California Consortium of Addiction Programs and Professionals

Application for Recertification or Advancement in the State of California
You will need to include the following for each credential: (Prices are for Members, Non Member certification renewal is $645)

1. RADT II (Included in the 5 year registry limit)(25 Total hours Due)
   a. 20 hours of advanced continuing education from a CCAPP approved provider (6 of these hours must be specific to counselor ethics), and 5 (PDH) hours that can come from any training that enhances you professionally.
   b. $50 renewal fee

2. CADC-CAS (50 Total Hours Due)
   a. 40 hours of advanced continuing education from a CCAPP approved provider (6 of these hours must be specific to counselor ethics), and 10 (PDH) hours that can come from any training that enhances you professionally.
   b. $100 renewal fee

3. CADC I (50 Total Hours Due)
   a. 40 hours of advanced continuing education from a CCAPP approved provider (6 of these hours must be specific to counselor ethics), and 10 (PDH) hours that can come from any training that enhances you professionally.
   b. $125 renewal fee

4. CADC II (50 Total Hours Due)
   a. 40 hours of advanced continuing education from a CCAPP approved provider (6 of these hours must be specific to counselor ethics), and 10 (PDH) hours that can come from any training that enhances you professionally.
   b. $150 renewal fee

5. CADC – CS/CA (56 Total Hours Due)
   a. 40 hours of advanced continuing education from a CCAPP approved provider (6 of these hours must be specific to counselor ethics), 6 hours specific to Clinical Supervision training, and 10 (PDH) hours that can come from any training that enhances you professionally.
   b. $175 renewal fee

6. LAADC/CA (50 Total Hours Due)(If this is not your first renewal of your LAADC Certification. Please see the LAADC FAQ on the CCAPP Forms page on our website for further information on the first renewal requirements for your LAADC)
   a. 40 hours of advanced continuing education from a CCAPP approved provider (6 of these hours must be specific to counselor ethics), and 10 (PDH) hours that can come from any training that enhances you professionally.
   b. $200 renewal fee

RENEWAL OF CERTIFICATION HOURS – CLARIFICATION

I. ADVANCE EDUCATION: ALCOHOL/DRUG COUNSELING
   CCAPP provider numbers are required, minimum 40 hours.

   A. Workshop/Seminars: Counseling Skills Basic courses including at Masters Level may not be used for renewal. Minimum of 40 hours must be completed in workshops and seminars in the counseling skill, and must be given by approved providers with current CCAPP
approved provider numbers. It is the responsibility of the applicant to make sure that the workshop has an approved provider number. All documentation must have the approved CCAPP provider number and be in advanced alcohol/drug skills.

B. Design/implementation/Presentation of Alcohol/Drug Counseling topics for an approved CCAPP provider.
(Document by submitting a letter from administrator, supervisor or coordinator of activity stating date, type of activity, hours involved, outline of activities and sample brochures, handouts and other education materials.)

C. Initial Oral Training by Approved ICRC/SUD Supervisors.
(Document by submitting copy of Certificate.)

D. Ethics: Six (6) Hours

II. PROFESSIONAL DEVELOPMENT HOURS

CCAPP provider numbers are not required minimum 10 hours.

A. Design/Implementation/Presentation of Alcohol/Drug Counseling and related topic. Not an approved provider program.
(Document by submitting a letter from administrator, supervisor or coordinator of activity stating date, type of activity, hours involved, outline of activities and sample brochures, handouts and other educational materials.)

B. In-service Education
Formalized training within institutions such as clinics and treatment centers provided for the development/enhancement of skills. (Document by submitting letter of certificate verifying participation.)

C. Self-Improvement seminars, workshops, etc.
Formal, organized workshop/training which focuses on personal and professional growth issues:
1. Burnout workshop/seminar.
2. Personal growth (identification of strength and limitations, stress management, relaxation, leisure time skill, proper nutrition, spirituality.)
3. Relapse prevention.
4. Professional growth (self-assessment, resources, professional behavior, support services; i.e., ACA, eating disorders, child abuse, etc., peer assistance).
5. Instruction hours of retreat programs which meet the above criteria of professional development are accepted.

Included as Professional Development:

1. CCAPP Board of Directors Meeting Participation
2. CCAPP District Meeting Participation.
3. Approved CCAPP Committee Volunteer Work. (Document by submitting letter or certificate verifying participation.)
4. Examinations performed by qualified CPM Evaluators/Commissioners.
Not included as Professional Development:

1. Volunteer 12 Step Work.
2. Volunteer Counseling at Step Houses/Service Centers.
3. 12 Step Meeting Attendance.
4. 12 Step Conference and Convention Attendance.
5. Group or individual counseling or psychotherapy.

ADVANCEMENT OF CERTIFICATION (CADC I/II)
$175 Members, $645 for Non Members

- Fee, application, code of conduct, scope of practice, hour log and verification of supervised counseling experience form. Please see Certification Handbook for more information. (If you are advancing at your renewal time, you are required to submit the 50 hours of education as documented above in the renewal section of this application. Please note, your renewal date will not change.)
- Submit a complete advancement 30 days prior to your renewal date, failure to do so will result in a delay. Mail your advancement or complete online faxed or emailed copies will not be accepted.
- Reciprocal (IC&RC) credentials requires that the candidate applying for certification live in the state that they are certified for 51% of the year or have reciprocated their credential to their state of residence.
- Your renewal dates will not change.

*To find a list of CCAPP approved providers, please see our web page at www.ccapp.us, and click on the education tab for the most current list of providers available. Recertification is required every two years to conform with IC&RC requirements and in support of the industry's best practices. This time frame allows the certified individual ample time to stay current with the required knowledge, skills, best practices and current developments within the industry. This document is not intended to be used alone; all applicants and other interested individuals must review the information contained within the ADC Certification Handbook in order to fully understand all areas of the certification process including but not limited to, examination information and domains, policies/procedures, appeals, special accommodations etc. The Certification Handbook can be found at www.ccapp.us/forms

METHOD OF PAYMENT:
1. ____Check  ____Money Order (Mail with fee to: CCAPP Credentialing, PO BOX 214127, Sacramento, CA 95821)
2. ____Visa  ____MasterCard  _____American Express _____Discover
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: _____________________________________________________________________________

ALL CERTIFICATION RENEWALS/ADVANCEMENTS CAN TAKE UP TO 30 DAYS FROM THE TIME YOUR PAYMENT CLEARS YOUR ACCOUNT.
RETURNED CHECKS WILL RESULT IN A $30.00 ADDITIONAL FEE AND ALL DECLINED CREDIT CARDS WILL RESULT IN A $10.00 ADDITIONAL FEE AND A DELAY IN PROCESSING YOUR RENEWAL APPLICATION. ALL FEES ARE NON-REFUNDABLE.
Certification Renewal: ____  Certification Advancement:____

Please Print or Type

1. Name: Last____________________ First____________ Middle Initial ____ Current Certification #:________________

2. Home Address: Number, Street, City, State and Zip Code

_________________________________________________________

_________________________________________________________

Is this a new address: Y____ N____

Date of Birth (Required, and will not be processed without this information);____________

3. Home Phone:____________ Alternate Phone:________________ Email Add:________________

4. CCAPP Member: Yes____ No____ Membership #:________________

STATEMENT OF UNDERSTANDING

I understand that intentionally making false or misleading statements on this application will result in my being declared ineligible for certification. It is my responsibility to turn in course descriptions for classes of programs that are not approved by CCAPP CREDENTIALING.

I understand and agree to cooperate with any requests of the CCAPP CREDENTIALING with regard to processing this application; this includes submitting name changes, address changes, phone number changes, employer address changes (if applicable.) I understand I do not have to be a member of CCAPP to become certified/licensed by CCAPP CREDENTIALING.

As a Certified SUD Counselor, or a registrant for becoming certified by CCAPP Credentialing, I shall strive at all times to maintain the highest standards in all the services I provide, valuing competency and integrity over expediency or temporary success. I shall recognize the limits of my ability, providing services only in those areas where my training and experience meet established CCAPP Credentialing standards. I pledge that I have assumed a social and vocational responsibility due to the nature of my work. My signature below indicates I have read and agree to abide by the CCAPP Code of Ethics and the state regulated Code of Conduct.

Signature: ___________________________ Date: ___________________________

Print Name: ___________________________________________________
Principle 1:
Registrants and Certified AOD Counselors shall conduct themselves in an honest, forthright and professional manner. Registrants and Counselors are prohibited from engaging in the commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions or duties of a registrant or counselor including but not limited to the following:

a. Securing a registration, certification or renewal by fraud, deceit or misrepresentation on any application or material in support of any application for registration certification or renewal;

b. Misrepresenting the type or status of registration or certification 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 registration, credential, certification or license 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 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

Principle 2:
Registrants and Certified AOD counselors 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 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;

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 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).

Principle 3:
Registrants and Certified AOD counselors 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. Registrants and Certified 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;

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 registrants, certified or licensed AOD counselor.

STATEMENT OF AGREEMENT AND UNDERSTANDING:
The undersigned hereby understands and agrees to comply with the CCAPP CREDENTIALING code of ethics and uniform code of conduct 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 registration or certification, any ethical violation(s) and/or sanctions as part of the process of becoming and maintaining a CCAPP CREDENTIALING/CCAPP designation as a member, registrant, or a certificant. The information may be disclosed to the California Alcohol/Drug Program Administration, to the California state-approved certification bodies and/or employers. I further agree not to sue CCAPP or CCAPP CREDENTIALING relative to the certification/examination process and I agree to indemnify and hold CCAPP and CCAPP CREDENTIALING and their respective officers, directors, agents, and employees harmless from any and all liabilities, losses, costs, damages, and any other expenses which CCAPP/CCAPP CREDENTIALING or their 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 and/or CCAPP CREDENTIALING 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 I comply. I understand the website will include the term “pending” until such time the complaint is resolved and/or sanctions are completed by respondent; suspensions and revocations will be posted on the public database (website).

Print name: ______________________________________________

Signature: _______________________________________________ Date:___________
SCOPE OF PRACTICE
Substance Use Disorder Certified Counselors (SUD)

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 the public health, safety, and welfare, and to protect the public from unauthorized services delivered by non-certified alcohol/drug counselors, and unprofessional contact by certified alcohol/drug counselors.

Requirements:

a. Competencies required for alcohol/drug counseling include the TAP 21 competencies which also include 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 SUD Counselor must successfully complete the requirements of each step in the career path. Each level of certification has specific competencies and examinations that one must successfully pass in order to become certified by CCAPP Credentialing.

b. The Substance Use Disorder Counselor (in any place of the career path) as previously described must renew their certification every two (2) years by meeting the following:

   - Paying the renewal fee
   - Ascribing to the Professional Code of Conduct and Scope of Practice at each certification renewal period
   - Completing a minimum of 50 hours of continuing education (Please see Page 2 of this application for your specific renewal requirements); 40 advanced hours, 10 professional development hours will be accepted (one can complete as many advanced hours he/she chooses, but no less than 40.) A minimum of 6 hours must be specific to Counselor Ethics each renewal cycle.

Role of the SUD COUNSELOR:

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

b. Develop a program tailored to the individual in support of a recovery process that will effect 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, 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 to identification and understanding the roles of family members and others in the alcoholism/drug dependency system.

h. Educate 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.

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 and related problems of family members and others.

k. Provide support as part of a treatment team and 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, provide all services in accordance with the California Certification Board of Alcohol and Drug Counselors Code of Ethics.

m. 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
   - Education

Setting for the delivery of services:

a. A SUD Counselor Associate may conduct counseling of clients with alcohol/drug addiction or dependence, their family members and others in:
   - Hospitals
   - Agencies
   - 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 SUD Counselor I/II (or Equivalent) supervises the Registrants or Associates. While he/she delivers drug and/or alcohol counseling services to clients with alcohol/drug addiction or dependency, their family members and others.

d. To be certified at the reciprocal level (CADC II) the individual must live or work within California at least 51% of the time.

Definitions:

a. A Registered Alcohol and Drug Trainee Level II (RADT 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; a RADT II is the entry level
certification for CCAPP Credentialing. He/She has completed the education, practicum, internship and has successfully passed the written IC&RC examination.

b. Family members and others are persons 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: __________________________

Print Name: __________________________

This Scope of Practice supersedes the ICRC/AODA Inc. Scope of Practice.
DEFINITION OF A SUPERVISOR:

The supervisor who is verifying your internship or work experience (verifying your hours) must include their credential after their signature, if the supervisor is not certified with CCAPP CREDENTIALING then they must submit to you to include in your advancement application a resume or brief letter explaining how they meet one of the definitions below.

*It is your responsibility to make sure before you start your internship that the person supervising you meets one of the following definitions:*

Definition of a supervisor:

A supervisor is defined as “Any individual certified by CCAPP Credentialing that exceeds the certification requirements for which the supervisee is applying for or any person who has documented education, training and experience that exceeds the requirements below.

*Definition of comparable to:

☐ Any person with a Masters Degree in behavioral health discipline and three years on the job supervised experience in delivering counseling services consistent with the 12 core functions.

☐ Any person with a Bachelors Degree in behavioral health discipline and five years on the job supervised experience in delivering counseling services consistent with the 12 core functions.

☐ Any person with an Associates Degree in a behavioral health discipline and seven years on the job supervised experience in delivering counseling services consistent with the 12 core functions.

☐ Any person with nine years on the job supervised experience in delivering counseling services consistent with the 12 core functions.

☐ The 12 core functions include the following: (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.)
CERTIFICATION ADVANCEMENT

This form is used if the applicant is advancing from a RADT II to a CADC-CAS, CADC I, CADC II/CA. This does not include the advancement requirements to a CADC-CS/CA, or a LAADC/CA.

VERIFICATION OF SUPERVISED COUNSELING EXPERIENCE

Dear Supervisor,

I am in the process of seeking an advancement of certification from CCAPP Credentialing 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 CCAPP Credentialing. These forms become the property of CCAPP Credentialing and remain completely confidential.

Applicants Name: ____________________________________________

Applicants Signature: ___________________ Date: __________________

Applicants Social Security #: __________________________________

I, ___________________________ certify that I have supervised the applicant for a total of:

CADC-CAS _______ NOTE: write the number of hours out.
CADC – CAS requires a total of 2080 hours of supervised work experience.

CADC I ________ NOTE: write the number of hours out.
CADC I requires a total of 4,000 hours of supervised work experience.

CADC II/CA _________ NOTE: write the number of hours out.
CADC II requires a total of 6,000 hours of supervised work experience.

Supervision dates: From: _______________ To: _______________

Date              Date

Supervisors Name: ___________________ Supervisors Title: _______________

Supervisors Signature: ______________________ Date: _______________

Facility Name: ____________________________
(Facility name where applicant was supervised)
List All Professional Development and Advanced Continuing Education Hours:  By signing this document you are verifying that you have actually completed the required CEH’s. It is your responsibility to verify that the provider is/has been approved to provide Advanced Continuing Education Hours. Failure to complete this log may result in denial of the application (until such time you resubmit it.) IT IS REQUIRED THAT YOU SUBMIT COPIES OF EACH TRAINING CERTIFICATE AS WELL. This blank form may be duplicated if needed.

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I ___________________ declare under penalty of perjury that I have attended and successfully completed the CEH/PDH courses as listed above which are required for renewal of my certification. I understand and agree to abide by requests of the CCAPP CREDENTIALING who may request additional verification documentation. I also understand that falsification of documentation or attachments or failure to provide information as requested by the CCAPP CREDENTIALING may result in denial or suspension of my certification renewal until such time I provide verifiable documentation as requested. CCAPP CREDENTIALING retains the right to audit a renewal for a period of three years. Therefore, it is my responsibility to retain verifiable records of renewal (certificates etc) for a minimum of three years. I understand the review of my renewal application requires submission of renewal fees and such fees are non refundable. If the renewal application is deemed incomplete by the CCAPP CREDENTIALING, I understand I will be charged $25.00 for each subsequent review of my renewal.

Signature _______________________________ Date ___________________________