



California Consortium of Addiction Programs and Professionals

Inspiring Excellence, Promoting Change

**Application for Certified Alcohol Drug Counselor
CADC I/CADC II**

For applications submitted on or after January 1, 2017

Thank you for choosing CCAPP

INSTRUCTIONS FOR PORTFOLIO SUBMISSION

Please print and read this document in its entirety. You will also need to print and refer to the CCAPP Credentialing Handbook, available for download at ccapp.us/credentialing_handbook, for any questions that you may have about how to complete this application. You will be required to submit all documentation as outlined on the “Documents to Submit” page. Please review all information to ensure that it is complete and accurate. Any missing information will delay the processing of this application and will require the submission of additional fees to re-review the application.

1. Once your portfolio has been compiled, you will need to make copies of each document, except your official transcripts, for your records. Please do not open your official transcripts; they will not be considered official if opened and you will then be required to obtain new transcripts for any transcript you have opened. Any documents submitted to the CCAPP office become the property of CCAPP and will not be returned to you.
2. Your portfolio will be reviewed within two to four weeks upon receipt by the CCAPP office and you will be notified via email if you have any missing documents.
3. If your portfolio is approved, you will receive email notification within two to four weeks of receipt of the application by the CCAPP office. Your documents will not be processed prior to this time frame, so please leave adequate time for processing when making career decisions.
4. If your portfolio is incomplete, you will have six months to submit the remainder of any missing documents. If you do not submit all documents within six months, you will be required to submit a new portfolio and will be required to pay the portfolio review fee again.
5. If your application requires an exam, upon approval of your application, you will be pre-registered for the IC&RC ADC Exam. You will receive two emails, one from registrations@isoqualitytesting.com with the information on how to log in and schedule your exam, and the other from the CCAPP office with important instructions about taking the exam. Please check your spam email for this information.
6. When you have taken and passed the exam required for your certification, you will be issued your certificate within four to six weeks from the date of the exam completion. If your application does not require an exam, your certificate will be mailed to you within 30 days of application approval.

Disclaimer:

CCAPP Credentialing is an autonomous authority that confers credentials, standards, and requirements for CCAPP. Certification does not imply or allow the individual holder to diagnose disease, as specified under applicable state or federal law. Certification is not issued or mandated by state or federal law.

CADC I/II DOCUMENTS TO SUBMIT:

DOCUMENTS REQUIRED FOR ALL APPLICATIONS:

***APPLICANTS SEEKING ADVANCEMENT FROM CADC I to CADC II MUST ALSO TO SUBMIT THESE DOCUMENTS.**

- Standard Application** *Must complete all sections, including verification of graduation from high school or possession of a General Education Diploma (GED).*
- CCAPP Code of Conduct** *Form must be signed and dated within 60 days of submission to the office.*
- California AOD Counselor Code of Conduct** *Form must be signed and dated within 60 days of submission to the office.*
- Scope of Practice For Certified Alcohol Drug Counselors** *Form must be signed and dated within 60 days of submission to the office.*
- Copy of Driver's License or other Governmental Identification**
- Verification of Supervised Counseling Experience** *Ensure that all instructions are carefully followed as explained on the Verification of Supervised Counseling Experience. This form MUST be returned by the supervisor. Falsifying any documentation is a violation of California regulation and the CCAPP Code of Conduct and may result in sanctions, including suspension, denial of certification, and/or revocation.*
- Supervisor Resume or Supervisor Qualification Verification Form** *Documentation describing each supervisor's qualifications must be submitted for any supervised experience, including hours logged on a "Practicum Hours Verification Log" or hours submitted on a "Verification of Supervised Counseling Experience" form. *Submit only if the supervisor is not CCAPP certified.*
- Statement of Understanding and Authorization to Release Information** *Release must be signed and dated within 60 days of submission to the office*
- Required Fees.** *All fees must be submitted with application. Processing will not begin unless fees are submitted.*

ADDITIONAL DOCUMENTS REQUIRED FOR ALL CADC I AND CADC II FIRST TIME APPLICATIONS:*

***APPLICANTS SEEKING ADVANCEMENT FROM CADC I to CADC II DO NOT NEED TO SUBMIT THESE DOCUMENTS.**

- Verification of Education and Supporting Documents*** *Official transcripts must be submitted in a sealed envelope, or may be submitted to the office electronically, via email in PDF format, directly from the education provider to applications@ccapp.us. Transcripts may not have "Void" or "Copy" in the background to be official and must be from a verifiable, official representative of the school.*
 - Course descriptions/syllabi required for any courses not completed through an approved CCAPP Education Institute provider.**
- Practicum Hours Verification Log** *Ensure that all instructions are carefully followed as explained on the Practicum Hours Verification Log form. Individual, signed logs must be submitted for each site where hours were gained. 255 hours of field work, with 21 hours in each area, must be documented on the Log. Forms submitted with missing signatures will be considered incomplete and will delay the application. Falsifying any documentation is a violation of California Regulations and the CCAPP Code of Conduct and may result in sanctions, including suspension, denial of certification, and/or revocation.*
- Internship Evaluation** *An Internship Evaluation must be completed for each internship site where hours are gained. Each Internship Evaluation submitted must be signed by the supervisor who signed the Practicum Verification Log for that site. This form must be submitted directly to CCAPP in a sealed envelope from the supervisor. Photocopied Internship Evaluations are not accepted..*
- One typed, dated, and signed recommendation letter from a colleague in the AOD profession** *Letter must be from a colleague, not from a supervisor or instructor. It must attest to the applicant's character and competency. Letters must be signed originals and dated within 60 days of submission to the office.*
- One Supervisor Letter of Recommendation** *Letter must be typed on letterhead, include an original signature, and be dated within 60 days.*
- Written Exam Application**

CCAPP CERTIFIED ALCOHOL/DRUG COUNSELOR STANDARD APPLICATION

Please indicate which type of application is being submitted:

- Application for CADC I Application for CADC II Application to advance from CADC I TO CADC II

Please print or type:

First Name Middle initial Last Name

Street Address City State Zip Code

Personal/Cell Phone Work/Alternate Phone

Email Last four of social security number _____

Gender M F DTS _____

Date of Birth _____

MM/DD/YYYY

CCAPP Member? Yes No Membership Number: _____

Ethnicity (Optional): Hispanic/Latino Asian Black or African American Native Hawaiian/Pacific Islander
 White American Indian/Alaska Native

Verification of High School Diploma/GED (required for certification):

School Name City/State Date Diploma GED

Have you ever been registered, certified, or licensed in the human services field or alcohol/drug counseling field?

Yes No

If yes, please indicate what certification or licensure body, license or certification number, date(s) of certification or licensure, and the status of the certification/licensure (i.e. expired, suspended, etc.) Attach additional sheets if necessary.

CCAPP CODE OF CONDUCT FOR CREDENTIALLED ALCOHOL AND DRUG PROFESSIONALS

(Version: September 2016)

Principle 1: Credentialed AOD professionals shall conduct themselves in an honest, forthright and professional manner. Credentialed professionals are prohibited from engaging in the commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions or duties of a credentialed professional including but not limited to the following: a. Securing a credential or renewal by fraud, deceit or misrepresentation on any application or material in support of any application for a credential or renewal; b. Misrepresenting the type or status of credentials held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications or professional affiliations to any person, program or entity; c. Refusal or failure to provide proper identifying credential information where appropriate or required (e.g., when offering or providing AOD counseling services, on business cards, on informational or marketing materials, etc.); d. Advertising, marketing or promoting programs, services, training, education or experience in a false and misleading manner, as set forth in Business and Professions (B&P) Code sections 17200, et seq. Code of Regulations (CCR) Title 9, Division 4, Chapter 8, Sections 13000, et seq., as enacted April 1, 2005. 2 CCR Title 9, Div. 4, Chap. 8, Section 13060. 3 C; e. Failing to provide clinical supervision to counselors, supervisees, students, interns and volunteers for counselors who are assigned managerial or supervisory responsibilities; f. Failing to treat colleagues and other professionals with fairness, courtesy and respect; failing to give proper credit and attribution to all who have contributed to a published work; offering counseling services to a client already in a professional relationship with another counselor without the express knowledge of that counselor; exploiting relationships with students, volunteers or research participants; failing to cooperate fully with ethic committees and attempting to coerce the committee, colleagues or staff members with threatening behavior.

Principle 2: Credentialed AOD professionals shall maintain professionally appropriate boundaries with clients and family members of clients and shall conduct themselves in a professional, non-exploitive and lawful manner, and are prohibited from: a. Engaging in inappropriate social relationships, sexual relations or soliciting sexual relations with a client or with a former client within two years from the termination date of the counseling relationship; b. Committing any act of sexual abuse, misconduct or an act punishable as a sexually related crime; c. Engaging in a business relationship with clients, patients, program participants, residents and/or other persons significant to them within one year from the termination of the counseling relationship; d. Physically, verbally, sexually harassing, threatening or abusing other staff members, clients, patients, program participants, residents and/or other persons significant to any of the above; e. Unlawfully administering to himself or herself any controlled substance as defined in Section 4021 of the California Business and Professions Code (B&P), or using any of the dangerous drugs or devices specified in Section 4022 of the California Business and Professions Code (B&P), or using any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person holding or applying for a registration, certification or license or to any other person, or to the public. CR Title 9, Div. 4, Chap. 8, Section 13060(f); f. Engaging in the practice of addiction counseling; being present where addiction treatment services are administered; failing to disclose relapse in recovery; or attending program services or activities, if impaired by, intoxicated by, or under the influence of illegal drugs, legally prescribed drugs, or alcohol; g. Failing to self-disclosure of relapse from recovery; h. Failing to inform clients about all financial policies; giving or receiving kickbacks or rebates in exchange for referrals or engaging in fee splitting; accepting payment from a client entitled to the counselor's services through an agency or institution; using their relationship with a client to promote or profit any agency or commercial enterprise.

Principle 3: Credentialed AOD professionals shall comply with all Federal and State Laws and Regulations that pertain to patient/client confidentiality, mandated reporting exceptions, record keeping requirements and patient/client records access. Credentialed AOD counselors are prohibited from: a. Violating client/patient confidentiality except as required or permitted by law including, but not limited to, Title 42 Code of Federal Regulations Part 2, Child Abuse, Elder Abuse and Public Safety laws and Regulations; b. Failing to maintain records consistent with the nature of the services being rendered, including but not limited to the destruction of records; c. Refusing or denying patient/client access to charts and records as required by law; d. Violating, attempting to violate or conspiring to violate any law or regulation governing AOD credentialed.

The undersigned agrees to abide by this Code of Conduct and understands that disciplinary action may occur as a result of violating it.

Name: _____ Date: _____

Signature: _____

STATE OF CALIFORNIA AOD COUNSELOR CODE OF CONDUCT

(Version: October 7, 2016)

*Note: Signing this agreement confirms that the applicant agrees to abide by California Code of Regulations (CCR) Title 9, Section 13060. The current version of this regulation is displayed below and is subject to change as per California's regulatory process. This code of conduct does not replace CCAPP's Code of Ethics. **CCAPP Certified Counselors and Registrants are governed by the CCAPP Code of Ethics and are held accountable for infractions contained in the State of California AOD Counselor Code of Conduct AND the CCAPP Code of Conduct.** Where CCAPP standards are more stringent CCAPP Certified Counselors and Registrants will be held to the higher standard.*

The State of California code of conduct for a registrant or AOD counselor prohibits the following:

- (1) Securing a registration or certification by fraud, deceit, or misrepresentation. This includes: (A) Making a false statement on any application for registration or certification. (B) Withholding material information on any application for registration or certification. (C) Impersonating another registrant or AOD counselor, or permitting or allowing another person to use their registration or certificate for the purpose of providing AOD counseling services.
- (2) Engaging in an inappropriate relationship with a program participant. This includes: (A) Engaging in inappropriate social relationships, sexual relations or soliciting sexual relations with a client or with a former client within two years from the termination date of the counseling relationship. (B) Committing an act of sexual abuse, misconduct or an act punishable as a sexually related crime. (C) Engaging in a business relationship with clients, patients, program participants, residents and/or other persons significant to them within one year from the termination of the counseling relationship.
- (3) Violating, or assisting in, or abetting the violating of, or conspiring to violate any provision or term of, this Chapter.
- (4) Gross negligence or incompetence in the performance of alcohol and other drug counseling. This includes: (A) Failing to maintain records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered; and/or (B) Failing to report suspected child abuse or neglect (C) Intentionally or recklessly inflicting physical or emotional harm to any client; and/or (D) Performing professional services beyond the scope of practice for a registrant or AOD counselor.
- (5) Conviction of a crime, while a registrant or AOD counselor, which is substantially related to the qualifications, functions, and duties of a registrant or AOD counselor, including, crimes involving moral turpitude and sexual exploitation of a client or former client under Business and Professions Code Section 729(a). This includes A conviction after a plea of nolo contendere is a conviction within the meaning of this subdivision.
- (6) Providing any counseling services, attending any AOD program services or activities, or being present on AOD program premises, or acting within the scope of employment as a registrant or AOD counselor, while under the influence of any of the following: (A) Any amount of a controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code. (B) Any amount of any dangerous drug, as defined in Section 4022 of the Business and Professions Code. (C) Any amount of any alcoholic beverages.
- (7) The provisions of paragraphs (A) and (B) of subdivision (6) do not apply when the controlled substances or dangerous drugs are: (A) Prescribed by a licensed provider authorized to prescribe such drugs; and (B) Used in the dosage and frequency prescribed.
- (8) Engaging in misconduct against clients, family members of clients, and program staff members. This includes: (A) Physical, mental, or verbal abuse of clients, the family members of clients or staff members; and/or (B) Sexual harassment of clients, family members of clients or staff members; and/or (C) Discrimination against clients based on their race, religion, age, gender, disability, national origin, sexual orientation, or economic condition; and/or (D) Misappropriation of the property of clients, family members of clients or staff members; and/or (E) Intentionally violating the personal rights of a client as defined in Section 10569 of this Chapter.
- (9) Failing to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law. This includes violations of the following: (A) Title 42, Code of Federal Regulations, Part 2. (B) Section 11845.5 of the Health and Safety Code.
- (10) Failing to cooperate and participate in any Department investigation pending against a registrant or AOD counselor.

The undersigned agrees to abide by the State of California Code of Conduct and understands that this code does not supersede the CCAPP Code of Conduct.

Name: _____ Date: _____

Signature: _____

SCOPE OF PRACTICE FOR CERTIFIED ALCOHOL DRUG COUNSELORS

Purpose:

To assure a consistent standard of quality education, training and experience for alcohol and drug counselors and registrants. Certification/registration is necessary to safeguard public health, safety, and welfare, and to protect the public from services delivered by non-certified alcohol/drug counselors, and unprofessional conduct by certified alcohol/drug counselors.

Requirements:

Competencies required for alcohol/drug counseling include TAP 21 competencies, inclusive of the 12 Core functions: 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 must successfully complete requirements for each step in the CCAPP career path to competently provide services at that level. Each level of certification has specific competencies and examinations that one must successfully pass in order to become certified by CCAPP. The Certified Alcohol and Drug Counselor, regardless of position on the career path, must renew certification every two years by adhering to the: payment of the renewal fee, ascribing to the Code of Conduct and Scope of Practice at each certification renewal period; and completing a minimum of 50 hours of continuing education with a minimum of six hours specific to ethics in each renewal cycle.

Role of the Alcohol and Drug Counselor/Registrant:

To assist and support clients, family members, and others with alcohol/drug abuse or dependence, to attain and maintain abstinence.

- b. Develop a program appropriate to the individual in support of a recovery process that will affect an improved quality of living.
- c. 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; and assisting in identifying and understanding the defense mechanisms that support continued addiction.
- d. Facilitate a process for clients to self-explore the consequences of alcoholism and other drug dependence.
- e. 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.
- f. Assist in relapse prevention planning and recognizing relapse symptoms and behavior patterns.
- g. Provide current and accurate information and education for identifying and understanding the roles of family members and others in the alcoholism/drug dependency system.
- h. Educate regarding self-help groups (for example, Alcoholics Anonymous, Al-Anon, Women for Sobriety, Narcotics Anonymous, Secular Organization for Sobriety, Co-dependents Anonymous, etc.) and the way in which they may compliment alcoholism/drug addiction or dependency counseling and the unique role of each in the recovery process.
- i. Assist clients to establish life management skills to support a recovery process.
- j. Facilitate problem solving and the development of alternatives to alcohol/drug use or abuse in approaching related problems of family members and others.
- k. Provide support as part of a treatment team by referring clients, family members, and others to other appropriate health professionals as needed.
- l. Maintain appropriate records, in a confidential manner, for the purpose of treatment planning and case management
- m. Provide all services in accordance with the CCAPP Code of Conduct.
- n. Utilize 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, and education.

Setting for the delivery of services:

A Certified Alcohol and Drug Counselor or registrant may conduct counseling of clients with alcohol/drug addiction or dependence, their family members and others in: hospitals, agencies, and other facilities where alcohol and/or drug services are delivered. Services may be provided in an interdisciplinary team, in hospitals or other agencies, where professionals including those 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 work in an integrated fashion for the benefit of clients. Certified counselors may also provide services in an independent setting at a professional office location where a Certified Alcohol and Drug Counselor I/II (or equivalent) supervises the registrants. To be certified at the reciprocal level (CADCI II) the individual must live or work within California at least 51% of the time.

Non-Application:

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. 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. 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.

Name: _____ Date: _____

Signature: _____

VERIFICATION OF SUPERVISED COUNSELING EXPERIENCE

Supervised work experience required:

CADC I applicants with 315 hours of AOD education: 3,000

CADC I applicants with an associate arts degree in behavioral science or allied mental health profession: 2,080

CADC II applicants with 315 hours of AOD education: 6,000

CADC II applicants with a bachelor of arts degree in behavioral science or allied mental health profession: 4,000

Consent to release information (to be filled out by applicant before giving to supervisor):

Dear Supervisor*,

I am in the process of seeking certification from CCAPP 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 information about my experience to CCAPP Credentialing.

Applicant Name: _____

Applicant Signature: _____

Supervisor is CCAPP Certified

Supervisor is NOT CCAPP certified*

*If the supervisor is not CCAPP certified, a Supervisor Qualification Verification form must be submitted with this form.

Supervisor Attestation of work experience (to be filled out by supervisor and returned to CCAPP):

Supervision dates: From: _____ Date To: _____ Date

Total Number of Hours*: _____

*Must write out actual number of hours.

Supervisor Name: _____ Email Address: _____

Agency Name: _____

Supervisor signature: _____ Date: _____

Do not return this form to the applicant.

Please submit to applications@ccapp.us, or by mailing to: CCAPP, 2400 Marconi Avenue, Sacramento, CA 95821

This form may be duplicated as needed.

SUPERVISOR QUALIFICATION VERIFICATION

It is the responsibility of the applicant to ensure that all supervised work experience performed in a practicum (internship) or for credit toward work experience requirements for certification is verified by a professional who is qualified by meeting one of the definitions below. Use this form for EACH person who will be submitting a "Practicum Verification Log" or a "Verification of Supervised Work Experience" form.

Supervisor Information:

First Name

Middle initial

Last Name

Email Address

Organization/Business Name

Work Address

City

State

Zip Code

Personal/Cell Phone

Work/Alternate Phone

Years in the AOD Profession _____ Current Credential/License/Certification(s): _____

Check the appropriate box after reading supervisor requirements below to indicate how supervisor qualification is met. If using "comparable to" definition, please provide supervisor's resume or letter documenting how requirements are satisfied.

Supervisor for CADC I Applicants:

A supervisor for CADC I practicum or work experience verification is defined as "Any CADC I, CADC II, CCAPP CCS, IC&RC ICCS, LAADC, LAADC-S or any person who has documented education, training and experience that is *comparable to, or exceeds the above certifications."

Supervisor for CADC II Applicants:

A supervisor for CADC I practicum, CADC I work experience verification, or CADC II work experience verification is defined as "Any CADC II, CCAPP CCS, IC&RC ICCS, LAADC, LAADC-S or any person who has documented education, training and experience that is *comparable to, or exceeds the above certifications."

*Definition of "comparable to:"

- Any person with a master's degree in a behavioral health discipline and three years' supervised experience in delivering counseling services consistent with the 12 core functions.
- Any person with a bachelor's degree in a behavioral health discipline and five years' supervised experience in delivering counseling services consistent with the 12 core functions.
- Any person with an associate's degree in a behavioral health discipline and seven years' supervised experience in delivering counseling services consistent with the 12 core functions.

STATEMENT OF UNDERSTANDING AND AUTHORIZATION TO RELEASE INFORMATION

I understand that additional information may be necessary to continue the CCAPP certification process. I hereby authorize the release of my employment and/or personal reference information to any authorized representative of CCAPP. Further, I give consent for CCAPP to release information and/or my photo regarding my CCAPP status to prospective employers, members of the public, or State or County SUD administrators or designees. I recognize there is no expiration date on this request.

I understand that intentionally making false or misleading statements on this application will result in my being declared ineligible for certification. I understand that It is my responsibility to submit course descriptions for classes taken in programs that are not approved by CCAPP. I understand that after submission, the application/portfolio, exam and fees become the property of CCAPP. All fees are non-refundable. California regulation indicates the minimum requirements for certification. CCAPP CADC I, CADC II, LAADC, and LAADC-S far exceed the requirements of the regulation and thereby meet these requirements. I have read and understand the processes as outlined in the Credentialing Handbook describing policies and procedures and other pertinent information about certification.

I understand and agree to cooperate with any requests of CCAPP with regard to processing this application; this includes submitting name changes, address changes, phone number changes, employer address changes (if applicable).

I understand and agree to comply with the CCAPP Code of Conduct and California AOD Counselor Code of Conduct as outlined in this document. I understand I must comply with the CCAPP Code of Conduct, California Regulations and CCAPP Scope of Practice contained herein, as well as statute and regulation of the Department of Health Care Services Title 9 Regulations and any other applicable provisions of law. I also understand and consent to the release of information pertaining to registration or certification, any ethical violation(s) and/or sanctions as part of the process of becoming and maintaining a CCAPP designation as a member, registrant, certified counselor, or licensed counselor. Information may be disclosed to the California Department of Health Care Services, to California state-approved certification bodies and/or employers. I further agree not to sue CCAPP relative to the certification/examination process and I agree to indemnify and hold CCAPP and its respective officers, directors, agents, and employees harmless from any and all liabilities, losses, costs, damages, and any other expenses which CCAPP or its officers, directors, agents, and employees may sustain or incur as a result of or arising from the certification examination process. I agree to reimburse CCAPP for any attorneys' fees and costs incurred as a result of my breach of this hold harmless provision. 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. I understand failure to comply with the Ethics Review Committee or DHCS may result in immediate suspension and/or revocation of my registration or certification until such time that I comply. I understand that CCAPP's website will include the term "pending" until such time a complaint is resolved and/or sanctions are completed by respondent; suspensions and revocations will be posted on the public database (website). I understand I do not have to be a member of CCAPP to become certified by CCAPP.

I understand that certifications offered by CCAPP Credentialing are not governmentally sanctioned and are issued by CCAPP Credentialing which is not a state, federal or other governmental entity; I also understand that these nongovernmental certifications do not imply or allow me (the individual holder) to diagnose any conditions as specified under applicable state or federal law. Certifications are not issued or mandated by state or federal law.

Name: _____ Date: _____

Signature: _____

PAYMENT OF FEES

All fees must be submitted with completed applications/portfolios and fees are non-refundable and are subject to change without notice. Returned checks will be assessed a fee of \$30.00 and declined credit cards will be assessed a fee of \$10.00. If a portfolio requires re-review, the fee for an additional portfolio review is \$25.00.

Fees for First Time Applicants:

	<u>*CCAPP Full Member Discount</u>	<u>Non-Member</u>
Portfolio Processing Required for all first time applicants	\$145.00	\$280.00
Written (ADC) Exam —Computer Based Required for all first time applicants	\$164.00	\$338.00
Total	\$309.00	\$618.00

Fees for Advancements from CADC I to CADC II:

Advancement	<u>*CCAPP Full Member Discount</u>	<u>Non-Member</u>
Required for all CADC I to CADC II	\$175.00	\$645.00

METHOD OF PAYMENT (Mail with fee to: **CCAPP**, PO Box 214127, Sacramento, CA 95821):

___ Check ___ Money Order ___ Visa ___ MasterCard ___ Amex ___ Discover

Card Number: _____ Expiration Date: _____

3 or 4 digit Security Code _____ Amount authorized to be charged: \$ _____

Name as it appears on card: _____ Zip Code for billing address _____

Signature: _____ Date: _____

Name of Applicant: _____

VERIFICATION OF EDUCATION AND SUPPORTING DOCUMENTS

All first time CADC I and CADC II applicants must document 315 hours of AOD specific education, with 45 hours (equivalent to three semester units) in each content area. Consult the Credentialing Handbook for specific course requirements.

CONTENT AREA	DATE COMPLETE	SCHOOL OR COLLEGE	TOTAL HOURS	Transcript ordered?
Introduction and Overview (45)				Yes No
Physiology and Pharmacology (45)				Yes No
Law and Ethics (45)				Yes No
Case Management (45)				Yes No
Individual and Group Counseling (45)				Yes No
Personal Professional Growth (45)				Yes No
Practicum Course (45)				Yes No

Degrees Earned:

SCHOOL OR COLLEGE	DATE COMPLETE	DEGREE	Transcript ordered?
			Yes No
			Yes No
			Yes No
			Yes No

Official transcripts must be submitted in a sealed envelope, or may be submitted to the office electronically, via email in PDF format, directly from the education provider to applications@ccapp.us. Transcripts may not have "Void" or "Copy" in the background to be official and must be from a verifiable, official representative of the school.

Course descriptions/syllabi required for any courses not completed through an approved CCAPP Education Institute provider. Please visit ccapp.us/education/approved_schools to see a current list of approved schools. If your school or college is on this list DO NOT provide copies of course descriptions or syllabi.

PRACTICUM HOURS VERIFICATION LOG

Intern Name: _____

Agency where intern was supervised: _____

Supervisor Name: _____

Supervisor is CCAPP Certified Supervisor is NOT CCAPP certified*

*If the supervisor is not CCAPP certified, a *Supervisor Qualification Verification* form must be submitted with this Log.

CORE FUNCTION	DATE FROM:	DATE TO:	TOTAL HOURS	SUPERVISOR'S SIGNATURE*
Screening (21)				
Intake (21)				
Orientation (21)				
Assessment (21)				
Treatment Planning (21)				
Counseling (21)				
Case Management (21)				
Crisis Intervention (21)				
Client Education (21)				
Referral (21)				
Reports/Record Keeping (21)				
Consultation w/Professionals (21)				
Agency Orientation (3)				

* Please note that the supervisor completing the practicum log must be the same supervisor who completes the Intern Evaluation form.

Practicum Instructor Attestation:

Instructor Name: _____ Email Address: _____

School Name: _____ Phone: _____

The undersigned attests that by signing this Practicum Hours Verification Log, the Intern has satisfied the practical experience requirement in a satisfactory manner.

Instructor Signature: _____ Date: _____

INTERNSHIP EVALUATION FORM

Intern Name: _____

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

Scoring:

5 = Excellent 4 = Above Average 3 = Average 2 = Below Average 1 = Poor NA = No basis for score

EVALUATION AREA	SCORE
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	
PRACTICUM SKILLS	
Screening	
Intake	
Orientation	
Assessment	
Treatment Planning	
Counseling	
Case Management	
Crisis Intervention	
Client Education	
Referral	
Reports and Record Keeping	
Consultation	

EVALUATION AREA	SCORE
INTERPROFESSIONAL RELATIONS	
With clients	
With Peers	
With supervisors	
With community groups	
Ethical Practices	
With clients	
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	

Supervisor Recommendation:

Yes, I highly recommend
 Yes, I recommend, with reservations
 No, I do not recommend
 (Please use a separate sheet if there are additional comments)

Supervisor Name: _____ Email Address: _____

Agency Name: _____

Supervisor signature: _____ Date: _____

Do not return this evaluation to the applicant.

Please submit to: applications@ccapp.us, or by mailing to: CCAPP, 2400 Marconi Avenue, Sacramento, CA 95821

IC&RC EXAM REGISTRATION

APPLICATION FOR ADMISSION TO THE COMPUTER BASED TESTING (CBT) WRITTEN EXAM FOR ADC CERTIFICATION

First Name

Last Name

Last Four SSN

Phone Number (including area code)

Email Address

Address

City

State

Zip

COMPUTER BASED TESTING SITES:

Upon approval of your application, you will be pre-registered for the IC&RC ADC Exam. You will receive two emails, one from registrations@isoqualitytesting.com with the information on how to log in and schedule your exam, and the other from the CCAPP office with important instructions about taking the exam. Please check your spam email for this information.

SPECIAL ACCOMMODATIONS:

If you are requesting special exam accommodations due to disability, you must submit proper documentation to the CCAPP office.

EXAM RESPONSE TIMES:

When you have taken and passed the exam required for your certification, you will be issued your certificate within four to six weeks from the date of the exam completion. IC&RC Examination processing is independent of the CCAPP office. CCAPP staff cannot request expedited returns for examination results. Please do not inquire about results for applications submitted less than six weeks.

STUDY GUIDES:

A study guide for the IC&RC Examination can be purchased at the CCAPP online store at <https://www.ccapp.us/memorabilia/buy/>. Each exam attempt requires an exam fee. It is important to prepare carefully.

RETAKE THE EXAM:

Applicants who fail the exam may retake the exam 60 days after the first date of sitting for the exam. Beginning May 1, 2016, applicants who fail the exam must wait 90 days before retaking the exam. Multiple failures may result in remediation requirements. Please review the Credentialing Handbook carefully for more information.

***DO NOT FAX, NO CERTIFICATION DOCUMENTS WILL BE ACCEPTED FAXED AND WILL BE SHREDDED UPON RECEIPT IN THE OFFICE.**