTEN EXAM SEE THE CERTIFICATION HANDBOOK
- FOR MORE INFORMATION ON THE CASE PRESENTATION METHOD: CERT HANDBOOK

FORMS/DOCUMENTS TO BE SUBMITTED FOR CADC I/II:

For accuracy, please check each box as you complete this application and copy a set for your files.

- Application (Submit all three pages)
- Practicum Log *(If not submitted through CADCA)*
- Internship Evaluation *(If not submitted through CADCA)*
- Required fees
- Signed Code-of-Ethics
- Scope-of-Practice
- Official School Transcripts (College sends them directly to CCBADC) [If not submitted through CADCA]
- Course descriptions, as stated in the syllabus of each course or listed in the official school catalog, to be furnished by the applicant, unless the applicant is taking the course in a CAADAC/CADCEP approved program. [If not submitted through RAD]
- Letters of peer recommendation letters (2) (must be typed)
- Letter from Director of supervised field experience and/or
- Supervisor/project director of employing agency
- For those applicants who are self-employed, a letter of recommendation, in lieu of a supervisor's evaluation form, from a current CADC-I, CADC-II, who is familiar with applicant's work.
- Resume
- Copy of Photo ID
- Application for Admission to the Written Exam (Submitted once application is approved.)
- Application for Admission to the Oral Exam (Submitted once 4000 hrs field work is submitted.)

FEE'S:

	<u>*CAADAC Member Discount</u>	<u>Non-members</u>
Application Processing Fee (Paid when application is submitted.)	\$145.00	\$265.00
Written Exam (Paid when application is approved.)	\$124.00	\$200.00
CPM Oral Examination	\$90.00	\$153.00

*All fees are non-refundable and subject to change.

*Membership Discount: Individual CAADAC membership must be paid and current to qualify for this special rate.)

PLEASE NOTE: It take four to six weeks to process your application so please send it well in advance! (Do not fax the manual/application or forms, we require original signatures.)

Mail Application/Completed Forms to:

***California Certification Board of Alcohol and Drug Counselors
State Office, 3400 Bradshaw Rd., Suite A-5
Sacramento, CA 95827***

EXAMINATION TIME LINES: The dates listed below are “receipt dates” not post marked dates.)

Portfolio Submission Deadlines

First Friday of February
First Friday of August

Written Exam Date

Second Saturday of June
Second Saturday of December

Oral Review Application Deadlines

First Friday of June
First Friday of December

Oral Exam Date

Third Saturday/Sunday of July
Third Saturday/Sunday of January

CERTIFICATION CONDITIONS

1. Certification will be granted for two (2) years.
2. Certification is renewable upon application of the Board and meeting the requirements as set forth.
3. The CCBADC may refuse to act on the application if there is evidence of the individual not meeting the professional Code of Ethics.
4. Certification may be denied, suspended or revoked by the CCBADC for a new examination and hearing.
5. Applicants applying for certification must live and/or work in the state of CA for at least 51% of the time to become certified at the reciprocal level.
6. CADCI I and II requires that the applicant take and pass the AODA written examination and the Case Presentation Method (CPM) Oral Examination. *Effective June 2008 the AODA written examinations will reflect updates to include the competencies that the oral exam tested. The AODA exam will incorporate a case study vignette with thirteen questions pertaining to the case. The exam will still consist of 150 questions. The exam remains 3 ½ hours long. Although the IC&RC will no longer require the CPM oral exam process as one of its requirements, CCBADC will continue to use this exam.

****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. Failure to do so will require a new application for original certification. The expired certification will not be extended beyond the six month period. (No exceptions)***

APPLICATION FOR CADC I/II

Candidate: Please Print or Type

1. Name: Last _____ First _____ Middle Initial _____

2. Home Address No. & Street City & State Zip Code

3. Home Phone: _____ Alternate Phone: _____ Email Add: _____

4. Male _____ Female _____

5. Date of Birth (Optional) _____

6. Home Phone: (_____) _____ Work Phone: (_____) _____

7. Social Security #: _____

8. CAADAC Member Yes _____ No _____ Membership Number: _____

9. Ethnic Background (Optional) _____

9. Professional Affiliations: _____

10. Education: Include: School Name, Dates Attended (From-To) and Major/Degree/Awards:

GED: _____

High School _____

College _____

Graduate School _____

Have you ever been certified/licensed in the human services field or alcohol/drug counseling field? (If yes, please indicate what certification/licensure body, the date(s) of certification/licensure and the status of the certification/licensure (i.e. Expired, suspended etc.) Previous revocation or sanctions may result in a denial of your application for certification.

STATEMENT OF UNDERSTANDING

I hereby affirm that this application is made on my own behalf and is entirely voluntary on my part. I hereby agree to waive the right to inspect the results of inquires made of my employers, co-workers, references, educational institutions or any others, which were sought and secured in the process of making a determination as to my certification by CCBADC will be accepted by me without question. I hereby authorize hospitals, any type of business organization, schools, other organizations or persons named herein to release to CCBADC any information they may have regarding me. I hereby release said parties of any and all liabilities arising out of the furnishing of the information that may be requested by CCBADC in connection with this application. I understand that certification depends on my meeting the requirements and criteria established by the Board. I understand that intentionally making false or misleading statements on this application will result in my being declared ineligible for certification. Data from my Application may be used for statistical purposes. The application fees and portfolio become the property of CCBADC. All fees are non-refundable.

Signature _____ Date _____

CANDIDATES PROFESSIONAL EXPERIENCE (Begin with current employment)

Professional Experience (Alcohol/Drug): _____ Years _____ Months

Facility & Address: _____ Dates: _____

Immediate Supervisor: _____ Phone #: (_____) _____

Your Title: _____ Major Duties: _____

Professional Experience (Alcohol/Drug): _____ Years _____ Months

Facility & Address: _____ Dates: _____

Immediate Supervisor: _____ Phone #: (_____) _____

Your Title: _____ Major Duties: _____

Professional Experience (Alcohol/Drug): _____ Years _____ Months

Facility & Address: _____ Dates: _____

Immediate Supervisor: _____ Phone #: (_____) _____

Your Title: _____ Major Duties: _____

Alcohol/Drug Abuse Counselor Colleagues

Name: _____ Facility: _____

Address: _____ Job Title: _____

Phone: _____

Name: _____ Facility: _____

Address: _____ Job Title: _____

Phone: _____

I hereby certify that the information provided by me herein is true and correct to the best of my knowledge. I understand that CCBADC may release information herein to verify and or confirm the information provided. I also understand my certification status to be posted on the CCBADC Registry and to comply with the Certification body's requests for investigation, or information related to certification.

Signature

Date
(Application) Page 3 of 3

STATEMENT OF UNDERSTANDING

I hereby affirm that this application is made on my own behalf and is entirely voluntary on my part. I hereby agree to waive the right to inspect the results of inquires made of my employers, co-workers, references, educational institutions or any others, which were sought and secured in the process of making a determination as to my certification by CCBADC will be accepted by me without question. I hereby authorize hospitals, any type of business organization, schools, other organizations or persons named herein to release to CCBADC any information they may have regarding me. I hereby release said parties of any and all liabilities arising out of the furnishing of the information that may be requested by CCBADC in connection with this application.

I understand that certification depends on my meeting the requirements and criteria established by the Board. I understand that intentionally false or misleading statements on this application will result in my being declared ineligible for certification. I understand that all courses that meet the standards for initial certification must be formal instruction and that no distance learning courses qualify for this instruction. It is my responsibility to refrain from turning in course descriptions for classes that are not approved by CAADAC.. Data from my Application may be used for statistical purposes. The application fees and portfolio become the property of CCBADC. All fees are non-refundable.

Signature _____ Date _____

Address questions and/or mail application/documents and fee(s) to:
California Certification Board of Alcohol and Drug Counselors
State Office, 3400 Bradshaw Rd., Suite A-5
Sacramento, CA 95827

Please Submit fee’s with Application: *(Check the box for the services/processes that you are applying.) PLEASE DO NOT FAX THE APPLICATION OR RENEWAL DOCUMENTS(we require original signatures.)*

FEE’S SCALE:

	<u>*CAADAC Member Discount</u>	<u>Non-members</u>
<input type="checkbox"/> Application Processing Fee (Paid when application is submitted.)	\$145.00	\$265.00
<input type="checkbox"/> Written Exam (Paid when application is approved.)	\$124.00	\$200.00
<input type="checkbox"/> CPM Oral Examination	\$90.00	\$153.00

METHOD OF PAYMENT:

1. ___ Check ___ Money Order (Mail with fee to: **CCBADC**, 3400 Bradshaw Rd., Ste. A-5, Sacramento, CA 95827)
2. ___ Visa ___ MasterCard ___ Amex ___ Discover (Mail to address above or fax to: CAADAC 916-368-9424)

Card Number _____

Expiration Date _____ 3 or 4 digit Security Code on Back _____ Total Amt: \$ _____

Name as it appears on Card: _____

Signature _____

Billing address for card: _____

PLEASE ALLOW 4-6 WEEKS DELIVERY.

RETURNED CHECKS/DECLINED CREDIT CARDS WILL RESULT IN A \$30.00 ADDITIONAL FEE. ALL FEES ARE NON-REFUNDABLE.

**SUPERVISED FIELD (INTERNSHIP) WORK PRACTICUM LOG
WITH INSTRUCTORS/SUPERVISORS VERIFICATION**

Supervisors and Instructors Directions: By attesting and signing your name to each core function, and hours completed you are verifying that the Intern has actually completed the required 21 experiential hours in the specific core function indicated. It is your responsibility to verify the completion of hours by using this log. Failure to complete this log may result in the inability of the candidate to take the certification exam. any corrections or erasers will invalidate this form. The original must be submitted with the application. This blank form may be duplicated if you completed your practicum in more than one facility/agency.

CORE FUNCTION	DATE FROM:	DATE TO:	TOTAL HOURS	SUPERVISOR'S SIGNATURE
Screening				
Intake				
Orientation				
Assessment				
Treatment Planning				
Counseling				
Case Management				
Crisis Intervention				
Client Education				
Referral				
Reports and Record Keeping				
Consultation with Relevant Professionals				

Supervisors Information:

Print Name: _____

Credential/license/certifications held: _____

Agency: _____

Instructors Information:

Print Name: _____

School Name: _____

Course Number: _____

Beginning Date: _____

Instructors Signature: _____ Date: _____

INTERNSHIP EVALUATION FORM

Intern Name: _____ Agency: _____

Internship Dates: From: _____ To: _____ Total Hours: _____

EVALUATION AREA	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
ANALYTICAL ABILITY					
Understanding of agency					
Understanding of community					
Understanding of clients					
Use of Knowledge sources					
Use of evaluation					
Understanding of substance abuse					
ADMINISTRATION					
Use of supervision					
Documentation					
Recording					
Referral					
INTERPROFESSIONAL RELATIONS					
With clients					
With supervisors & peers					
With community groups					
Ethical Practices					
PRACTICUM SKILLS					
Screening					
Orientation					
Assessment					
Treatment Planning					
Counseling					
Case Management					
Crisis Intervention					
Client Education					
Referral					
Reports and Record keeping					
Consultation					
KNOWLEDGE					
Human behavior					
Signs/symptoms of chemical dependency					
Counseling approaches					
Continuum of care					
Federal/State/local regulations/statutes					
State Alcohol/Drug Program System					
Cultural competence					
WORK HABITS					
Initiative					
Organization Skills					
Quality of Work					
Integrity					
Responsibility/accountability					
Self Discipline					
Sensitivity to others					

RECOMMENDATION: (Please attach additional comments.)

_____ Yes, I highly recommend _____ Yes, I recommend, with reservations
 _____ No, I do not recommend.

Supervisors Name: _____ Title: _____

Signature: _____ Date: _____

VERIFICATION OF SUPERVISED COUNSELING EXPERIENCE

Dear Supervisor,

I am in the process of seeking certification from the CCBADC as a competent, professional Alcohol/Drug Counselor. I have identified you as someone in a position to supervise hours of alcohol/drug counseling.

I hereby consent for you to release the following required confidential information to the CCBADC.

Applicants Name: _____

Signature: _____

I _____ certify that I have supervised the applicant for a total of (denote correct number of hours in relevant counseling experience below.)

Supervision dates: From: _____ To: _____
Date Date

CADC I _____ clock hours of supervised work experience as a alcohol/drug counselor at a site where alcohol/drug services are offered.

NOTE: CADC I requires a total of 4,000 hours of work experience.

CADC II _____ clock hours of supervised work experience as a alcohol/drug counselor at a site where alcohol/drug services are offered.

NOTE: CADC II requires a total of 6,000 hours of supervised work experience.

Print Name _____ Title: _____

Facility Name: _____

SIGNATURE: _____ DATE: _____

PLEASE DO NOT RETURN TO CANDIDATE! SEND DIRECTLY TO:

California Certification Board of Alcohol and Drug Counselors
State Office, 3400 Bradshaw Rd., Suite A-5
Sacramento, CA 95827

This form may be duplicated as needed.

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL/DRUG COUNSELORS

COUNSELOR EVALUATION (Page 1 of 3)

The person named below (employee or colleague) is requesting certification. CCBADC requires that this Counselor Evaluation forms be completed and filed with the Board before this applicant's request can be processed. Your evaluation is an integral part of the material presented to CCBADC for its consideration. Please report accurately and objectively.

This form becomes the property of CCBADC and remains completely confidential.

Applicant's Name: _____ Last 4 digits SSN of Applicant: _____

RELEASE STATEMENT

Dear Supervisor,

I am in the process of seeking certification form the Certification Board of Alcohol and Drug Counselors (CCBADC) as a competent, professional Alcohol/Drug Counselor. I have identified you as someone in a position to verify my standard of professional performance and/or supervised hours of personal face-to-face alcohol counseling or other activities that are directly related (see Addendum A). Your documentation will be combined with other documents and assessments to form my application. Your cooperation will assist the Board in making a fair and accurate decision.

I hereby authorize you to release to the CCBADC confidential information required by the Certification Board.

Name (please print) _____

Signature _____ Date: _____

PLEASE DO NOT RETURN TO CANDIDATE! SEND DIRECTLY TO:

California Certification Board of Alcohol and Drug Counselors
State Office, 3400 Bradshaw Rd., Suite A-5
Sacramento, CA 95827

This form may be duplicated as needed.

COUNSELOR EVALUATION FORM (Page 2 of 3)

Supervisors Directions: Circle The Appropriate Number

RATING SCALE:

1 = Poor

2 = Fair

3 = Acceptable

4 = Good

5 = Excellent

NA = Not Applicable

Working with clients on an individual basis	1	2	3	4	5	NA
Working with clients on a group basis	1	2	3	4	5	NA
Working with clients on a family basis	1	2	3	4	5	NA
Intake process	1	2	3	4	5	NA
Initial and ongoing client evaluation	1	2	3	4	5	NA
Assessment of case records	1	2	3	4	5	NA
Treatment plan preparation	1	2	3	4	5	NA
Use of referrals and other resources	1	2	3	4	5	NA
Termination of counseling	1	2	3	4	5	NA
Case follow-up	1	2	3	4	5	NA
Maintenance of case files and records	1	2	3	4	5	NA
Oral and written communication	1	2	3	4	5	NA
Observing confidential requirements	1	2	3	4	5	NA
Ability to motivate	1	2	3	4	5	NA
Ability to confront	1	2	3	4	5	NA
Ability to self-disclose	1	2	3	4	5	NA
Shows warmth	1	2	3	4	5	NA
Has realness	1	2	3	4	5	NA
Has empathy	1	2	3	4	5	NA
Has flexibility	1	2	3	4	5	NA
Maintains professionalism	1	2	3	4	5	NA
Functions in accord with code of ethics	1	2	3	4	5	NA

COUNSELOR EVALUATION (Page 3 of 3)

Updates skills and areas of personal growth on an ongoing basis 1 2 3 4 5 NA

Has ability to maintain interpersonal relationships with colleagues 1 2 3 4 5 NA

Additional comments: (Attach additional pages as needed.)

The above information, to the best of my knowledge, is true and complete.

Signature _____ Date _____

Evaluator's Name _____ Title _____ Phone
Number: _____

Your professional relationship to applicant: _____

Address _____ City _____ State _____ Zip _____

DO NOT RETURN TO THE APPLICANT

MAIL DIRECTLY TO:

California Certification Board of Alcohol and Drug Counselors
State Office, 3400 Bradshaw Rd., Suite A-5
Sacramento, CA 95827

**APPLICATION FOR ADMISSION TO THE WRITTEN EXAM FOR CERTIFICATION
CALIFORNIA CERTIFICATION BOARD OF ALCOHOL AND DRUG COUNSELORS**

Name

Social Security Number

Phone Number (including area code)

Address

City

State

Zip

Preferred Exam Location:

Northern California

Southern California

1. Please ensure that you fill out this Written Exam application completely.
2. Return application with appropriate fee (\$200.00 Written Exam fee for non CAADAC members and \$124.00 Written Exam fee for full CAADAC members.)
3. You will receive a letter with the date, time and location of the Written Exam approximately 1 month prior to the Written Exam date.
4. Please ensure that you take 2 forms of valid identification with you to the Written Exam, 1 must be a photo.

*Please note that Registered Students and Registered Recovery Workers **DO NOT** qualify for the full CAADAC membership fee. You must be a full CAADAC member, which is \$100.00 annually.

*Application and fee **MUST** be received (not postmarked) in the CAADAC office by the following dates:

- First Friday of May for the June Written Exam
- First Friday of November for the December Written Exam

METHOD OF PAYMENT:

1. Check Money Order (Mail with fee to: **CCBADAC**, 3400 Bradshaw Rd., Ste. A-5, Sacramento, CA 95827)
2. Visa MasterCard Amex Discover (Mail to address above or fax to: CAADAC 916-368-9424)

Card Number _____

Expiration Date _____ 3 or 4 digit Security Code on Back _____ Total Amt: \$ _____

Name as it appears on Card: _____

Signature _____

Billing address for card: _____

*PLEASE ALLOW 4-6 WEEKS DELIVERY.
RETURNED CHECKS/DECLINED CREDIT CARDS WILL RESULT IN A \$30.00 ADDITIONAL FEE.
ALL FEES ARE NON-REFUNDABLE.*

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL AND DRUG COUNSELORS

CODE OF ETHICS (CADC I/II)

Principle 1: Non-discrimination

The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor should espouse objectivity and integrity, and maintain the highest standards in the services the counselor offers.

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

Principle 3: Competence

The alcoholism and drug abuse counselor should recognize that the profession is founded on national standards of competence which promote the best interests of society, of the client, of the counselor and of the profession as a whole. The counselor should recognize the need for ongoing education as a component of professional competency.

- a. The alcoholism and drug abuse counselor should prevent the practice of alcoholism and drug abuse counseling by unqualified and unauthorized persons.
- b. The alcoholism and drug abuse counselor who is aware of unethical conduct or of unprofessional modes of practice should report such violations to the appropriate certifying authority.
- c. The alcoholism and drug abuse counselor should recognize boundaries and limitations of counselor's competencies and not offer services or use techniques outside of these professional competencies.
- d. The alcoholism and drug abuse counselor 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 counselor should support peer assistance programs in this respect.

Principle 4: Legal Standards and Moral Standards

The alcoholism and drug abuse counselor should uphold the legal and accepted moral codes, which pertain to professional conduct.

- a. The alcoholism and drug abuse counselor should not claim directly or by implication, professional qualifications/affiliations that the counselor does not possess.
- b. The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor should not associate with or permit the counselor's name to be used in connection with any services or products in a way that is incorrect or misleading.
- d. The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor should respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction.

- a. The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor should acknowledge and document materials and techniques used.
- c. The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor should assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor should acknowledge, through specific citations, unpublished, as well as published material, that has directly influences the research or writing.
- d. The alcoholism and drug abuse counselor who compiles 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 alcoholism and drug abuse counselor should respect the integrity and protect the welfare of the person or group with whom the counselor is working.

- a. The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor, in the presence of professional conflict should be concerned primarily with the welfare of the client.
- c. The alcoholism and drug abuse counselor should terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from it.
- d. The alcoholism and drug abuse counselor, 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 alcohol and drug abuse counselor 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 alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor should not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.
- g. The alcoholism and drug abuse counselor should ensure the presence of an appropriate setting for clinical work to protect the client from harm and the counselor and the profession from censure.
- h. The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor should make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.

- c. The alcoholism and drug abuse counselor 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.
- d. The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor should inform the prospective client of the important aspects of the potential relationship.

- a. The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor should not engage in any type of sexual activity with a client.
- e. The alcoholism and drug abuse counselor shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

The alcoholism and drug abuse counselor should treat colleagues with respect, courtesy and fairness, and should afford the same professional courtesy to other professionals.

- a. The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor should cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
- c. The alcoholism and drug abuse counselor shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The alcoholism and drug abuse counselor should establish financial arrangements in professional practice and in accordance with the professional standards that safeguard the best interests of the client, of the counselor and of the profession.

- a. The alcoholism and drug abuse 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 alcoholism and drug abuse counselor should not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services. The counselor should not engage in fee splitting.
- c. The alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor 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 alcoholism and drug abuse counselor 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 counselors 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 alcoholism and drug abuse counselor should adopt a personal and professional stance, which promotes the well being of all human beings.

The CCBADC is comprised of certified counselors who, as responsible health care professionals, believe in the dignity and worth of human beings. In 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 families manifestations. CCBADC certified counselors dedicate themselves to promote the best interest of their society, of their clients, of their profession, and of their colleagues.

*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 _____

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

Revised 3/06

SCOPE OF PRACTICE

PURPOSE

To assure a consistent standard of quality education, training and experience for certified alcohol/drug counselors.

Certification is necessary to safeguard the public health, safety, and welfare, and to protect the public from unauthorized service delivery by non-certified alcohol and drug counselors, and unprofessional contact by certified alcohol and drug counselors.

REQUIREMENTS

- Competencies required for alcohol/drug counseling include screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and record keeping, and consultation with other professionals.
- A Certified Alcohol and Drug Counselor, (CADC I/II) must successfully complete 315 hours of basic alcohol and drug education [as specified by criteria established by the California Certification Board of Alcohol and Drug Counselors] a 255 hour practicum, and 4000 hours of supervised internship working with alcohol and/or drug abuse problems. The individual must successfully pass both a written examination and an oral review examination.
- CADC I/II persons, as previously described must renew their certification every two (2) years by meeting the following criteria;
 - a. Documentation at a minimum of thirty (30) contract hours of continuing education in advanced counseling skills.
 - b. Thirty (30) additional contact hours that may be obtained in the area of Professional Development
 - c. Will ascribe to the Professional Code of Ethics at each certification renewal period.
 - d. Total combined contact hours (above) sixty (60) each certification renewal period.

ROLE OF THE CERTIFIED ALCOHOL AND DRUG COUNSELOR

1. To assist and support clients with alcohol/drug abuse or dependence, their family members and others to attain and maintain abstinence as appropriate.
2. Develop a program tailored to the individual in support of a recovery process and improved quality of living.
3. Provide quality professional counseling for clients with alcohol/drug abuse or dependence, their family members and others by means of providing current and accurate information and education on the disease of alcoholism and other drug dependency issues and recovery processes, assisting in identifying and understanding defense mechanisms that support continued addiction.
4. Facilitating a process for clients to self-explore the consequences of alcoholism and other drug dependence.
5. Utilize the functions of alcohol/drug counseling including: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports/record keeping and consultation.
6. Assisting in relapse prevention planning and recognizing relapse symptoms and behavior patterns.
7. Providing current and accurate information and education including identification and understanding the roles of family members and others in the alcoholism/drug dependency system.
8. Educating on how self-help groups (for example, Alcoholics Anonymous, Al-Anon, Women for Sobriety, Narcotics Anonymous, Secular Organization for Sobriety, Co-dependents Anonymous, etc.) complement alcoholism/drug addiction or dependency counseling and the unique role of each in the recovery process.
9. Assisting clients to establish life management skills to support a recovery process.
10. Facilitating problem solving and the development of alternatives to alcohol/drug use or abuse and related problems of family members and others.
11. Providing support as part of a treatment team and referring clients, family members and others to other appropriate health professionals as needed.
12. Maintaining appropriate records in a confidential manner for the purpose of treatment planning and case management, providing all services in accordance with the California Certification Board for Alcohol and Drug Abuse Counselors Code of Ethics.

13. Utilizing the appropriate skills to assist in developing sobriety, life management, and communication skills that support recovery, including:

- Active Listening • Intervention • Leading • Confrontation
- Summarizing • Feedback • Reflection • Concreteness
- Empathy • Education

SETTING FOR DELIVERY OF SERVICES

- A. The Certified Alcohol and Drug Counselor, (CADC I/II) may conduct counseling of clients with alcohol/drug addiction or dependence, their family members and others in:
1. Hospitals
 2. Agencies
 4. Or other facilities where alcohol and/or drug services are delivered.
- B. An interdisciplinary team in hospitals or other agencies shall include a person licensed by the State of California under the Medical Practices Act, the Social Work Licensing Law, the Psychology Licensing Act, or the Marriage, Family and Child Counselors Licensing Law at the setting or delivery of services.
- C. An independent setting is a professional office location where a Certified Alcohol and Drug Counselor I/II delivers drug and/or alcohol counseling services to clients with alcohol/drug addiction or dependency, their family members and others.

DEFINITIONS

- A. The CADC I/II is a person who possesses and utilizes a competency-based core of knowledge and skills to assist alcohol/drug-affected persons, and those affected by the alcohol/drug affected person; the CADC I/II are the advanced level certification for the CCBADC. He/She has completed the education, internship, and practicum and has successfully passed the written examination.
- B. Family members and other persons are involved in an important relationship with an alcohol/drug affected person.

NON-APPLICATION

- A. Nothing in this Scope of Practice shall be construed to constrict or limit the practice of any other professional licensed by the State of California under the Medical Practice Act, the Social Work Licensing Law, the Nursing Practice Act, the Psychology Licensing Act, or the Marriage, Family and Child Counselors Licensing Law.
- B. Nor shall the Scope of Practice apply to any priest, rabbi, or minister of the gospel of any religious denomination, [when performing counseling services as a part of his or her pastoral or professional duties], or to any person who is admitted to practice law in the state, or who is licensed to practice medicine, when providing counseling services as part of his/her professional practice.
- C. Nor shall this Scope of Practice apply to an employee of a governmental entity or of a school, college, or university; or of an institution both non-profit and charitable if his/her practice is performed solely under the supervision of the entity, school or organization by which he/she is employed, and if he/she performs such functions as part of the position for which he/she is employed.

I, _____ the undersigned, certify that I have read, understand, and agree to abide by this Scope of Practice.

Signature: _____ Date: _____

This Scope of Practice supersedes the ICRC/AODA Inc. Scope of Practice.

**CALIFORNIA CERTIFICATION BOARD OF ALCOHOL & DRUG COUNSELORS (CCBADC)
Applicants Written Case Presentation Checklist**

Name of Applicant: _____

	Yes	NO	Notes
Case presentation is typed	[]	[]	_____
Cover sheet information is complete, Signed by applicant & supervisor	[]	[]	_____
Current CPM format (below) is followed	[]	[]	_____

The following areas include the information as described in the current certification manual.

- A. **Substance Abuse History** (6 of 8 must be addressed)
 - 1. Substances Used [] [] _____
 - 2. Frequency of Use [] [] _____
 - 3. Progression of Use [] [] _____
 - 4. Severity/Amount Used [] [] _____
 - 5. Onset of Use – When Started [] [] _____
 - 6. Primary Substance Used [] [] _____
 - 7. Route of Administration [] [] _____
 - 8. Effects – blackouts, tremors, tolerance, DT’s, seizures, other medical complications [] [] _____

- B. **Psychological Functioning** (5 of 7 must be addressed)
 - Mental Status
 - 1. Orientation [] [] _____
 - 2. Hallucinations [] [] _____
 - 3. Delusions [] [] _____
 - 4. Suicidal Issues [] [] _____
 - 5. Homicidal Issues [] [] _____
 - 6. Judgment [] [] _____
 - 7. Insight [] [] _____

- C. **Education/Vocational/Financial** (3 of 5 must be addressed)
 - 1. Educational and Work History [] [] _____
 - 2. Educational Level Attained [] [] _____
 - 3. Disciplinary Action (work/school) [] [] _____
 - 4. Reasons for termination [] [] _____
 - 5. Financial Status (at admission, during treatment, at discharge) [] [] _____

- D. **Legal History** (all 3 must be addressed)
 - 1. Charges, Arrests, Convictions [] [] _____
 - 2. Current Status (status at discharge) [] [] _____
 - 3. Any Pending Legal Action [] [] _____

- E. **Social History** (4 of 6 must be addressed)
 - 1. Parents [] [] _____
 - 2. Siblings/Rank [] [] _____
 - 3. Psychological Functioning in Family [] [] _____
 - 4. Substance Use in Family [] [] _____
 - 5. History of Social Functioning from Childhood to Present (admission/discharge) [] [] _____
 - 6. Children [] [] _____

- F. **Physical History** (1 & 2 must be addressed)
 - 1. Problems (Alcohol/Drug related and non-related) [] [] _____
 - 2. Past and Related Medical Problems i.e. Disabilities, STDs, Pregnancy/Related Issues, Alcohol/Drug Related Problems [] [] _____

- G. **Treatment History** (1 & 2 must be addressed)
 - 1. Alcohol/Drug Related Treatment [] [] _____
 - 2. Psychological Related Treatment [] [] _____

Name of Applicant: _____ Date of Review: _____

	Yes	No	Note
H. Assessment (all 4 must be addressed)			
1. Strengths	[]	[]	_____
2. Weaknesses	[]	[]	_____
3. Problems	[]	[]	_____
4. Needs	[]	[]	_____
I. Treatment Plan (all 4 must be addressed)			
1. Identify and Rank Problems	[]	[]	_____
2. Immediate Goals	[]	[]	_____
3. Long Term Goals	[]	[]	_____
4. Treatment Process and Resources to be Utilized	[]	[]	_____
J. Course of Treatment (all 3 must be addressed)			
1. Counseling Approaches Used	[]	[]	_____
2. Rationale for Using Those Counseling Approaches	[]	[]	_____
3. Revisions Made	[]	[]	_____
K. Discharge Summary (all 3 must be addressed)			
1. Client's Overall Response to Treatment	[]	[]	_____
2. Alcohol and Drug Status at Discharge	[]	[]	_____
3. Aftercare Plans	[]	[]	_____

Any discrepancies indicated below must be corrected. Corrections to the written case presentation must be received by the CCBADC administrative office at least 14 days prior to the scheduled testing date for review. Applicants will not be allowed to sit for the oral exam until their written case presentation has been accepted. This form, signed by the applicant and the supervisor, must be returned with the corrected written case.

If corrections are required, return new check list with supervisor's signature.

Print Applicant's Name

Applicant's Signature

Print Supervisor's Name

Supervisor's Signature

FOR CCBADC OFFICE USE ONLY

Date Reviewed: _____ [] First Review [] Second Review [] _____ Review

[] **ACCEPTED** [] **RETURN FOR CORRECTIONS (See Below)** **Reviewer's initials** _____

Corrections Required:

