



Application Instructions - Certified Alcohol & Drug Counselor (CADC, CADC I, CADC II)

- All pages of the application must be typed.
- Application Forms must be signed and dated.
- Applicant must live or work at least 51% of the time in Mississippi at the time of application.
- Application must include required supporting documentation, including official transcript(s) (directly from college/university), copies of certificates of attendance for training, and verification of current employment and prior work experience.
- Supervised Practical Training (SPT) Verification and Supervisor's Evaluation Form must be given to your supervisor, who has been acting in that capacity for at least six months and holds one of the following credentials: CADC, CADC I, CADC II, CAADC, CCS. For supervisors without the aforementioned IC&RC reciprocal credentials, prior authorization by Certification Examining Board to supervise is required. Written request for authority must be submitted to the Certification Examining Board by supervisor, to include copy of academic credentials, specialty and work experience. You may duplicate this material if you want other supervisors to complete and evaluation. **This form must be mailed by your Supervisor to the Board under separate cover, not as part of your application.**
- Personal Reference Forms must be given to three individuals you plan to list on the formal application. They must all be able to attest to your professional skills. **These forms must be returned by the evaluator to the Board under separate cover, not as part of your application.**
- Non-refundable application processing fee is \$130 for members; \$190 for non-members.
- No application will be reviewed until all materials have been received in the office. MAAP reserves the right to request further information from all your employers and other persons listed on the application. Applicant will be notified by mail of the decision of the Certification Examining Board and written exam instructions once application is approved.
- Keep copies of application and supporting documentation for your records. Do not send original certificates!

~APPLICATION CHECKLIST~

- Completed all Application and Portfolio forms.
- Resume of Prior Work Experience documented.
- Official transcripts mailed directly to MAAP from college/university.
- High School Diploma or Jurisdictional Equivalent and copies of other current certifications or licenses.
- Completed Education Resume including adequate documentation to support minimum of 270 hrs. Education, to include 6 hrs. in Ethics (MAAP approved only); and 6 hrs. in HIV/AIDS training.
- Written Case completed
- SPT Verification, Supervisor's Evaluation and Personal Reference forms given to individuals for separate mailing
- Reference forms given to individuals for separate mailing
- Supervisor's letter of response from the Certification Examining Board granting authority to supervise (if applicable)
- Ethical Standards of Certified Professionals affirmation dated and signed (Return entire document)
- Application Processing Fee included (\$130 MAAP members; \$190 non-members)
- \$90 Membership Dues (if applicable)

SUPERVISED PRACTICAL TRAINING (choose one)

- 300 hours of Supervised Practical Training for CADC with high school diploma
- 250 hours of Supervised Practical Training for CADC with Associates Degree
- 200 hours of Supervised Practical Training for CADC-I with Bachelor's Degree
- 120 hours of Supervised Practical Training for CADC-II with Master's Degree

Application for Alcohol & Drug Counselor Certification:

Please indicate which credential you are applying for: _____ CADC _____ CADC I _____ CADC II

Name: _____ Title: _____
First MI Last

SSN (Last 4 digits only): _____ E-Mail Address: _____

Home Address: _____
Number and Street City State Zip

Telephone: (Wk) _____ (Hm) _____ (Cell) _____

Employer: _____

Employer Address: _____
Number and Street City State Zip

I have given the SPT Verification and Supervisor's Evaluation Form to my supervisor listed below (must hold either CADC, CADC I, CADC II, CCS). For Supervisors who do not carry an IC&RC Reciprocal Credential you must attach prior written authorization by Certification Examining Board. You may duplicate this material if you want other supervisors to complete and evaluation. This form must be mailed by your supervisor to the Board under separate cover, not as part of your application.

Supervisor Name: _____ Title: _____

Telephone Number: _____ Academic Degree(s); Credential(s): _____

Employer (if different than applicant): _____

Employer Address: _____
Number and Street City State Zip

Please list three (3) individuals, other than supervisors, who know you professionally and can attest to your professional skills. Please provide each individual with a Personal Reference form and ask that they complete and mail it directly to the MAAP office.

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

3. Name: _____ Telephone: _____

I hereby certify that all of the enclosed application material is true, to the best of my knowledge.

Applicant Signature: _____ Date: _____

Please note: The MAAP Certification Examining Board reserves the right to request further information from all employers and other persons listed on the application form. The Board also reserves the option to request or provide an oral interview with the applicant.

Release:

I hereby request that the MAAP Certification Examining Board grant certification to me based on the following assurances and documentation:

1. I subscribe to and commit myself to professional conduct in keeping with the MAAP Ethical Standards of Certified Professionals;
2. I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;
3. I consent to the release of information contained in my certification application and any other pertinent data submitted or collected by MAAP to officers, members and staff of the aforementioned Board;
4. I consent to and authorize MAAP to gather information from their parties regarding continuing education and understand that such communication shall be treated as confidential; and
5. Allegations of ethical misconduct reported to MAAP before, during or after application for certification is made will be investigated by MAAP and could result in the nullification of the application or denial or revocation of certification.

Have you ever received any disciplinary action from another certifying or licensing authority?

_____ No _____ Yes (if yes, please describe on separate sheet)

Applicant Signature: _____ Date: _____

Remarks to Accompany Application:

Remarks may consist of a biographical sketch and/or comments you wish to make to the Certification Examining Board.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I submit the foregoing information and related documents for the exclusive use by MAAP and understand these become the property of the MAAP Board.

Applicant Signature: _____ Date: _____

Statement of Your Personal Philosophy of Counseling:

This statement should be typewritten and consist of no more than 300 words. It should include your personal philosophy of counseling, methods, and approaches relating to substance use, misuse and abuse, and whatever recognized therapeutic styles you utilize in your counseling. Any additional information you feel would be pertinent to your certification please add following this form.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I submit the foregoing information and related documents for the exclusive use by MAAP and understand these become the property of the MAAP Board.

Applicant Signature: _____ Date: _____

Resume of Professional Alcohol & Drug Counseling Experience:

CADC credential, you must document 6,000 hrs. Supervised work experience,
Associate's degree in a relevant field may substitute for 1,000 hrs.,
Bachelor's degree in a relevant field may substitute for 2,000 hrs.,
Master's degree a relevant field may substitute for 4,000 hrs.
CADC I, credential, you must document 8,000 hrs. Supervised work experience.
CADC II, credential, you must document 10,000 hrs. Supervised work experience.
(NOTE: Hours are based upon a 40-hr. work week).

If you have held more than one position for the required hours indicated, please duplicate this sheet and provide the requested information for each position.

Applicant Name: _____

• Name of Employer: _____

• Employer Address: _____
Number and Street City State Zip

• Employer Phone: _____

• Name of Immediate Supervisor: _____

• Name of Administrative Supervisor: _____

• Job Title: _____
(Counselor, Intern, Volunteer)

(NOTE: Hours are based upon a 40-hr. work week. Do not record Vacation Hours)

• Dates of Employment: From _____ to _____ = _____
Month/Year Month/Year total weeks worked (Excluding Overtime and Vacation)

• Hours worked per week: _____

• Total number of weeks worked (#5) _____ X total hours worked per week (#6) _____ = _____

Applicant must spend at least 51% of his/her time providing direct service
Indicate how much of this experience was in Individual, Group and Family Counseling:

• Individual: _____ hrs per week X _____ weeks worked (#5) = _____ hrs.

• Group: _____ hrs per week X _____ weeks worked (#5) = _____ hrs.

• Family: _____ hrs per week X _____ weeks worked (#5) = _____ hrs.

• Total number of hours spent in providing direct counseling services: _____
(Add a, b, and c)

Please duplicate this page for each position held.

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- This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Education Resume: Applicant Name: _____

• 270 hours of education/training must be listed below, to include 6 hours Ethics (Ethics training will only be accepted by completion of MAAP provided Ethics six hours (6) training course for addiction credentials) & 6 hours HIV/AIDS. All listed on this document must be accompanied by supporting documentation such as completion certificate indicating the date, name of course, topic and description, signature of presenter and/or supervisor with their credentials and number of hours completed. Sign-in sheets are inadequate forms of supporting documentation. If supporting documentation cannot be included, do not list the education/training source. Number of hours must conform to the following guidelines: Direct Contact (MACT Program, Conferences, Workshops, Seminars and/or College credits obtain while attending an approved educational institution). **Approved Educational Institutions:** Are defined as a degree-granting institution of higher learning which is accredited by the Council for Higher Education Accreditation (CHEA)-recognized and/or a United States Department of Education (USDE)-recognized accrediting body. Please check (CHEA) or (USDE) website to see if your education is recognized. - MINIMUM 50% (135) hours must be attained; Employer In-Services and Online/Home Study - MAXIMUM 50% (135 hours) is acceptable. Education / Training must have been received within the past ten (10) years.

Date(s)	Name of Course/Program	Sponsoring Agency	Presenter's Name & Credentials	How obtained	No. Hours

Please duplicate this page if extra space is needed

Supervised Practical Training (SPT) Verification:

To: _____ Applicant Name: _____
Name of Supervisor (Please print)

Supervisor, please complete and sign this document to verify that the above-named applicant has received hours of SPT specific to the domains. SPT includes face-to-face supervision and other activities designed to provide counselor training specific to the 12 core functions, and seeks to teach the knowledge and skills of the substance use counselor. The supervisory personnel who provide timely positive and negative feedback to assist the counselor in this learning process monitor these activities. The supervisor must document a minimum of 10 hours in each the domains.

Core Function	No. of Hours	Method of Training
1. Screening		
2. Intake		
3. Orientation		
4. Assessment		
5. Treatment Planning		
6. Counseling		
7. Case Management		
8. Crisis Intervention		
9. Client Education		
10. Referral		
11. Reports/Recordkeeping		
12. Consultation		
Total No. of Hours*		

I hereby certify that the above-named applicant has received the total number of hours of supervised practical training as an substance use counselor, with a minimum of 10 hours of the domains.

Supervisor's Signature: _____ Date: _____

Supervisor's Credential(s) and/or License(s): _____

Evaluation by Supervisor:

To: _____ Applicant Name: _____
Name of Supervisor

The MAAP Certification Examining Board reserves the right to request further information from you concerning this applicant. Please mail this form directly to MAAP, 4785 Old Canton Road, Jackson, MS 39211, in lieu of returning it to the applicant.

PART I: QUALIFYING INFORMATION (NOTE: Supervisor must hold either CADC, CADC I, CADC II, CAADC, or CCS, and be equal to or higher than the credential applicant is seeking. For supervisors without the aforementioned IC&RC reciprocal credentials, prior authorization by the MAAP Certification Examining Board to supervise is required. Written request for authority must be submitted to the Board by supervisor, to include copy(s) of academic credentials, licensure, specialty and resume.).

This evaluation is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Examining Board. The information you provide will be an essential part of the Board's evaluation of the competence of this applicant. It is our belief that as current/past supervisor you have a complete and accurate impression of the knowledge and skills of this applicant, which directly relate to the domains and skill elements of the competent alcohol & drug counselor. Careful and truthful reporting is essential. Please complete the evaluation material below and forward it directly to the Board within one week, if possible, to the address shown above. The Board will not proceed with the application process until this form is returned to us. Thank you for your cooperation in this matter.

To: _____ Title: _____
Name of Supervisor -Evaluator, Credentials, Licensure
Agency: _____ Telephone: _____ (Wk)
Address: _____ Email Address: _____
City, State, Zip: _____

Please identify the work setting in which you observed and gained first-hand knowledge of the applicant's work:

Agency: _____ Location: _____

Select the procedure(s) you have used to supervise and evaluate the applicant:

____ One-on-One Supervision ____ Case Staffing ____ Chart/Record Review
____ Case Consultation ____ Direct Observation ____ other (please describe below)

SUPERVISOR-EVALUATOR'S STATEMENT

I hereby certify that the information contained herein represents my true and accurate evaluation of the applicant to the best of my ability.

Signature: _____ Date: _____
(Include Credentials, Licensure)

PART II: EVALUATION OF APPLICANT'S SKILLS

Domain I. Screening, Assessment, and Engagement	Poor	Fair	Acceptable	Good	Excellent
Domain II. Treatment Planning, Collaboration, and Referral	Poor	Fair	Acceptable	Good	Excellent
Domain III. Counseling	Poor	Fair	Acceptable	Good	Excellent
Domain IV. Professional and Ethical Responsibilities	Poor	Fair	Acceptable	Good	Excellent

Please use spaces provided above, if applicant needs work on any task under specific Domain.

(Please Visit this link and click on ADC Candidate Guide for more detail on Domains;

<https://internationalcredentialing.org/examprep>)

SUPERVISOR-EVALUATOR'S STATEMENT

I hereby certify that the information contained herein represents my true and accurate evaluation of the applicant to the best of my ability.

Signature: _____
(Include Credentials, Licensure)

Date: _____

Personal Reference #1

To: _____ Applicant Name: _____
Name of Reference

This reference is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Examining Board. Please complete the reference material below and forward it directly to the Board as soon as possible at the address shown below. Your prompt attention to this request would be very much appreciated, as the application will not be processed until the Board receives this recommendation from you.

Please mail this form directly to MAAP, 4785 Old Canton Road, Jackson, MS 39211, in lieu of returning it to the applicant.

Name: _____ Title: _____
Agency: _____ Phone Number: _____ (Wk)
Address: _____ (Other)
City, State, Zip: _____ E-Mail Address: _____

How long have you known this applicant? _____ years

How would you best describe your relationship to her/him? Personal or Professional

Based on your knowledge of the above-named applicant, rate his/her skills by circling the number that corresponds to the appropriate rating for each item.

	Poor	Fair	Acceptable	Good	Excellent
Common Sense	1	2	3	4	5
Poise	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Reliability	1	2	3	4	5
Personal/Professional	1	2	3	4	5
Empathy	1	2	3	4	5
Works Well with Others	1	2	3	4	5
Ethical Standards	1	2	3	4	5
Knowledge of Alcohol/Drug Field	1	2	3	4	5
Counseling Effectiveness	1	2	3	4	5
Communication Skills	1	2	3	4	5

Additional Remarks: _____

I hereby certify that the information contained herein represents my true and accurate knowledge of the applicant's skills to the best of my ability.

Signature: _____ Date: _____

The MAAP Certification Examining Board reserves the right to request further information from you concerning this applicant.

Personal Reference #2

To: _____ Applicant Name: _____
Name of Reference

This reference is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Examining Board. Please complete the reference material below and forward it directly to the Board as soon as possible at the address shown below. Your prompt attention to this request would be very much appreciated, as the application will not be processed until the Board receives this recommendation from you.

Please mail this form directly to MAAP, 4785 Old Canton Road, Jackson, MS 39211, in lieu of returning it to the applicant.

Name: _____ Title: _____
Agency: _____ Phone Number: _____ (Wk)
Address: _____ (Other)
City, State, Zip: _____ E-Mail Address: _____

How long have you known this applicant? _____ years

How would you best describe your relationship to her/him? Personal or Professional

Based on your knowledge of the above-named applicant, rate his/her skills by circling the number that corresponds to the appropriate rating for each item.

	Poor	Fair	Acceptable	Good	Excellent
Common Sense	1	2	3	4	5
Poise	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Reliability	1	2	3	4	5
Personal/Professional	1	2	3	4	5
Empathy	1	2	3	4	5
Works Well with Others	1	2	3	4	5
Ethical Standards	1	2	3	4	5
Knowledge of Alcohol/Drug Field	1	2	3	4	5
Counseling Effectiveness	1	2	3	4	5
Communication Skills	1	2	3	4	5

Additional Remarks: _____

I hereby certify that the information contained herein represents my true and accurate knowledge of the applicant's skills to the best of my ability.

Signature: _____ Date: _____

The MAAP Certification Examining Board reserves the right to request further information from you concerning this applicant.

Personal Reference #3

To: _____ Applicant Name: _____
Name of Reference

This reference is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Examining Board. Please complete the reference material below and forward it directly to the Board as soon as possible at the address shown below. Your prompt attention to this request would be very much appreciated, as the application will not be processed until the Board receives this recommendation from you.

Please mail this form directly to MAAP, 4785 Old Canton Road, Jackson, MS 39211, in lieu of returning it to the applicant.

Name: _____ Title: _____
Agency: _____ Phone Number: _____ (Wk)
Address: _____ (Other)
City, State, Zip: _____ E-Mail Address: _____

How long have you known this applicant? _____ years

How would you best describe your relationship to her/him? Personal or Professional

Based on your knowledge of the above-named applicant, rate his/her skills by circling the number that corresponds to the appropriate rating for each item.

	Poor	Fair	Acceptable	Good	Excellent
Common Sense	1	2	3	4	5
Poise	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Reliability	1	2	3	4	5
Personal/Professional	1	2	3	4	5
Empathy	1	2	3	4	5
Works Well with Others	1	2	3	4	5
Ethical Standards	1	2	3	4	5
Knowledge of Alcohol/Drug Field	1	2	3	4	5
Counseling Effectiveness	1	2	3	4	5
Communication Skills	1	2	3	4	5

Additional Remarks: _____

I hereby certify that the information contained herein represents my true and accurate knowledge of the applicant's skills to the best of my ability.

Signature: _____ Date: _____

The MAAP Certification Examining Board reserves the right to request further information from you concerning this applicant.

Written Case Instructions:

The applicant will demonstrate an understanding of the Twelve Core Functions and Global Criteria in the form of a written case. The purpose of the written case is to assist applicants in preparing for the revised (June 2008) IC&RC International Written Examination, which includes a sample case and questions specifically developed to test competency in the Twelve Core Functions and Global Criteria for each Core Function. Directions for preparing a written case:

PLEASE NOTE: Written cases that do not follow the required mechanical format will be returned. The case must be typed; it should present the case of an actual client; the face sheet must contain the appropriate information, including; and the applicant must address all of the sections in the proper sequence.

- The case you submit must be related to the certification you are seeking.
- Use an actual/typical client from your case files: one who has completed treatment or is no longer obtaining your services. Use a fictitious name for the client but other information about the client should be real, unless there is a danger of violating his or her confidentiality. Do not use abbreviations.
- Complete the demographic information on the client.
- Provide the information as required on the Case Presentation Format:
 - Background Information (Sections A-G)
 - Assessment (Section H)
 - Treatment Plan (Section I)
 - Course of Treatment (Section J)
 - Discharge Summary (Section K)

For items A through K, begin by typing "A. SUBSTANCE ABUSE HISTORY" as a subheading, then follow with the narrative (story style) on the client's history of substance abuse, and go on to subheading "B. PSYCHOLOGICAL FUNCTIONING." Complete this section and all succeeding sections through K in the same manner.

- Sign the Counselor's Statement on the cover sheet.
- Give the completed case presentation to your supervisor for his or her review and signature (on the cover sheet).
- Submit the completed case with your completed application and portfolio. Keep one copy for your personal file.
- By submitting this case, you are pledging that you have prepared the written case independently on an actual/ typical client.

Written Case Cover Page:

Written Case By: _____
Applicant's Name

APPLICANT'S STATEMENT

I hereby certify that I prepared this case and that it represents an actual case of mine. I also understand that this material will be reviewed by the Certification Examining Board and its designated agents for evaluation and in consideration with my application for certification.

Signature: _____ Date: _____

Daytime Telephone Number: _____ (Wk Hm Cell)

SUPERVISOR'S STATEMENT

I hereby certify that I have read this case, that it represents an actual case of the applicant and that to the best of my knowledge it was prepared by him/her.

Name: _____
(Include Credentials, Licensure)

Title: _____

Agency Name: _____

Agency Address: _____

Phone Number: _____

Signature: _____ Date: _____

Written Case Format:

Note: Written cases that do not follow the required mechanical format will be returned.

Fictional Name: _____

Age at Admission: _____ Race: _____ Sex: _____ Marital Status: _____

Employer: _____

Referral Source: _____

Current Legal Status: _____

Admission Date: _____ Discharge Date: _____

Treatment Setting and Modality: _____

A. SUBSTANCE ABUSE HISTORY *(If signs/symptoms do not exist, state "client denied")*

- Substances Used *(include present over-the-counter and prescription medications)*
- Frequency
- Progression
- Severity / Amount Used
- Age at Onset
- Primary Substance
- Route of Administration
- Effects: Blackouts, Tremors, Tolerance, DT's, Seizures, Other Medical Complications (some of these can be included in Physical History Section)

B. PSYCHOLOGICAL FUNCTIONING *(If signs/symptoms do not exist, state "client denied")*

Mental Status (Oriented, Hallucinations*, Delusions*, Suicidal*, Homicidal*, Judgment, Insight) *to include both past and present. Include emotional, sexual and physical abuse. Include psychiatric disorders if previously diagnosed by M.D.

C. EDUCATIONAL / VOCATIONAL / FINANCIAL

- Educational and Work History
- Educational Level
- Disciplinary Action (at school or at work)
- Reasons for Termination
- Current and Past Financial Status

D. LEGAL HISTORY (*If non-existent, state "client denied"*)

- Charges, Arrests, Convictions
- Current Status
- Pending

E. HISTORY (*If non-existent, state "client denied"*)

- Parents
- Siblings / Rank
- Psychological Functioning in Family
- Substance Use in Family
- History of Social Functioning from Childhood to Present
- Family Functioning -- Including Physical, Sexual and Emotional Abuse
- Relationship History
- Children
- Vacations
- Holiday Celebrations
- Family Reunions
- Religious/spiritual Beliefs/practices for Self and for Family
- Sexual Orientation

F. PHYSICAL HISTORY (*If non-existent, state "client denied"*)

- Both Alcohol and Drug, Non-Alcohol and Drug Problems
- Past and Present Major Medical Problems; i.e., Disabilities, Pregnancy and Related Issues, STDs, Alcohol and Drug-Related Problems, Respiratory problems such as TB, breathing difficulties, severe allergies

G. TREATMENT HISTORY

- Alcohol and/or Drug
- Psychological

H. ASSESSMENT

Identify and evaluate the client's strengths, weaknesses, problems, and needs for the development of the treatment plan.

I. TREATMENT PLAN

Identify and rank problems needing resolution; establish agreed-upon immediate and long-term goals; decide on a treatment process and the resources to be utilized.

J. COURSE OF TREATMENT

Describe the counseling approaches you used, your rationale for their use and any revisions you made based on the client's unique problems and responses to treatment.

K. DISCHARGE SUMMARY

Concisely describe the client's overall response to treatment, including alcohol/drug status at discharge.

Twelve Core Functions and 46 Global Criteria of the Alcohol & Drug Abuse Counselor

The basic competencies required are considered to include:

1. **Screening:** The process by which the client is determined appropriate and eligible for admission to a particular program. Global Criteria relevant to Screening includes being able to:
 1. Evaluate psychological, social, and physiological signs and symptoms of Alcohol and other Drug use and abuse.
 2. Determine a client's *appropriateness* for admission or referral.
 3. Determine a client's *eligibility* for admission or referral.
 4. Identify any coexisting conditions (medical, psychiatric, physical, etc.), which indicate need for additional professional assessment and/or services.
 5. Adhere to applicable laws, regulations and agency policies governing Alcohol and other Drug Abuse services.
2. **Intake:** The administrative and initial assessment procedures for admission to a program. Global Criteria relevant to Intake includes being able to:
 6. Complete required documents for admission to the program.
 7. Complete required documents for program eligibility and appropriateness.
 8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.
3. **Orientation:** Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any, and client rights. Global Criteria relevant to Orientation includes being able to:
 9. Provide an overview to the client by describing program goals and objectives for client care.
 10. Provide an overview to the client by describing program rules, and client obligations and rights.
 11. Provide an overview to the client of program operations.
4. **Assessment:** The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan. Global Criteria relevant to Assessment includes being able to:
 12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
 13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding clients' alcohol and other drug abuse and psychosocial history.
 14. Identify appropriate assessment tools.
 15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
 16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.
5. **Treatment planning:** The process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized. Global Criteria relevant to Treatment planning includes being able to:
 17. Explain assessment results to client in an understandable manner.
 18. Identify and rank problems based on individual client needs in the written treatment plan.
 19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
 20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.
6. **Counseling (individual, group, and significant others):** The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision-making. Global Criteria relevant to Counseling includes being able to:
 21. Select the counseling theories that apply to the problems identified.
 22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
 23. Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.

24. Individualize counseling in accordance with cultural, gender, and lifestyle differences.
 25. Interact with the client in an appropriate therapeutic manner.
 26. Elicit solutions and decisions from the client.
 27. Implement the treatment plan.
7. **Case Management:** Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts. Global Criteria relevant to Case management includes being able to:
28. Coordinate services for client care.
 29. Explain the rationale of case management activities to the client.
8. **Crisis Intervention:** Those services, which respond to an Alcohol and/or other Drug Abuser's needs during acute emotional and/or physical distress. Global Criteria relevant to Crisis intervention includes being able to:
30. Recognize the elements of the client crisis.
 31. Implement an immediate course of action appropriate to the crisis.
 32. Enhance overall treatment by utilizing crisis events.
9. **Client Education:** Provision of information to individuals and groups concerning Alcohol and other Drug Abuse and the available services and resources. Global Criteria relevant to Client education includes being able to:
33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
 34. Present information about available alcohol and other drug services and resources.
10. **Referral:** Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available. Global Criteria relevant to Referral includes being able to:
35. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
 36. Explain the rationale for the referral to the client.
 37. Match client needs and/or problems to appropriate resources.
 38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
 39. Assist the client in utilizing the support systems and community resources available.
11. **Reports and Recordkeeping:** Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data. Global Criteria relevant to Reports and record keeping includes being able to:
40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
 41. Chart pertinent ongoing information pertinent to the client.
 42. Utilize relevant information from written documents for client care.
12. **Consultation:** Consulting with other professionals in regard to client treatment/services: relating with in-house staff or outside professionals to assure comprehensive, quality care for the client. Global Criteria relevant to Consultation includes being able to:
43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
 44. Consult with appropriate resources to ensure the provision of effective treatment services.
 45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
 46. Explain the rationale for the consultation to the client, if appropriate.

Ethical Standards of Certified Professionals *(Return this entire document)*

The Mississippi Association of Addiction Professionals is comprised of Certified Professionals who, as responsible health care professionals, believe in the dignity and worth of human beings. In the practice of their profession, they assert that the ethical principles of autonomy, beneficence and justice should guide their professional conduct. Certified Professionals dedicate themselves to promote the best interests of their society, of their clients, of their profession, and of their colleagues.

The following codes of ethics set forth the minimum standards of behavior which all Certified Professionals are expected to honor. As a testament to their dedication, applicants must confirm their commitment by signing and returning an affirmation clause as part of their initial application as well as upon each subsequent recertification application.

SPECIFIC PRINCIPLES:

Principle 1--Responsibility to Clients: In their commitment to advancing the welfare of individuals and their families, Certified Professionals should value objectivity and integrity. They should accept the consequences of their work and make every effort to insure that their services are used appropriately.

- Certified Professionals should not discriminate against or refuse professional services to anyone on the basis of age, race, religion, national origin, disability, gender, or sexual orientation.
- Certified Professionals should avoid exploiting the trust and dependency of their clients and make every effort to avoid dual relationships with clients that would impair professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, business or sexual relationships with clients.
- Certified Professionals should not use their professional relationship with clients to further their own interests.
- Certified Professionals should continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. They should assist persons in obtaining other therapeutic services if they are unable or unwilling, for appropriate reasons, to see a person who has requested professional help. They should not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

Principle 2--Confidentiality: Certified Professionals have a primary objective to respect the confidentiality of client information. They should reveal information to others only with the written consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, Certified Professionals should inform clients of the legal limits of confidentiality.

- Certified Professionals should not disclose client confidences to anyone, except: (1) as mandated by law; (2) to prevent a clear and immediate danger to a person or persons; (3) where the Certified Professional is a defendant in a civil, criminal or disciplinary action arising from the therapy (in which case client confidences may only be disclosed in the course of the action); or (4) if there is a waiver previously obtained in writing, and then such information may only be revealed in accordance with the terms of the waiver.
- Certified Professionals should use clinical materials in teaching, writing, and public presentations only if a written waiver has been received or when appropriate steps have been taken to protect client identity.
- Certified Professionals should store or dispose of client records in ways that maintain confidentiality.

Principle 3--Professional Competence and Integrity: The maintenance of high standards of professional competence and integrity are responsibilities shared by all Certified Professionals. They should recognize the boundaries of competence and the limitations of techniques and only provide services, use techniques, or offer opinions as professionals meeting recognized standards. Throughout their careers, Certified Professionals should maintain knowledge of professional information related to the services they render.

- A. Certified Professionals should accurately represent their competence, education, training and experience.
- B. Certified Professionals, as supervisors, should perform duties based on careful preparation so that supervision is accurate, up-to-date and scholarly.
- C. Certified Professionals should recognize the need for, and obligation to professional growth through continuing education. They should be open to new procedures and should be sensitive to differences between groups of people and changes in expectations and values over time.

- D. Certified Professionals should have an understanding of counseling or educational measurement, validation problems, and other test research where they have the responsibility for decisions involving individuals or policies based on test results. Test users should know and understand the literature relevant to the tests used and testing problems with which they deal.
- E. Certified Professionals should not attempt to diagnose, treat, or advise problems outside the recognized boundaries of their competence.
- F. Certified Professionals should seek appropriate professional assistance for their own personal problems or conflicts that are likely to impair their work performances and their clinical judgment.
- G. Certified Professionals should not engage in sexual or other harassment of clients, students, employees, supervisors, trainees or colleagues.
- H. Certified Professionals should be aware that because of their ability to influence and alter the lives of others, they must exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

Principle 4--Professional Behavior: Due to the unique scope of practice that Certified Professionals provide, Certified Professionals shall be responsible for personal and professional conduct with particular attention to the use of alcohol and other mood altering drugs and issues of emotional, physical, and sexual abuse. Certified Professionals must monitor the following behaviors of themselves, their colleagues, and their staff:

- A. Conviction for the possession or use of any illegal drug, narcotic or mood altering substance.
- B. The use of intoxicants and/or non-physician prescribed and monitored mood-altering substance when engaged in professional pursuits.
- C. The conducting of intimate, personal and/or business relationships of any kind with any patient or their families. This applies to all clients. A Certified Professional should consult with an objective peer when this issue is raised.
- D. Certified Professionals respect the dignity and protect the welfare of participants in research and are aware of federal and state laws, regulations and professional standards governing the conduct of research, including informed consent.
- E. Certified Professionals make financial arrangements with clients, third party payers and supervisees that are understandable and conform to accepted professional practices. Certified Professionals do not offer or accept payment for referrals. Certified Professionals will disclose their fees to clients and supervisees at the beginning of services and represent facts truthfully to clients, third party payers and supervisees regarding services rendered.
- F. Certified Professionals accurately represent their competence, education, training and experience relevant to their practice as a Certified Professional. A Certified Professional assures that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services.
- G. A Certified Professional is in violation of this code if they:
 1. Are convicted of any felony
 2. Engage in conduct which could lead to conviction of a felony or misdemeanor, or are convicted of a misdemeanor related to their qualifications or function.
 3. Are expelled from or disciplined by other professional organizations
 4. Have their certification suspended, revoked, or otherwise disciplined by regulatory bodies
 5. Refuse to seek treatment for alcohol/drug abuse, mental/emotional problems, or physical health problems that interfere with professional functioning
 6. Failure to cooperate at any point of an ethical complaint investigation.

Principle 5--Responsibility to Students, Employees and Supervisees: Certified Professionals should not exploit the trust and dependency of students, employees and supervisees.

- Certified Professionals should be cognizant of their potentially influential position with respect to students, employees and supervisees and should avoid exploiting the trust and dependency of such persons. They should make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation.
- Certified Professionals should not permit students, employees, or supervisees to perform or to represent themselves as competent to perform professional services beyond their training, level of experience, and competence.

Principle 6--Responsibility to the Profession: Certified Professionals should act with due regard to the needs and feelings of their colleagues in the field of addictions and other professions. They should respect the prerogatives and obligations of the institutions or organizations with which they are associated.

- Certified Professionals should understand the areas of competence of related professions and make full use of other professional, technical, and administrative resources, which best serve the interests of clients.
- Certified Professionals should remain accountable to the standards of the profession when acting as members or employees of organizations.
- Certified Professionals as writers and researchers should: (1) assign publication credit to those who have contributed to a publication in proportion to their contributions; (2) cite appropriately reasonable precautions to insure that the materials are accurately and factually promoted and advertised; and (4) be adequately informed of and abide by relevant laws and regulations regarding the conduct of research with human participants.
- Certified Professionals should recognize a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.
- Certified Professionals should be concerned with developing laws and regulations pertaining to the field of addiction that serve the public interest, and with altering such laws and regulations that are not in the public interest. They also should encourage public participation in the designing and delivery of services and in the regulation of practitioners.
- Certified Professionals who have first-hand knowledge of an ethical violation should attempt to rectify the situation and failing an informal solution, should bring such unethical activities to the Certification Examining Board.

Principle 7--Fees: Certified Professionals should charge fees only where they are licensed to do so. In such cases they should make financial arrangements with clients that conform to accepted professional practices and that are reasonably understandable.

- Certified Professionals should not offer or accept payment for referrals.
- Certified Professionals should not charge excessive fees for services.
- Certified Professionals should disclose their fee structure to clients at the onset of treatment.

Principle 8--Advertising: Certified Professionals should engage in appropriate informational activities, including those that enable lay persons to choose professionals on an informed basis.

- Certified Professionals should accurately represent their competence, education, training, and experience relevant to their practice as an addiction professional.
- Certified Professionals should claim as evidence of educational qualifications only those degrees from regionally-accredited institutions or from institutions accredited by states which licenses or certify addictions professionals.
- Certified Professionals should not use a name which could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name and do not represent themselves out as being partners or associates of a firm if they are not.
- Certified Professionals should assure that advertisements and publications, whether in directories, announcement cards, newspapers, or on radio or television, are formulated to convey information that is necessary for the public to make an appropriate selection.
- Certified Professionals should not use any professional identification (such as a professional card, office sign, letterhead, or telephone or association directory listing), if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.
- Certified Professionals should correct, wherever possible, false, misleading or inaccurate information and representations made by others concerning the addictions professionals' qualifications, services or products.

Principle 9--Responsibility to the Board: A Certified Professional shall cooperate in any investigation conducted pursuant to this code of ethical conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:

- The willful misrepresentation of facts before the disciplining authority it or its authorized representative;
- The use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed;
- Refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the Certified Professional's credential until the ethical complaint is resolved.
- Filing a complaint or provide information to the Board, which he/she knows or should have known, is false or misleading.

Principle 10--Suspension/Revocation of Certification: Certification may be denied, suspended or revoked by the Certification Examining Board by independent action or upon recommendation of the Board of Directors of MAAP upon the presentation to the

Certification Examining Board of evidence satisfactorily documenting violation of the Ethical Standards of Certified Professionals. The Board is authorized to refuse to grant or renew, or may suspend a certificate on the following grounds:

- Conviction of a felony under the laws of the United States;
- Conviction of any crime, an essential element of which is dishonesty, deceit or fraud;
- Fraud or deceit in obtaining a credential as a Certified Professional;
- Dishonesty, fraud or gross negligence in the practice of a Certified Professional; or
- Violation of any rule of professional ethics and professional conduct adopted by MAAP or its agents.

Grievance and Appeals

If an applicant is denied certification, questions the results of the application and portfolio review, questions examination results, or is subject to an action by MAAP or its agents that is deemed unjustified, the application has the right to an inquiry and appeals process.

- **Inquiry:** If an applicant (complainant) deems that an action taken by MAAP or its agents is unjustified (e.g., denial of certification), he/she is entitled to a written summary from MAAP or its agents that explains the reasons for the action. If the complainant does not agree with the MAAP decision, he/she may request an appeal.
- **Appeal:**
 - The applicant (complainant) may appeal the decision of MAAP within thirty (30) days of receipt of the summary notice of denial or any other action deemed unjustified by sending a certified letter to the President of the Board at the MAAP office. The President or designated Board member reviews the written appeal and appoints a three-member Hearing Committee of certified counselors to hold an oral hearing with the complainant within thirty (30) days of receipt of the certified letter.
 - The complainant will be informed of the results of the hearing by certified mail. These results are considered final unless the complainant requests a further hearing by the Board.
 - The Hearing Committee will report the results of the hearing to the Certification Examining Board at its next meeting. If the Board has received an objection to the decision, it will review the entire matter.
 - The Certification Examining Board will review the findings of the Hearing Committee and objections of the complainant. It will notify the complainant of its final decision by certified mail within thirty (30) days of the meeting.

AFFIRMATION

NOTE: The Ethical Standards of Certified Professionals document and this signature page must be returned in its entirety to the MAAP Certification Examining Board along with your application.

I, _____ (print name) have read and do affirm the foregoing Ethical Standards of Certified Professionals.

Applicant Signature

Date: _____



CREDIT / CARD Payments

Visa

MC

Discover

Name : _____

Name as it appears on card: _____

Credit Card No. _____

Expiration Date: _____ / _____ Security No. _____

Billing Address: _____

Amount Authorized to Charge Card shown above: \$ _____

* By signing below you authorize MAAP to charge this credit card for the amount shown above. You also hereby guarantee payment of the amount shown above.

Signature: _____