California Consortium of Addiction Programs and Professionals

Inspiring Excellence, Promoting Change

Application for Certified Criminal Justice Professional

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 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 Certified Criminal Justice Professional (CJP) 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.
DOCUMENTS REQUIRED FOR ALL APPLICATIONS:

- **Standard Application** Must complete all sections
- **CCJP Code of Ethics** Must be signed and dated within 60 days of receipt in the office.
- **Copy of Driver’s License or other Governmental Identification** Must show California resident
- **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
- **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/Internship Evaluation Log** Ensure that all boxes are filled in by supervisor, signed logs must be submitted for each site where hours were gained. 300 hours of field work must be documented on the log with a minimum of 10 hours in each area for a total of 300 hours. Forms submitted with missing signature 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.
- **Required Fees**. All fees must be submitted with application. Processing will not begin unless fees are submitted.
- **Written Exam Application** Exam is required to be taken prior to the gaining of work experience if applying for intern status.

DOCUMENTS REQUIRED FOR CCJP NON INTERN STATUS (WORK HOURS COMPLETE):

- **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 CCJP Code of Ethics and may result in sanctions, including suspension, denial of certification, and/or revocation.
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

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.
**Principle 1: Non-discrimination** The Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should espouse objectivity and integrity, and maintain the highest standards in the services the counselor offers. a. The Criminal Justice Addiction professional, 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 Criminal Justice Addiction Professional, as practitioner, should accept the professional challenge and responsibility deriving from the counselor's work. c. The Criminal Justice Addiction professional, 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should prevent the practice of alcoholism and drug abuse counseling by unqualified and unauthorized persons. b. The Criminal Justice Addiction Professional who is aware of unethical conduct or of unprofessional modes of practice should report such violations to the appropriate certifying authority. c. The Criminal Justice Addiction Professional should recognize boundaries and limitations of counselor's competencies and not offer services or use techniques outside of these professional competencies. d. The Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should uphold the legal and accepted moral codes, which pertain to professional conduct. a. The Criminal Justice Addiction Professional should not claim directly or by implication, professional qualifications/affiliations that the counselor does not possess. b. The Criminal Justice Addiction Professional should not use the affiliation with the California Consortium of Addiction Programs and Professionals for purposes that are not consistent with the stated purposes of the organization. c. The Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction. a. The Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should acknowledge and document materials and techniques used. c. The Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should assign credit to all who have contributed to the published material and for the work upon which the publication is based. a. The Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should acknowledge, through specific citations, unpublished, as well as published material, that has directly influences the research or writing. d. The Criminal Justice Addiction Professional who complies and edits for publication the contributions of others should list oneself as editor, along with the names of those who have contributed.

**Principle 7: Client Welfare** The Criminal Justice Addiction Professional should respect the integrity and protect the welfare of the person or group with whom the counselor is working. a. The Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional in the presence of professional conflict should be concerned primarily with the welfare of the client. c. The Criminal Justice Addiction Professional should terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from it. d. The Criminal Justice Addiction Professional, 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client. g. The Criminal Justice Addiction Professional should respect 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. c. The Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should inform the prospective client of the important aspects of the potential relationship. a. The Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional shall not engage in any type of sexual activity with a client. e. The Criminal Justice Addiction Professional shall not accept as clients anyone with whom they have engaged in sexual behavior.

**Principle 10: Inter-professional Relationships** The Criminal Justice Addiction Professional should treat colleagues with respect, courtesy and fairness, and should afford the same professional courtesy to other professionals. a. The Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality. c. The Criminal Justice Addiction Professional shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

**Principle 11: Remuneration** The Criminal Justice Addiction Professional should establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client, of the counselor and of the profession. a. The Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional 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 Criminal Justice Addiction Professional should adopt a personal and professional stance, which promotes the well-being of all human beings.

Name: _________________________________ Date: _______________________

Signature: _______________________________
VERIFICATION OF SUPERVISED COUNSELING EXPERIENCE

Supervised work experience required*:
High School/GED (Non-Reciprocal) applicants with 270 hours AOD education and two CJP specified courses: 6,000
AA/AS/CADC I (Non-Reciprocal) applicants with 270 hours AOD education and two CJP specified courses: 5,000
BA/BS/CADC II (reciprocal) applicants with 270 hours AOD education and two CJP specified courses: 4,000
MA/MS/CCS (reciprocal) applicants with 270 hours AOD education and two CJP specified courses: 2,000
BA/BS/CADC II (reciprocal) applicants with 270 hours AOD education and two CJP specified courses: 4,000
Masters Level/LAADC/ Other Advanced Credential (i.e. NBCC, CRCC, NASW, MAC): 1,000

*All hours must be completed in direct client services in criminal justice/addictions over last 10 years. All degrees required to be in behavioral science or allied mental health profession (i.e. MSW, MFT)

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, qualified Criminal Justice Professional. I have identified you as someone in a position to supervise hours of criminal justice 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: ____________________________ 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.

A supervisor for a Criminal Justice Professional practicum/internship evaluation or work experience verification is defined as “Any CCJP, 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.

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 Criminal Justice Professional Code of Ethics, 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. Certification 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 $35.00 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:

<table>
<thead>
<tr>
<th>Service</th>
<th>*CCAPP Full Member Discount</th>
<th>Non-Member</th>
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</thead>
<tbody>
<tr>
<td>Portfolio Processing</td>
<td>$165.00</td>
<td>$280.00</td>
</tr>
<tr>
<td>Written (CJP) Exam—Computer Based</td>
<td>$174.00</td>
<td>$338.00</td>
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<tr>
<td>Total</td>
<td>$339.00</td>
<td>$618.00</td>
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</tbody>
</table>

Fees for Advancement from CCJP I to CCJP:

<table>
<thead>
<tr>
<th>Service</th>
<th>*CCAPP Full Member Discount</th>
<th>Non-Member</th>
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</thead>
<tbody>
<tr>
<td>Required for all CCJP I to CCJP II</td>
<td>$175.00</td>
<td>$645.00</td>
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</table>

METHOD OF PAYMENT (Mail with fee to: CCAPP, P.O. 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 CCJP Intern and CCJP applicants must document 270 hours of AOD specific education and an additional 90 hours in specific CJP education, with 45 hours (equivalent to three semester units) in each content area.

<table>
<thead>
<tr>
<th>CONTENT AREA</th>
<th>DATE COMPLETE</th>
<th>SCHOOL OR COLLEGE</th>
<th>TOTAL HOURS</th>
<th>Transcript ordered?</th>
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<tbody>
<tr>
<td>Introduction and Overview (45)</td>
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<td>Yes No</td>
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<tr>
<td>Physiology and Pharmacology (45)</td>
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<td>Yes No</td>
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<tr>
<td>Law and Ethics (45)</td>
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<td>Yes No</td>
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<td>Case Management (45)</td>
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<td>Yes No</td>
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<tr>
<td>Individual and Group Counseling (45)</td>
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<td>Yes No</td>
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<tr>
<td>Personal Professional Growth (45)</td>
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<td>Yes No</td>
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<tr>
<td>Criminal Justice Systems (45)</td>
<td></td>
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<td>Yes No</td>
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<tr>
<td>Criminal Behavior/Criminal Theories (45)</td>
<td></td>
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<td>Yes No</td>
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<thead>
<tr>
<th>Degrees Earned:</th>
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<tbody>
<tr>
<td>SCHOOL OR COLLEGE</td>
<td>DATE COMPLETE</td>
<td>DEGREE</td>
<td>Transcript ordered?</td>
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<td>Yes No</td>
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<td>Yes No</td>
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Official transcripts must be submitted in a sealed envelope, or may be submitted to the office electronically, 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/INTERNSHIP EXPERIENCE AND 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
*minimum of 10 hours in each area for a total of 300 hours

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<thead>
<tr>
<th>CRIMINAL JUSTICE PERFORMANCE DOMAINS</th>
<th>HOURS</th>
<th>SCORE</th>
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<tbody>
<tr>
<td>Dynamics of Addiction and Criminal Behavior: Dynamics of Addiction</td>
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<tr>
<td>Criminal Behavior; human growth and development; Theories of criminal behavior</td>
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<tr>
<td>Adherence to federal, state local agency and agency regulations Confidentiality, rights, requirements for treatment, informed consent</td>
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<tr>
<td>Pharmacology</td>
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<tr>
<td>Legal, ethics, and professional responsibility</td>
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<tr>
<td>Ethics, conduct, and standards of practice</td>
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<tr>
<td>Addiction and related theories</td>
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<tr>
<td>Obtaining continuing education; clinical and administrative supervision and consultation Recognizing personal biases, feelings, concerns and other issues; quality improvement and evaluation activities.</td>
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<tr>
<td>Criminal Justice System and Processes: Legal overview; court roles</td>
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<tr>
<td>Juvenile and criminal justice continuum; overview of correctional settings; Criminal justice theories; models of addictions treatment settings; supervision.</td>
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<tr>
<td>Screening, Intake, and Assessment: Purpose of the assessment; conducting comprehensive assessments; obtaining and evaluating information from other sources</td>
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<table>
<thead>
<tr>
<th>EVALUATION AREA</th>
<th>HOURS</th>
<th>SCORE</th>
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<tbody>
<tr>
<td>Recognizing the signs and symptoms of intoxication and withdrawal</td>
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<tr>
<td>Identifying signs and symptoms of co-existing disorders</td>
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<td>Assessing the client’s treatment and supervision needs; preparing a written summary; reviewing the results of a comprehensive assessment</td>
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<td>Case Management, Monitoring and Client Supervision</td>
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<tr>
<td>Advocating for services; evaluating client behavior to achieve desired outcomes; Conserve resources; maintaining a complete record of each case</td>
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<tr>
<td>Counseling: Providing effective counseling services; creating a therapeutic relationship</td>
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<tr>
<td>Development an individualized treatment plan</td>
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<tr>
<td>Providing appropriate counseling services; facilitating individual and group counseling; providing appropriate intervention</td>
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<tr>
<td>Educating the client, family and community</td>
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<tr>
<td>Identifying relapse triggers and developing coping Skills/techniques</td>
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<tr>
<td>Assisting clients in crisis; recommending appropriate referrals; developing a comprehensive discharge plan.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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IC&RC EXAM REGISTRATION

APPLICATION FOR ADMISSION TO THE COMPUTER BASED TESTING (CBT) WRITTEN EXAM FOR CJP 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 CJP 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.

RETAKING THE EXAM:
Applicants who fail the exam may retake the exam 60 days after the first date of sitting for the exam. Applicants who fail the exam must wait 90 days before retaking the exam. Multiple failures may result in remediation requirements.

*DO NOT FAX, CERTIFICATION DOCUMENTS WILL NOT BE ACCEPTED VIA FAX AND WILL BE SHREDDED UPON RECEIPT IN THE OFFICE.