



Mississippi Association of Addiction Professionals

"Bringing All The Pieces Together"

Certification Manual

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1. PREFACE

The Mississippi Association of Addiction Professionals (MAAP) is committed to ensuring that addiction professionals in Mississippi meet high standards of competence, ethical practice, and professional integrity. This Certification Manual outlines the requirements, procedures, and expectations for all MAAP-issued credentials.

The manual serves two purposes:

1. To guide applicants—helping them understand what is required and how to prepare a complete application.
2. To guide the Certification Examining Board—ensuring consistent, fair, and competency-based review practices.

Any issues not addressed in this manual will be reviewed by the Certification Examining Board or an authorized committee. Updates or revisions will be incorporated into future editions of this manual. Applicants are responsible for reading this manual carefully and verifying that they are working from the most current version.

1.2 MAAP Contact Information

Mississippi Association of Addiction Professionals (MAAP) Certification Examining Board

Certification Inquiries: certification@msaap.net

General MAAP Inquiries: info@msaap.net

Website: www.msaap.net

- [Membership Information](#)
- [Member Portal \(www.msaap.net\)](http://www.msaap.net)

2. INTRODUCTION

Addiction professionals play a vital role in the health and well-being of individuals, families, and communities. While the field originated with passionate laypersons offering support to individuals struggling with substance use, it has grown into a specialized profession supported by formal education, evidence-based practices, and national certification standards.

Certification through MAAP:

- Recognizes professionals who meet established standards of education, experience, and ethical practice
- Helps ensure quality care for individuals with substance use and co-occurring issues
- Supports professional growth and workforce development in Mississippi
- Provides pathways to reciprocity with IC&RC member boards in other states and countries

Although credentialing in Mississippi is voluntary, MAAP strongly encourages professionals to attain certification as an indicator of competence and commitment to the field.

Applicants should read the entire manual before applying and maintain a personal file that includes:

- All correspondence with MAAP
- Certificates of attendance
- Verification letters
- Completed application forms and portfolio materials

As the profession has advanced, many individuals entering the field now hold degrees in counseling, social work, psychology, and related disciplines. However, the qualities that characterized effective early practitioners—empathy, lived experience, strong interpersonal skills, and a deep understanding of addiction—remain essential today.

To ensure that individuals providing addiction services are well-prepared, accountable, and competent, MAAP and the Certification Examining Board uphold rigorous certification standards. MAAP also recognizes that some applicants may need additional training to meet competency expectations. To address this, MAAP—along with organizations such as NIDA, NAADAC, NIAA, and various academic institutions—supports and promotes training opportunities designed to strengthen professional knowledge and close educational gaps for individuals seeking certification.

2.1 PURPOSE OF CERTIFICATION

Certification for addiction professionals is designed to evaluate both experiential and academic preparation, ensuring that individuals possess the core knowledge and competencies necessary to provide safe, effective, and ethical services. Certification establishes a **baseline standard of professional competence**, regardless of an individual's prior training or background, and recognizes those who meet clearly defined education, experience, and ethical requirements.

In Mississippi, certification for addiction professionals is currently **voluntary**, but MAAP strongly encourages individuals in the field to pursue certification as evidence of professional competence, accountability, and commitment to high standards of practice.

This manual provides a comprehensive overview of the certification process and requirements. Because certification is detailed and rigorous, applicants must review each section carefully, understand what documentation is required, and be prepared to submit complete and accurate materials. Applicants are encouraged to maintain a personal file containing:

- All correspondence with MAAP
- Certificates of attendance and training
- Verification letters
- A copy of all submitted application and portfolio materials

Benefits of Credentialing

Credentialing strengthens the profession and protects the public by ensuring that addiction services are delivered by qualified individuals.

For professionals:

- Enhances career opportunities
- Supports professional growth and development
- May contribute to higher earnings
- Signals credibility and commitment to ethical practice

For employers:

- Identifies qualified staff
- Supports workforce development and service quality

For clients:

- Provides assurance that services are delivered by competent, trained professionals
- Enhances trust in the therapeutic process

For the public:

- Ensures prevention, treatment, and recovery services are delivered responsibly
- Promotes appropriate use of public funds

Certification ultimately benefits the entire behavioral health workforce by promoting consistent standards, strengthening professional identity, and supporting high-quality care across Mississippi.

2.2 MAAP CERTIFICATION EXAMINING BOARD

The Mississippi Association of Addiction Professionals (MAAP), a non-profit organization established in 1983, is responsible for certifying addiction professionals throughout Mississippi. Because peer evaluation is a long-standing and essential practice in the field, MAAP maintains a Certification

Examining Board to ensure that certification standards reflect the competencies, ethics, and expectations of professional practice.

The Certification Examining Board is responsible for:

- Reviewing and processing certification applications
- Administering IC&RC examinations
- Establishing and maintaining uniform statewide certification standards
- Ensuring compliance with IC&RC requirements
- Reviewing appeals and disciplinary matters
- Meeting at least quarterly, or more frequently as needed

MAAP's Certification Examining Board is the sole recognized body authorized to certify professionals in alcohol and drug counseling, clinical supervision, prevention, and criminal justice within Mississippi.

Board Composition and Terms of Service

The Certification Examining Board consists of five members appointed by MAAP. Members are recommended by the Board and confirmed by the general membership during the annual MAAP conference. Board members serve staggered one-, two-, or three-year terms.

If a Board member resigns or loses certification, the MAAP President appoints a replacement, pending approval by the remaining Board members. New members serve until formally confirmed by the general membership at the next annual conference. The MAAP President also appoints the Chairperson of the Certification Examining Board.

Procedures for Revising Certification Standards

To implement changes or revisions to certification processes or requirements:

1. At least three Board members must be present at a meeting, and the Chairperson must preside.
2. Proposed changes must be distributed (posted and/or emailed) to all Board members at least 30 days before a vote.
3. Changes require a two-thirds majority vote of the members present, constituting a quorum.
4. Meetings may be held in person, by phone, or via online conference.

Nature and Purpose of Certification

MAAP certification is a voluntary credential. Agencies and employers may choose to recognize and value certification at their discretion. The credibility of MAAP credentials depends on the demonstrated competence, ethical conduct, and integrity of certificate holders and their ongoing adherence to MAAP standards.

Certification emphasizes competence based on practical knowledge, supervised experience, and demonstrated skills, rather than academic achievement alone. It is available to anyone who meets or exceeds the established standards for the credential they seek.

2.3 INTERNATIONAL CERTIFICATION AND RECIPROCITY CONSORTIUM (IC&RC)

MAAP is a proud member of the International Certification & Reciprocity Consortium (IC&RC), an organization dedicated to protecting the public by establishing standards and facilitating reciprocity for credentialing addiction-related professionals. Founded in 1981 and headquartered in Harrisburg, PA, IC&RC is a non-profit membership organization composed of certifying agencies that credential or license professionals in alcohol and drug abuse, clinical supervision, prevention, co-occurring disorders, and criminal justice.

IC&RC and its members are committed to public protection through quality, competency-based certification programs for those who prevent and treat addictions and related issues. The organization also promotes minimum standards for reciprocity among certified professionals.

Certified professionals in Mississippi benefit from reciprocity with many certifying bodies across the United States and internationally, including the U.S. Air Force, Marines, and Navy. IC&RC comprises 75 agencies representing over 40,000 certified professionals globally, including 26 countries and six Native American territories. For a list of member boards, visit IC&RC's website at <http://internationalcredentialing.org>.

2.4 HOW TO USE THIS MANUAL

This Certification Manual is designed to guide applicants, supervisors, employers, and certified professionals through every stage of the MAAP credentialing process. It provides clear instructions, requirements, definitions, and reference tools to ensure a smooth and accurate application experience.

To get the most out of this manual:

1. Start with the Introduction (Section 2)

This section explains the purpose of certification, MAAP's role, and the connection to IC&RC. It provides essential context for understanding how the credentialing system works.

2. Review the Overview of Credentials (Section 3)

These pages help you determine which credential best fits your education, experience, and career goals.

- Section 3.1 explains the pathways
- Section 3.2 provides comparison tables
- Section 3.3 offers a decision tree—ideal for first-time applicants

3. Follow the Certification Process (Section 4)

This section outlines the entire application cycle from start to finish, including:

- How to assemble and submit an application
- Portfolio and documentation requirements
- Supervision and written case expectations

- Exam scheduling and certification issuance

4. Understand the Certification Requirements (Section 5)

These are the minimum eligibility standards for all applicants (e.g., residency, direct service, experience, Supervised Practical Training, education).

If you are unsure whether you qualify, start here.

5. Locate Your Credential's Requirements (Section 6)

Each credential has its own page detailing:

- Required education and training
- Experience and supervision standards
- Examination requirements
- Recertification expectations

Use this section to verify you have met all prerequisites before submitting an application.

6. Abbreviated Pathway for Licensed Professionals (Section 7)

Fully licensed clinicians (LPC, LCSW, LMFT, etc.) should review this section to see whether they qualify for the streamlined credentialing process.

7. Appeals, Reviews, and Due Process (Section 8)

If an application is denied or clarification is needed, this section guides applicants through the inquiry and appeal procedures.

8. Recertification and Renewal (Section 9)

Once certified, applicants can refer to this section for Continuing Education requirements, renewal timelines, and procedures for reinstating a lapsed credential.

9. Reciprocity (Section 10)

Certified professionals seeking to transfer their credential to another IC&RC member board should review this section for detailed reciprocity instructions.

10. Ethical Standards (Section 11)

All certificate holders must follow the ethical standards corresponding to their credential. These standards guide professional conduct and form the basis for disciplinary review.

11. IC&RC Domains and Core Competencies (Section 12)

This section defines the performance domains, core functions, and global criteria on which IC&RC exams and professional practice are based.

These pages are essential for exam preparation.

12. Use the Appendices for Practical Tools (Appendix A–E)

The appendices provide:

- Application checklists
- Supervision guidance
- Training documentation guidelines
- Additional resources
- All MAAP forms

These tools help applicants organize documentation and submit a complete, successful application.

3. OVERVIEW OF CREDENTIALS

This section offers a clear and accessible summary of all credentials provided by MAAP, featuring comparison tables and a decision tree to assist applicants in identifying the credential that aligns with their education, experience, and career aspirations.

When exploring credentials, consider the following questions—or email certification@msaap.net for guidance:

- What level of formal education do you have?
- Do you want to counsel individuals or work in prevention?
- Do you work in a clinical, community, or criminal justice setting?
- Are you already licensed in a behavioral health profession?

3.1 CREDENTIAL PATHWAYS

MAAP currently offers the following types of certifications:

Alcohol & Drug Counselor

- CIC –Certified Intern Counselor (*non-reciprocal*)
- CADC –Certified Alcohol & Drug Counselor (*IC&RC reciprocal at ADC level*)
- CADC I –Certified Alcohol & Drug Counselor I (*Bachelor’s level; IC&RC reciprocal at ADC level*)
- CADC II –Certified Alcohol & Drug Counselor II (*Master’s level; IC&RC reciprocal at ADC level*)
- CAADC –Certified Advanced Alcohol & Drug Counselor (*Master’s level; IC&RC reciprocal at AADC level*)

Clinical Supervisor

- CCS –Certified Clinical Supervisor (*IC&RC reciprocal at CS level*)

Prevention Specialist

- APS –Associate Prevention Specialist (*non-reciprocal*)
- CPS –Certified Prevention Specialist (*IC&RC reciprocal at PS level*)
- CPM –Certified Prevention Specialist Manager (*IC&RC reciprocal at PS level*)

Criminal Justice Addictions Professional

- CCJA – Certified Criminal Justice Associate (*non-reciprocal*)
- CCJP –Certified Criminal Justice Addictions Professional (*IC&RC reciprocal at CCJP level*)

Each credential has its own set of education, training, supervision, and experience requirements. Many professionals begin with an entry-level or non-reciprocal credential and later progress to advanced, reciprocal certifications as they gain additional education and experience.

3.2 CREDENTIAL COMPARISON TABLES

The following tables provide a side-by-side comparison of all MAAP credentials. Use these charts to quickly determine which credential aligns with your education, experience, and professional goals.

Table 3.2A: Counselor & Clinical Supervisor Credentials (CIC → CAADC)

Use this table if you want to counsel individuals with substance use disorders or supervise counselors.

CREDENTIAL	EDUCATION	EXPERIENCE	SPT	EXAM	CASE STUDY	RECIPROCAL?
CIC	HS diploma	N/A	N/A	IC&RC ADC or AADC	No	No
CADC	HS diploma	6,000 hrs	300 hrs	IC&RC ADC	Yes	Yes
CADC I	Bachelor's	8,000 hrs	200 hrs	IC&RC ADC	Yes	Yes
CADC II	Master's	10,000 hrs	100 hrs	IC&RC ADC	Yes	Yes
CAADC	Master's (clinical)	4,000 hrs	100 hrs	IC&RC AADC	Yes	Yes
CCS	CADC + Master's, or CAADC	4,000 hrs	200 hrs	IC&RC CS	No	Yes

Table 3.2B: Prevention Credentials (APS → CPM)

Use this table if you want to provide prevention services.

CREDENTIAL	EDUCATION	TRAINING	EXPERIENCE	SUPERVISION	EXAM	RECIPROCAL?
APS	HS diploma or GED	75 hrs	500 hrs	120 hrs	No	No
CPS	Bachelor's degree	150 hrs	2,000 hrs	200 hrs	IC&RC PS	Yes
CPM	Bachelor's degree	200 hrs	4,000 hrs prevention + 500 hrs management	300 hrs	IC&RC PS	Yes

Table 3.2C: Criminal Justice Credentials (CCJA & CCJP)

Use this table if you work in criminal justice settings.

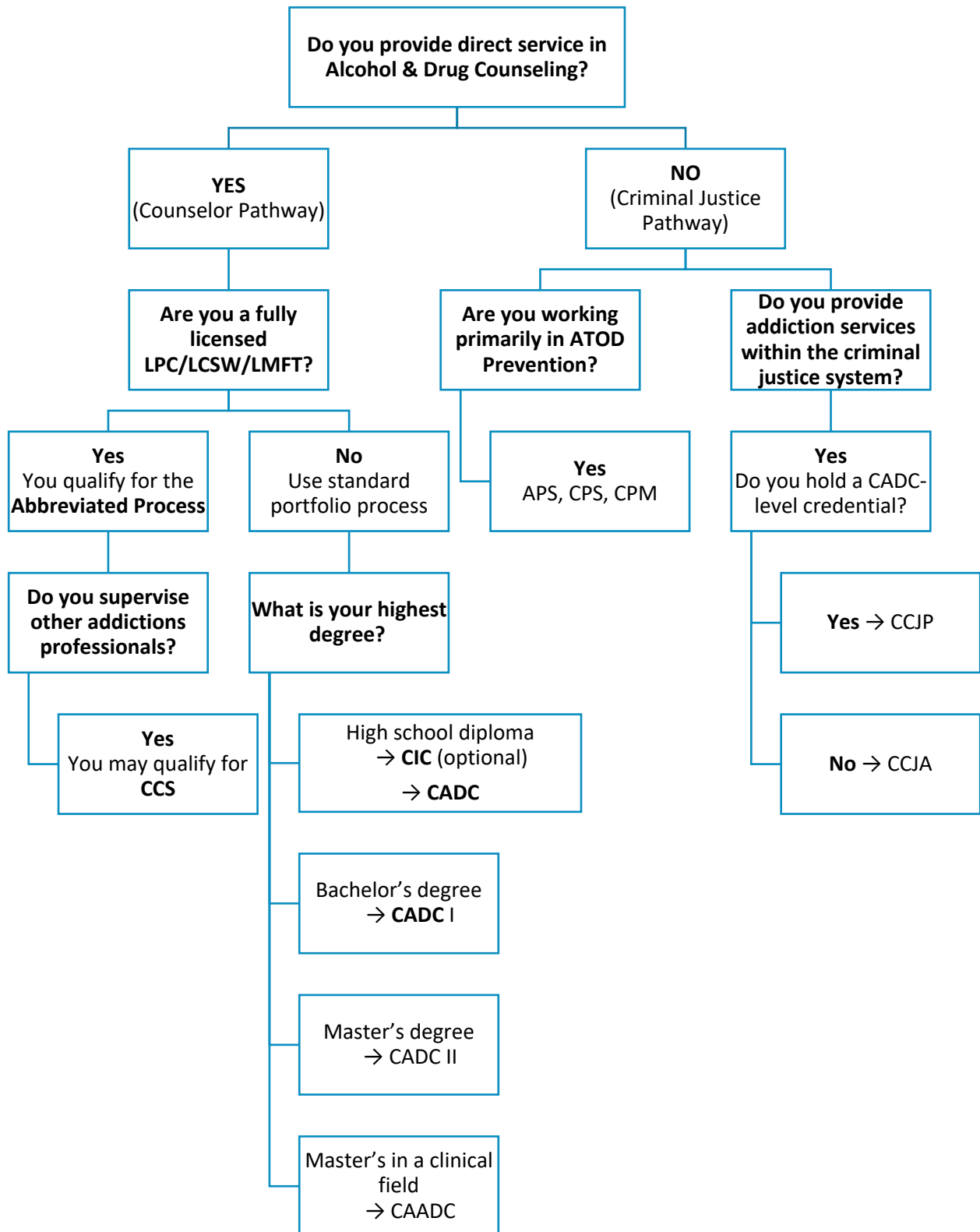
CREDENTIAL	EDUCATION	TRAINING	EXPERIENCE	SUPERVISION	EXAM	RECIPROCAL?
CCJA (New)	HS diploma or GED	40 hrs	1,000 hrs CJ/SUD	100 hrs	No	No
CCJP	HS diploma or higher + CADC-level	100 hrs	2,000 hrs CJ-specific	Included in experience	IC&RC CCJP	Yes

Table 3.2D: Abbreviated Pathway

Use this table if you are already a licensed mental health professional (e.g., LPC, LCSW, LMFT).

CREDENTIAL	EXPERIENCE	SPT	ADDITIONAL REQUIREMENTS
CADC / CAADC	2,000 hours (if provisional)	100 hours (if provisional)	Application, Resume, Current License, Ethics +IC&RC ADC exam
CCS	2,000 hours of supervisory experience	100 hours (if provisional)	Application, Resume, Current License, Supervisory Ethics + IC&RC CS exam

3.3 “WHICH CREDENTIAL DO I NEED?” DECISION TREE



4. CERTIFICATION PROCESS

The MAAP certification process evaluates an applicant’s education, supervised experience, practical skills, ethical conduct, and competency through examination. Unless otherwise noted for specific credentials, all applicants follow the same general steps outlined below.

4.1 INITIAL APPLICATION PROCESS

Step 1 — Obtain Materials & Review Requirements

Applicants begin by downloading the following from www.msaap.net:

- Certification Manual
- Application Packet (includes all Portfolio Forms)

Before applying, the applicant must carefully review:

- Education requirements
- Supervision requirements
- Experience requirements
- Documentation standards
- Case study requirements (if applicable)
- Examination format and timing

Applicants are responsible for ensuring they meet all minimum eligibility requirements before submitting an application.

Step 2 — Assemble and Submit the Application & Portfolio

Applicants must upload the following as one combined packet to their Member Portal (www.msaap.net):

- Completed Application Form
- All required Portfolio Forms
- Documentation of supervised work experience
- Documentation of Supervised Practical Training (SPT), if required
- Certificates of training and education
- Signed Code of Ethics
- Written case study (if required)
- Application fee

Documents Sent Directly to MAAP

The following must be sent directly to MAAP (certification@msaap.net) from the original source:

- Supervisor evaluations (SPT director and/or agency supervisor)
- Three professional or colleague references
- Official transcripts from each college/university attended

Note: Sign-in sheets are not accepted as documentation for any training hours. All documentation is subject to verification at the Board’s discretion.

Step 3 — Board Review

The Certification Examining Board meets at least quarterly and reviews applications in the order received.

The Board evaluates:

- Applicant eligibility
- Completeness of application and portfolio
- Accuracy of experience and supervision logs
- Education and training relevance
- Adherence to IC&RC requirements
- Case study quality (if required)
- Supervisor qualifications

Outcome Notification

Applicants will receive an email regarding the status of their application. Status updates can also be viewed at any time in the **Member Portal** (www.msaap.net).

Application status categories include:

- **Needs Review** – Application received; awaiting Board review.
- **Pending** – Additional documentation or payment is required before review can continue.
- **Pending Exam** – Application approved; applicant has been pre-registered for the exam.
- **Denied** – Application denied; written notice includes reasons and appeal rights.
- **Approved** – Application approved; a digital certificate will be emailed to the applicant.

Step 4 — Examination

Approved applicants receive an Exam Pre-Registration email with instructions for scheduling the IC&RC International Written Examination.

IC&RC exams are:

- Computer-based
- Administered at approved testing centers
- Scheduled through IC&RC’s testing system

A passing score is required for certification.

Step 5 — Issuance of Certification

Certification is issued once the applicant has:

- Passed the IC&RC exam
- Met all education, supervision, and experience requirements

- Maintained current MAAP membership

Certificates are valid for two (2) years and include:

- Credential title
- Date issued
- Expiration date
- MAAP and IC&RC recognition (for reciprocal credentials)

Step 6 — Maintenance of Certification

Credentialed professionals must:

- Maintain continuous, active MAAP membership
- Complete all required continuing education
- Renew their certification every two (2) years

Failure to maintain membership will result in automatic suspension of certification until dues are paid.

4.2 PORTFOLIO REQUIREMENTS

The Portfolio expands on the materials listed in Step 2 — Application & Portfolio Submission. It provides the Certification Examining Board with all documentation needed to verify that an applicant meets the education, experience, supervision, ethics, and competency requirements for their chosen credential. A complete and well-organized Portfolio ensures faster review and minimizes delays.

All Portfolio materials must be uploaded as one combined packet in the Member Portal (www.msaap.net).

Required Portfolio Components

1. Application Form

- Fully completed and signed
- Includes accurate contact, employment, and credential information

2. Experience Documentation

- Experience Verification Forms
- Logged and supervisor-signed hours
- Hours must be directly related to the IC&RC domains for the credential
- Experience must be supervised (unsupervised work cannot be counted)

Note: Fully licensed professionals (LPC, LCSW, LMFT, etc.) may be exempt from documenting experience if applying through the abbreviated pathway (see Section 7).

3. Supervised Practical Training (SPT) Documentation

(If required for the credential)

- SPT Summary Form

- Logged hours signed by an approved supervisor
- Hours must reflect skill development within the credential's IC&RC domains
- Supervisor must meet MAAP qualifications (see Section 5.4)

4. Education & Training Documentation

- Certificates for all workshops, seminars, and in-service trainings
- Documentation of required topics such as Ethics and Person-Centered Planning
- Course descriptions or syllabi as needed
- Official transcripts sent directly from schools to MAAP at certification@msaap.net

Each certificate must include:

- Title of training
- Date(s)
- Number of contact hours
- Instructor name and credentials
- Authorized signature

Sign-in sheets are not accepted.

5. Written Case Study

(Required for CADDC, CADDC I, CADDC II, and CAADC)

- Must follow the instructions in the credential-specific application
- Must demonstrate competency in the Twelve Core Functions and Global Criteria

6. Code of Ethics

- The signed MAAP Code of Ethics corresponding to the credential
- Applicants are responsible for reviewing and understanding all ethical standards

7. Application Fee

- Required before application processing begins
- Paid via the Member Portal (www.msaap.net)

Documents Submitted Directly to MAAP

The following must be sent directly by the original source (not uploaded by the applicant):

- Supervisor Evaluations
- Three Professional/Colleague References
- Official College/University Transcripts

Send to: **certification@msaap.net**

MAAP cannot accept these documents if they are submitted by the applicant.

Portfolio Quality Expectations

Before submitting, applicants should verify:

- All forms are complete and legible
- All hours are totaled correctly
- All signatures and dates are included
- All required topics are documented
- The entire Portfolio is submitted as a single file

Incomplete portfolios are a major source of delays and may result in deferral or denial.

Verification and Audit

The Certification Examining Board may verify any part of the Portfolio through:

- Employer/supervisor confirmation
- Verification of transcripts
- Assessment of certificate authenticity
- Requests for additional documentation

Submission of falsified or misleading materials may result in denial, suspension, or ethical sanction.

4.3 SUPERVISION & EMPLOYER VERIFICATION

Supervision and Supervised Practical Training (SPT) must meet the competency standards outlined in the IC&RC performance domains. All supervision hours must be documented using the portfolio forms in the Application Packet.

Supervisor Qualifications & Approval

See Section 5.4 — Supervised Practical Training (SPT) for:

- Supervisor credential requirements
- When supervisor authorization is needed
- Required documentation
- Supervisor responsibilities
- Degree-based SPT hour requirements

Employer Verification

Supervisors and employers must submit required evaluations and verification forms directly to MAAAP (certification@msaap.net). Documentation must confirm supervised work experience and alignment with IC&RC domains.

4.4 WRITTEN CASE STUDY REQUIREMENTS

Applicants for CADC, CADC I, CADC II, and CAADC must submit a written case study demonstrating professional competence in addiction counseling according to IC&RC standards.

Purpose of the Written Case Study

The case study allows the Certification Examining Board to evaluate:

- Understanding of the Twelve Core Functions
- Ability to apply the 46 Global Criteria
- Clinical reasoning and decision-making
- Documentation skills
- Ethical and culturally responsive practice

Case Study Requirements

- Must follow the instructions in the CADC or CAADC Application Packet
- Must address each of the Twelve Core Functions
- Should present a realistic client scenario (fictional or de-identified)
- Must demonstrate the applicant's ability to assess, plan, document, and deliver addiction counseling services

Submission Guidelines

- The case study must be uploaded as part of the Portfolio Packet
- It must follow the formatting and content structure described in the credential-specific packet
- Incomplete or poorly structured case studies will delay the application review
- Case studies are evaluated during Board Review (see Section 4.1, Step 3)

4.5 EXAMINATION PROCESS

All applicants must pass the appropriate IC&RC International Written Examination to obtain certification. The examination evaluates competency in the IC&RC performance domains for the credential sought.

IC&RC examinations are administered through Computer-Based Testing (CBT) at approved PROMETRIC testing centers or through approved remote proctoring options when available.

Exam Format

- All exams consist of multiple-choice questions
- Each item has three or four answer options
- There is only one correct or best answer
- Candidates should answer every question—there is *no penalty for guessing*
- Final scores are based on the number of correct responses

Applicants are strongly encouraged to review the IC&RC Candidate Guide and the domain content outlines found in Section 12 of this manual.

Exam	Scored Questions	Pre-test Questions	Total Questions	Length of Administration
ADC	125	25	150	3 hours
AADC	125	25	150	3 hours
CS	125	25	150	3 hours
CCJP	50	10	60	1.5 hours
PR	65	10	75	2 hours
PS	125	25	150	3 hours

Scored questions count toward the final exam score.

Pre-test questions do *not* count and are used for exam development.

Candidates do not know which questions are scored or unscored.

Scheduling the Exam

Once the Certification Examining Board approves the application:

1. The applicant is pre-registered for the exam through IC&RC
2. An Exam Pre-Registration Email is sent to the applicant
3. The applicant schedules their exam through PROMETRIC following the instructions provided

Exams must be taken within the testing window established by IC&RC and MAAP.

Failed Exams

Candidates who do not pass receive:

- A domain-by-domain breakdown showing the percentage of correct responses
- Guidance to help focus future study efforts

Candidates must wait a minimum of 90 days before retaking the examination.

This waiting period is mandatory and cannot be waived under any circumstances.

Applicants may retake the exam as many times as needed, but each attempt requires:

- A new exam fee
- A new registration through IC&RC

MAAP does not require resubmission of the entire application unless the application has expired.

4.5.1 Preparing for the IC&RC Examination

The IC&RC examinations are competency-based and designed to measure essential knowledge, skills, and abilities required for professional practice. Applicants are strongly encouraged to prepare thoroughly before scheduling their exam.

Recommended Preparation Steps

1. Review the IC&RC Candidate Guide

Each exam has an official Candidate Guide outlining:

- Exam blueprint (domains and task areas)
- Number and percentage of questions per domain
- Sample items
- Testing policies and procedures

The guides are available at: www.internationalcredentialing.org

2. Study the Performance Domains

All IC&RC tests are based on task analyses conducted by subject-matter experts. Applicants should become familiar with:

- IC&RC Domains for their credential
- Task statements and knowledge requirements
- The Twelve Core Functions and Global Criteria (ADC/AADC)

3. Use Approved Study Materials

Recommended preparation resources include:

- IC&RC domain study guides
- NAADAC and other addiction-related training materials
- College textbooks covering counseling, supervision, prevention, or criminal justice (depending on credential)
- Online test-prep courses (optional; not required by MAAP)

4. Understand the Exam Format

- 3–4 multiple-choice options per question
- Only ONE correct/best answer
- No penalty for guessing
- Exam scores are based solely on the number of correct answers
- All exams are computer-based at designated PROMETRIC centers

5. Schedule Strategically

Applicants should schedule their exam only when they feel fully prepared.

Allow extra time for:

- Delays in obtaining transcripts or documentation
- Travel to the nearest PROMETRIC center
- Accommodations for disabilities (must be requested through IC&RC)

6. Test-Day Best Practices

- Arrive 30 minutes early
- Bring valid, unexpired identification

- Use the tutorial before the exam begins
- Manage time—do not spend too long on any one question
- Answer every question (no penalty for incorrect answers)

7. After the Exam

IC&RC sends score notifications to MAAP. Applicants will receive instructions about next steps depending on whether they passed or need to retest.

4.6 CERTIFICATE ISSUANCE

Certification is issued once the Certification Examining Board verifies that the applicant has met all requirements for the credential, including:

- Passing the applicable IC&RC International Written Examination
- Meeting all education, supervision, and experience requirements
- Maintaining current MAAP membership

Upon approval, the Board will email the digital certificate to the applicant. Certificates may be downloaded and printed for personal or employer documentation.

The certification cycle lasts two (2) years, beginning on the original issue date and expiring two years later.

See Membership Requirement (Section 9)

5. CERTIFICATION REQUIREMENTS

Certification through MAAP requires documentation, evaluation, and examination consistent with MAAP Certification Examining Board policies and minimum IC&RC standards. Applicants must meet all requirements outlined in this section and in the credential-specific sections of this manual.

To be eligible for certification, applicants must:

- Live or work at least 51% of the time in Mississippi at the point of application
- Spend at least 51% of their work time providing direct services to the population relevant to the credential
- Upload a completed application and portfolio, including documentation of experience, education/training, supervision (unless exempt), and a signed Code of Ethics
- Ensure three (3) Professional Reference Forms are submitted directly to MAAP (certification@msaap.net) by the individuals completing them.
- Pass the IC&RC International Written Examination
- Submit a written case study (CADC and CAADC only). See Section 4.4 for complete case study instructions and formatting requirements.

Fully licensed professionals (e.g., LPC, LCSW, LMFT) applying through the abbreviated pathway are exempt from documenting education and supervision hours.

5.1 RESIDENCY REQUIREMENT

Applicants must reside or work in Mississippi at least 51% of the time at the point of application submission. Applicants may be asked to provide documentation verifying residency or employment location.

5.2 DIRECT SERVICE REQUIREMENT

Applicants must spend at least 51% of their work time delivering direct services relevant to the credential sought, such as:

- Substance use counseling
- Clinical services
- Prevention services
- Criminal justice programming

Administrative, clerical, and indirect service duties do not count toward this requirement.

5.3 EXPERIENCE REQUIREMENTS

Experience refers to supervised work, paid or volunteer, directly related to the IC&RC domains for the desired credential. All hours must be documented on the portfolio forms within the Application Packet.

Important Notes:

- Unsupervised work or academic coursework cannot substitute for required experience hours.
- Experience must align with the domains associated with the credential.

Degree Substitutions for Experience

A related academic degree may substitute for up to the following amounts of required work experience:

- Associate’s degree → 1,000 hours
- Bachelor’s degree → 2,000 hours
- Master’s degree → 4,000 hours

Provisionally Licensed Professionals

PLPCs, LMSWs, and similar professionals may apply through the abbreviated pathway after completing 2,000 hours of supervised experience aligned with the IC&RC ADC domains. This experience is already required for full licensure; therefore:

- Fully licensed professionals are exempt from documenting experience and SPT because these requirements were completed during their licensure process..

The MAAP office verifies all experience.

5.4 SUPERVISED PRACTICAL TRAINING (SPT)

Supervised Practical Training (SPT) is structured supervision focused on teaching the knowledge and skills associated with the IC&RC performance domains. All SPT hours must be documented on portfolio forms.

Supervisor Qualifications

Supervisors must hold one of the following:

- An IC&RC reciprocal credential equal to or higher than the credential sought, or
- The IC&RC Clinical Supervisor credential (CCS), or
- A non-MAAP clinical credential (e.g., LPC, LCSW) with prior written authorization from the Certification Examining Board

Supervisors without IC&RC credentials must submit a qualification request including:

- Resume or CV
- Academic credentials
- Specialty area
- Relevant work experience

Supervisor Responsibilities

Supervisors must:

- Provide structured, documented supervision
- Sign all experience forms
- Meet regularly with supervisee

- Provide performance feedback
- Ensure supervisee follows SUD ethical standards
- Maintain boundaries and avoid dual relationships
- Approve competency development

Required SPT Hours (based on degree level)

- High school diploma → 300 hours
- Associate's degree → 250 hours
- Bachelor's degree → 200 hours
- Master's degree → 100 hours
- Fully licensed professionals → Exempt

5.5 EDUCATION & TRAINING REQUIREMENTS

Unless otherwise noted for a specific credential, applicants must possess a minimum of a high school diploma or equivalent and complete 300 hours of IC&RC domain-specific education.

Acceptable education includes:

- College or university coursework
- Workshops, seminars, conferences
- Employer in-service trainings
- Online or home-study courses

Education must relate directly to the performance domains associated with the credential sought.

Contact Hour Conversion

- Quarter hours × 10 = contact hours
- Semester hours × 15 = contact hours; *Example: A 3-semester hour course = 45 contact hours (grade C or better required).*

Acceptable Educational Institutions

Institutions must be accredited by CHEA, USDE, or another recognized accrediting body.

Education Content Requirements

All applicants must complete:

- Ethics and Continuing Education requirements are described in Section 9.2.
- Education ≤ 10 years old (may be appealed to the Board)
- Continuing Education for recertification must be earned within the 2-year certification cycle

Documentation Standards for Education

Applicants must submit:

- Certificates listing title, instructor name/credentials, date, and hours earned
- Course descriptions or syllabi, if the title does not clearly reflect content

- Official transcripts sent directly from the college/university to MAAP (certification@msaap.net)

Sign-in sheets are not acceptable documentation.

Master's Degree Programs (When Required)

For credentials requiring a Master's degree (e.g., CAADC), the degree must:

- Be awarded by a CHEA/USDE-accredited institution
- Be related to the IC&RC performance domains
- Be verified through official transcripts sent directly to MAAP (certification@msaap.net)

5.6 DOCUMENTATION STANDARDS

All portfolio forms must be completed thoroughly, legibly, and accurately. Missing or incomplete documentation is the most common reason for application delays.

Documentation must meet the following standards:

- All hours must be totaled accurately
- Certificates must include the required information (titles, dates, instructor credentials, signature)
- Supervisor and reference forms must be sent directly by the individuals completing them
- Case studies (CADC/CAADC) must follow the format provided in this manual

5.7 COMMON ERRORS THAT DELAY APPLICATION

Common errors that delay review include:

- Missing or incomplete portfolio forms
- Experience or supervision hours that do not align with IC&RC domains
- Certificates without instructor credentials or signatures
- Transcripts not sent directly from the institution
- Case study that does not follow MAAP instructions
- Reference forms submitted by the applicant instead of the reference
- Education older than 10 years with no appeal request
- Using sign-in sheets as documentation

Quick Fixes:

- Use the checklists for your credentials
- Send transcripts directly from the university
- Verify supervisor qualifications early
- Use certificates ONLY for education verification; no sign-in sheets
- Be sure all portfolio forms are filled out completely
- Upload everything as a single PDF if possible
- Allow supervisors time to send evaluations

6. CREDENTIAL-SPECIFIC REQUIREMENTS

This section outlines the requirements for each MAAP credential, including education, experience, supervision, examination, case studies, ethics, and recertification. These requirements are in addition to the general certification requirements described in Section 5.

6.1 COUNSELOR CREDENTIALS (CIC, CADC, CADC I, CADC II, CAADC)

Certified Intern Counselor (CIC)

(non-reciprocal)

The CIC is an *entry-level, non-reciprocal* credential designed for individuals pursuing the CADC or CAADC.

It may be held for up to four (4) years from the date the IC&RC exam is passed.

CIC cannot be renewed. All remaining CADC/CAADC requirements must be completed within the four-year period.

EDUCATION

- 192 hours of training in the 12 Core Functions and 46 Global Criteria
- See Section 5.5 for general Education & Training Requirements and documentation standards
- Required content: 6 hours Ethics (A&D-specific) and 6 hours Person-Centered Planning
- MACT Ethics course (“Ethical Issues for Addiction Professionals”) is required

CODE OF ETHICS

- Must sign MAAP’s alcohol & drug counseling-specific Code of Ethics

EXAMINATION

- IC&RC International Written ADC or AADC Examination (required for CIC approval)

RECERTIFICATION

- 20 hours of continuing education every two years
- CIC recertification does NOT extend the maximum 4-year duration
- Ethics and Person-Centered Planning CE requirements are described in Section 9.2

Certified Alcohol & Drug Counselor (CADC)

(Reciprocal at the IC&RC ADC level)

EXPERIENCE

- 6,000 hours supervised experience in IC&RC ADC domains
- Degree substitutions allowed (see Section 5.3)

EDUCATION

- High school diploma or equivalent

- See Section 5.5 for general Education & Training Requirements.

SUPERVISION

- Supervision must comply with Section 5.4.

WRITTEN CASE

- A written case study is required. See Section 4.4 for complete case study instructions and formatting requirements.

EXAMINATION

- IC&RC International Written ADC Examination

CODE OF ETHICS

- Must sign Code of Ethics specific to alcohol & drug counseling

RECERTIFICATION

- 40 hours CE every two years

Certified Alcohol & Drug Counselor I (CADC I)

(Reciprocal at the IC&RC ADC level – Bachelor’s route)

Experience

- 8,000 hours supervised experience in IC&RC ADC domains
- Degree substitutions allowed (see Section 5.3)

Education

- Bachelor’s degree in a related field
- See Section 5.5 for general Education & Training Requirements.

Supervision

- Supervision must comply with Section 5.4.

Written Case Study

- A written case study is required. See Section 4.4 for complete case study instructions and formatting requirements

Examination

- IC&RC International Written ADC Examination

Code of Ethics

- Required

Recertification

- 40 hours CE every two years

Certified Alcohol & Drug Counselor II (CADC II)

(Reciprocal at the IC&RC ADC level – Master’s route)

Experience

- 10,000 hours supervised experience in IC&RC ADC domains
- Degree substitutions allowed (see Section 5.3)

Education

- Master’s degree in a related field
- See Section 5.5 for general Education & Training Requirements.

Supervision

- Supervision must comply with Section 5.4.

Written Case Study

- A written case study is required. See Section 4.4 for complete case study instructions and formatting requirements

Examination

- IC&RC International Written ADC Examination

Code of Ethics

- Required

Recertification

- 40 hours CE every two years

Certified Advanced Alcohol & Drug Counselor (CAADC)

(Reciprocal at the IC&RC AADC level)

Experience

- 4,000 hours supervised experience in IC&RC ADC domains
- Degree substitutions allowed (see Section 5.3)

Education

- Master’s degree with a clinical application
- See Section 5.5 for general Education & Training Requirements.

Supervision

- Supervision must comply with Section 5.4.

Written Case Study

- A written case study is required. See Section 4.4 for complete case study instructions and formatting requirements

Examination

- IC&RC International Written AADC Examination

Code of Ethics

- Required

Recertification

- 40 hours CE every two years

6.2 CLINICAL SUPERVISION CREDENTIAL (CCS)

Certified Clinical Supervisor (CCS)

(Reciprocal at the IC&RC CS level)

Prerequisites

- Must hold a reciprocal-level CADC, CADC I, CADC II, CAADC, or CCJP OR a Master's-level specialty substance use credential
- Must be employed in a clinical supervisory role at the time of application

Experience

- 10,000 hours alcohol/drug counseling experience (degree substitution allowed)
- 4,000 hours supervision experience, including:
 - 200 hours face-to-face supervision
 - These hours *may* be included within the 10,000 counseling hours

Education

- 30 hours training across all 5 IC&RC CS domains (minimum 4 hours per domain)

Supervision

- Supervision must comply with Section 5.4.

Examination

- IC&RC International Written CS Examination

Code of Ethics

- Must sign clinical supervision-specific Code of Ethics

Recertification

- Ethics and Continuing Education requirements are described in Section 9.2.
- May also count toward primary credential

6.3 PREVENTION CREDENTIALS (APS, CPS, CPM)

Associate Prevention Specialist (APS)

(Non-reciprocal)

Experience

- 2,000 hours work in IC&RC Prevention domains

Education

- High school diploma or equivalent
- 75 hours training, including:
 - At least 50% ATOD-specific content
 - 6 hours Ethics (Prevention-specific)
 - 6 hours Person-Centered Planning
 - 4 hours Disruptive Audience Behavior
- See Section 5.5 for documentation standards

Supervision

- One year supervised by CPS or CPM

Code of Ethics

- Prevention-specific Code of Ethics required

Recertification

- 20 hours CE every two years
- See Section 9.2 for CE requirements

Certified Prevention Specialist (CPS)

(Reciprocal at IC&RC PS level)

Experience

- 2,000 hours prevention experience in IC&RC PS domains

Education

- Bachelor's degree
- 150 hours training, including:
 - 40 hours SAPST
 - 25 hours ATOD
 - 69 hours prevention education
 - 6 hours Ethics (Prevention-specific)
 - 6 hours Person-Centered Planning
 - 4 hours Disruptive Audience Behavior
- See Section 5.5 for documentation standards

Supervision

- Supervision must comply with Section 5.4.

Examination

- IC&RC International Written PS Examination

Code of Ethics

- Required

Recertification

- 40 hours CE every two years
- See Section 9.2 for CE requirements

Certified Prevention Manager (CPM)

(Reciprocal at IC&RC PS level)

Experience

- 4,000 hours ATOD prevention experience
- 6,000 hours managerial/supervisory ATOD experience

Education

- Bachelor's degree
- 150 hours training, including:
 - 40 hours SAPST
 - 25 hours ATOD
 - 69 hours prevention education
 - 6 hours Ethics (Prevention-specific)
 - 6 hours Person-Centered Planning
 - 4 hours Disruptive Audience Behavior
- See Section 5.5 for documentation standards

Supervision

- Supervision must comply with Section 5.4 — Supervised Practical Training (SPT).

Examination

- IC&RC International Written PS Examination

Code of Ethics

- Required

Recertification

- 40 hours CE every two years
- See Section 9.2 for CE requirements

6.4 CRIMINAL JUSTICE CREDENTIAL (CCJA, CCJP)

Certified Criminal Justice Associate (CCJA)

(Non-reciprocal)

Experience

- 2,000 hours CJ experience in IC&RC CCJP domains
- Must involve direct services to criminal justice populations

Education & Training

- High school diploma or equivalent
- 40-hour MAAP Training Course
- See Section 5.5 for documentation requirements

Supervision

- Supervision must comply with Section 5.4.

Examination

- None

Code of Ethics

- Criminal-justice-specific Code of Ethics required

Recertification

- 40 hours CE every two years
- Ethics and CE requirements described in Section 9.2.

Certified Criminal Justice Addictions Professional (CCJP)

(Reciprocal at IC&RC CCJP level)

Prerequisites

- Must hold a reciprocal-level CADC, CADC I, CADC II, or CAADC

Experience

- 2,000 hours CJ experience in IC&RC CCJP domains
- Must involve direct CJ-services

Education & Training

- High school diploma or equivalent
- 100 hours CJ/AOD training, including:
 - 6 hours Criminal Justice Ethics
- See Section 5.5 for documentation requirements

Supervision

- Supervision must comply with Section 5.4.

Examination

- IC&RC International Written CCJP Examination

Code of Ethics

- Required

Recertification

- 40 hours CE every two years
- Ethics and CE requirements described in Section 9.2.

6.5 UPGRADE

Certificate holders may apply to upgrade to a higher credential at any time or during renewal.

The upgrade process requires:

- Submission of an Upgrade Application
- Updated portfolio documentation
- Documentation of additional education
- Documentation of additional supervised experience
- Passing the IC&RC exam required for the upgraded credential (if applicable)

7. ABBREVIATED PROCESS FOR LICENSED PROFESSIONALS

The abbreviated pathway is designed for fully licensed or provisionally licensed mental health professionals whose graduate training and supervised clinical experience already meet many of the IC&RC core competency requirements.

This pathway applies to applicants pursuing:

- CADC
- CAADC
- CCS

7.1 ELIGIBILITY

To qualify for the abbreviated process, applicants must meet all of the following:

Licensure Requirement

Applicant must hold a current Mississippi mental health license, either:

- Fully Licensed: LPC, LCSW, LMFT, or equivalent
- Provisionally Licensed: PLPC, LMSW, or equivalent

Residency Requirement

Applicant must live or work at least 51% of the time in Mississippi at the time of application.

Experience Requirement

- CADC / CAADC (Provisionally Licensed):
 - 2,000 hours supervised clinical experience (already required toward independent licensure)
- CADC / CAADC (Fully Licensed):
 - Exempt from documenting experience and SPT (already completed for independent licensure).
- CCS Applicants:
 - 2,000 hours documented clinical supervision experience
(This is different from clinical experience and must be verified.)

Supervised Practical Training (SPT)

- Provisionally Licensed CADC / CAADC / CCS: 100 hours SPT
- Fully Licensed CADC / CAADC / CCS: Exempt

(See Section 5.4 for SPT requirements and supervisor qualifications.)

General Requirements

All applicants must:

- Submit typed, signed, and dated application forms
- Follow all MAAP and IC&RC requirements.
- Maintain continuous MAAP membership

7.2 REQUIRED DOCUMENTATION

Applicants using the abbreviated pathway must submit the following as one combined PDF in the MAAP Member Portal (www.msaap.net).

Applicant-Submitted Documents

- Completed Application Form
- All required Portfolio Forms
- Current Resume or Curriculum Vitae
- Copy of current Mississippi mental health license
- Signed Ethical Standards for Certified Professionals
- Application fee
- Any degree transcripts (if required for CAADC, or if degree verification is needed)

Documents Sent Directly to MAAP

These must be emailed to certification@msaap.net by the individual completing the form:

1. Professional References

Three (3) Professional Reference Forms:

- One (1) from current employer or supervisor
- Two (2) additional references from other professionals
- Must be sent directly by the reference — applicants may NOT upload them

2. Supervisor Evaluations

Required only for:

- Provisionally licensed applicants (CADC / CAADC / CCS)
- Must be submitted directly by the supervisor

Board Review Rights

MAAP reserves the right to:

- Request additional documentation from employers
- Verify licensure and supervision
- Request clarification or supplemental information at any time

- Contact employers

7.3 EXAMINATION

Applicants must pass the IC&RC exam required for the credential:

- CADC / CAADC Applicants → IC&RC ADC Examination
- CCS Applicants → IC&RC CS Examination

See Section 4.5 for exam scheduling and administration.

8. Appeals, Reviews, and Due Process

8.1 OVERVIEW

Applicants and credentialed professionals have the right to seek clarification, question decisions, and appeal actions taken by MAAP or the Certification Examining Board.

This process ensures fairness, transparency, consistency, and due process. 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.

The appeals process consists of three stages:

- Inquiry – Request clarification or explanation
- Formal Appeal – Request a formal review
- Hearing – Present your case to an appointed committee

A final Board-level review may follow if requested.

8.2 STAGE 1 — INQUIRY

Individuals who disagree with an action taken by MAAP or the Certification Examining Board (e.g., application denial, portfolio deficiencies, exam issues, or disciplinary actions) may request a written explanation. 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 disagrees with the MAAP decision, they may request an appeal.

To submit an inquiry:

- Email certification@msaap.net
- Include your full name, the credential applied for or held, and a description of the issue.
- Expect a written response within 15 business days

If the explanation resolves the concern, the process ends here.
If not, the applicant may proceed to Stage 2 — Formal Appeal.

8.3 STAGE 2 — FORMAL APPEAL

Applicants have 30 days from the date of the inquiry response to submit a formal 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 hearing results by certified mail. These results are considered final unless the complainant requests a further hearing by the Board.

The Hearing Committee will report the hearing results to the Certification Board at its next meeting. If the Board has received an objection to the decision, it will review the entire matter.

The Certification Board will review the Hearing Committee's findings and the complainant's objections. Within thirty (30) days of the meeting, it will notify the complainant of its final decision by certified mail.

To submit a formal appeal:

- Send an email to certification@msaap.net.
- Include:
 - A written statement explaining the grounds for appeal
 - Any supporting documents
 - Your full contact information

Upon receipt, the MAAP President (or designee) will:

- Review the written appeal
- Appoint a three-person Hearing Committee of certified professionals
- Schedule a hearing within 30 days

8.4 STAGE 3 — HEARING PROCESS

Hearing Committee Responsibilities

- Review all submitted materials
- Conduct the hearing (virtual or in person)
- Provide a written recommendation to the Certification Examining Board

Applicant Rights

Applicants may:

- Present evidence
- Submit additional documentation
- Bring a non-participating support person

Outcome Notification

- A decision will be sent via certified mail within 30 days
- The decision may be upheld, modified, or reversed

If the applicant disagrees with the outcome, they may request a Final Review by the Certification Examining Board.

8.5 FINAL REVIEW (BOARD-LEVEL DECISION)

During the final review, the Certification Examining Board will:

- Review the Hearing Committee's findings
- Consider the applicant's written objections
- Issue a final determination
- Notify the applicant within 30 days
- This decision is final.

8.6 IMPORTANT NOTES

- Filing an appeal does not pause deadlines unless explicitly stated
- Credential lapse continues during the appeal
- Membership dues must remain current throughout the appeals process.
- Efforts to avoid the process (e.g., refusing certified mail, intentionally lapsing membership) may be considered interference and may result in suspension

9. RECERTIFICATION & RENEWAL

Credential renewal ensures that addiction professionals maintain current knowledge, uphold ethical standards, and continue to demonstrate competency in the IC&RC domains. All MAAP certifications are valid for two (2) years from the date of issuance.

Membership Requirement for All Credentials

- Continuous MAAP membership is required for certification to remain active.
- If membership dues lapse, certification is automatically suspended until dues are fully paid.
- Suspension due to non-payment does not extend the certification cycle or the expiration date.

9.1 RECERTIFICATION TIMELINE

To renew a credential, applicants must submit the following before the expiration date:

- Recertification Application
- Continuing education documentation
- Renewal fee
- Current MAAP membership dues

The Certification Examining Board reviews all renewal submissions.

- If approved, a renewed certificate will be issued and emailed to the credentialed professional.
- If deficiencies are identified, the applicant will receive written notification with instructions for correction.

(See Membership Requirement above)

9.2 CONTINUING EDUCATION REQUIREMENTS

Unless otherwise specified for a particular credential, 40 hours of continuing education are required every two (2) years, including:

- Ethics – 2 hours; Must include alcohol and drug counseling–specific content
- Person-Centered Planning – 2 hours
- Content related to the IC&RC domains and Twelve Core Functions

CE hours must be:

- Earned within the current 2-year certification cycle
- Properly documented (certificates must include title, date, instructor credentials, hours, and signature)
- Provided by an acceptable education source (see Section 5.5)

Sign-in sheets are not acceptable CE documentation.

9.3 RENEWAL CHECKLIST

To ensure timely renewal, credentialed professionals should use the following checklist:

Before Submission

- Maintain continuous MAAP membership
- Complete all required continuing education hours
- Verify CE certificates meet documentation standards
- Ensure CE hours fall within your current certification cycle

Submission Requirements

- Recertification Application (completed and signed)
- Copies of CE certificates (no sign-in sheets)
- Renewal fee
- Any additional documentation required for credential-specific renewal

Recommended Timeline

- Submit renewal at least 60 days before expiration
- Monitor the Member Portal (www.msaap.net) for requests for additional information

9.4 LAPSED CREDENTIALS & REINSTATEMENT

A credential is considered lapsed at midnight on the expiration date if the recertification application is not submitted. **There is no grace period.** It is the credential holder's responsibility to renew on time.

Consequences of Lapse

A lapsed certification may be:

- Suspended
- Denied for renewal
- Revoked (in cases involving ethical violations)

Grounds for Denial, Suspension, or Revocation

- Conviction of a felony under U.S. or state law
- Conviction of any crime involving dishonesty, deceit, or fraud
- Fraud or deceit in obtaining a credential
- Dishonesty, fraud, or gross negligence in professional practice
- Violation of MAAP Ethical Standards
- Allowing MAAP membership dues to lapse. (See Section 9 Membership Requirement)

Reinstatement Requirements

Reinstatement depends on how long the credential has been expired.

The following must be completed:

- Submit a reinstatement application
- Pay all outstanding membership dues
- Pay applicable reinstatement fees
- Submit required CE based on length of lapse
- Meet any additional requirements identified by the Certification Examining Board

A reinstated certification will begin a new 2-year cycle starting on the reinstatement approval date.

The consequences for lapsed certification are as follows:

LAPSED CERTIFICATION CHART					
Required for Recertification	Lapsed 1 day to 1 year	Lapsed 1 year to 2 years	Lapsed 2 years to 3 years	Lapsed 3 years to 4 years	Lapsed 4 or more years *
Fees	Recertification Processing Fee \$100 + Lapsed Credential Fee \$20 + Membership dues **				
Education Hours needed	40	60	80	100	120
Verification of work status provided by applicant's supervisor	Yes				
Current & Continuous Membership Status **	Yes				No
IC&RC Exam	No				Yes, if inconsistent work & CE history

Additional Notes

* Credentials lapsed more than four (4) years: A new certification application and retaking the applicable IC&RC examination are required *unless* the applicant provides compelling evidence of continuous work and continuing education during the lapse. Approval of any exception is at the sole discretion of the Certification Examining Board.

** *See Membership Requirement (Section 9)*

10. RECIPROCITY

10.1 IC&RC MEMBER BOARDS

IC&RC establishes uniform minimum standards that allow certified professionals to transfer (“reciprocate”) their credentials between IC&RC Member Boards. Member Boards may grant reciprocity to certified or licensed professionals who relocate from other jurisdictions.

While licensure provides consumer protection and professional recognition, mandatory licensure laws in many states have added requirements beyond certification. As a result, reciprocity is not identical across all jurisdictions.

IC&RC supports portability of credentials; however, certified professionals should carefully research the specific reciprocity requirements of the jurisdiction they intend to move to. Some states may require additional supervised experience, documentation, training, or examinations before accepting a reciprocal credential.

To avoid delays, applicants are strongly encouraged to begin the reciprocity process at least three (3) months before their certification expires.

10.2 RECIPROCITY PROCESS

To reciprocate an IC&RC credential to another jurisdiction:

1. **Contact the board in the jurisdiction to which you are relocating** and ask whether additional requirements are needed before reciprocity can be granted.
2. **Contact your current board (MAAP)** and request an **Application for Reciprocity**.
3. **Complete the application** and return it to your current board with the required fee.
4. Your application will be **verified and forwarded** to the IC&RC Office and the board in the jurisdiction you selected.
5. The **receiving board** will contact you directly once the reciprocity process is finalized.

10.3 RECIPROCITY FAQs

Can I reciprocate my credentials to any IC&RC Member Board?

No. Your credential is reciprocal only with Member Boards that offer the *same* credential.

For example: A Prevention Specialist from Pennsylvania cannot reciprocate to Nebraska because Nebraska does not offer the Prevention Specialist (PS) credential.

When should I begin the reciprocity process—before or after I move?

Begin *before* you move.

Delays may occur, and completing reciprocity early can help ensure you are eligible to work upon arrival in the new jurisdiction.

Can I maintain my credential in more than one jurisdiction?

Yes. You may hold—and recertify—credentials in multiple jurisdictions; however, you must meet each board’s renewal requirements.

Will the expiration date of my credential change when I reciprocate?

No.

The receiving jurisdiction must honor the **same expiration date** listed on your current certificate.

Can I be denied reciprocity in a new jurisdiction?

Yes.

Each jurisdiction has the right to establish additional requirements for certification or licensure. Some jurisdictions may require:

- Additional supervised hours
- Additional coursework
- State-specific training
- Additional examinations

Always verify requirements with the credentialing/licensing board in the jurisdiction where you intend to practice.

How long does reciprocity usually take?

- Your current Member Board typically sends your reciprocity materials to IC&RC within **10–14 days** of receiving them.
- IC&RC approves the reciprocity and notifies you by email.
- If you do not receive a notification from IC&RC within **4 weeks**, contact your current Member Board for a status update.
- After IC&RC approval, allow **2–3 weeks** for the receiving board to contact you.

11. ETHICAL STANDARDS

The following Codes of Ethics establish the minimum professional, legal, and ethical obligations required of all MAAP-credentialed professionals. These standards are enforceable, and violations may result in disciplinary action, including suspension or revocation of certification.

All applicants must read, understand, and sign the Affirmation page corresponding to their credential as part of both the initial application and each recertification cycle.

11.1 ETHICAL STANDARDS FOR COUNSELORS (CIC–CAADC)

The Mississippi Association of Addiction Professionals comprises Certified Professionals who, as responsible healthcare practitioners, affirm human dignity and worth. Certified Professionals shall be guided by the ethical principles of autonomy, beneficence, nonmaleficence, fidelity, and justice.

Certified Professionals are obligated to uphold these standards and shall be subject to investigation and disciplinary action by the MAAP Certification Examining Board for violations.

Principle 1: Responsibility to Clients

Certified Professionals shall value objectivity, integrity, and client welfare as fundamental components of ethical practice. They are responsible for the consequences of their professional actions and must ensure that services are delivered appropriately, safely, and in the best interests of clients and their families.

- A. Certified Professionals shall not discriminate against or refuse services to any individual based on age, race, ethnicity, religion, national origin, disability, gender, gender identity, sexual orientation, socioeconomic status, or any other protected classification.
- B. Certified Professionals shall not exploit the trust, vulnerability, or dependency of clients. They shall avoid dual or multiple relationships with clients that may impair professional judgment, compromise objectivity, or create a risk of exploitation. Examples include, but are not limited to, business, financial, social, familial, or sexual relationships.
- C. Certified Professionals shall not use professional relationships to advance their personal, financial, political, or religious interests.
- D. Certified Professionals shall continue therapeutic or professional relationships only as long as the client is reasonably benefiting from the services provided. When a client's needs exceed the provider's competence, availability, or scope of practice, the Certified Professional shall assist in obtaining appropriate alternative services.

Certified Professionals shall not abandon or neglect clients and must make reasonable arrangements for continuity of care when services are interrupted or terminated.

Principle 2: Confidentiality

Certified Professionals shall safeguard the confidentiality and privacy of all client information obtained during the course of professional services. Confidential information may be disclosed only with the client's informed written consent, the consent of the client's legal representative when applicable, or as otherwise permitted or required by law. Certified Professionals shall clearly inform clients of the limits of confidentiality at the outset of services and when circumstances change.

- A. Certified Professionals shall not disclose confidential client information except under the following circumstances:
 - 1. As required by law, including mandatory reporting, court orders, or other legal mandates;
 - 2. To prevent a clear, immediate, and imminent danger to the client or to others;

3. When the Certified Professional is a defendant in a civil, criminal, or disciplinary action arising from the professional relationship—disclosures must be limited to what is necessary for the defense;
 4. When a valid written release of information has been obtained from the client or their legal representative—information disclosed must be limited to the scope and terms of that release.
- B. Certified Professionals may use clinical materials for teaching, research, writing, or public presentation only when:
- explicit written authorization has been obtained from the client, or
 - all identifying information has been removed and adequate safeguards are taken to protect client identity.
- C. Certified Professionals shall secure, store, transfer, and dispose of client records in a manner that protects confidentiality and complies with federal and state laws, including HIPAA, 42 CFR Part 2 (where applicable), and MAAP standards.

Principle 3: Professional Competence and Integrity

Certified Professionals are responsible for maintaining the highest standards of professional competence and integrity. They shall provide services only within the boundaries of their education, training, supervised experience, and credentialed scope of practice. Certified Professionals must recognize the limitations of their techniques, remain current with evolving best practices, and continually seek to improve their professional knowledge and skill.

- A. Certified Professionals shall accurately represent their competence, credentials, education, training, and experience in all professional settings, communications, and advertisements.
- B. Certified Professionals who serve in supervisory roles shall ensure that their supervisory practices are grounded in careful preparation, current professional knowledge, and adherence to established supervisory standards.
- C. Certified Professionals shall recognize their ongoing obligation to professional growth. They shall pursue continuing education, remain informed of new evidence-based practices, demonstrate cultural responsiveness, and adapt to changes in professional expectations, laws, and community needs.
- D. Certified Professionals using assessments, measurements, or testing procedures shall understand the validity, reliability, and limitations of such tools. They are responsible for decisions or recommendations based on assessment results and must be knowledgeable about relevant research and standards governing their use.
- E. Certified Professionals shall not diagnose, treat, advise, or provide services beyond the recognized boundaries of their competence, training, or credentialed scope. When client needs fall outside their expertise, they shall make appropriate referrals.
- F. Certified Professionals shall seek appropriate professional assistance or take remedial action when personal problems, mental health issues, emotional distress, substance use, or other difficulties may impair their work performance, judgment, or professional functioning.

- G. Certified Professionals shall not engage in sexual harassment, intimidation, exploitation, or any form of harassment toward clients, students, employees, colleagues, trainees, or supervisees.
- H. Certified Professionals shall recognize that their professional opinions and statements may significantly influence others. Therefore, they must exercise special care, accuracy, and responsibility when offering professional recommendations, testimony, or public statements.

Principle 4: Professional Behavior

Certified Professionals shall maintain the highest standards of personal and professional conduct. Because they provide services to vulnerable individuals and hold positions of public trust, Certified Professionals must demonstrate sound judgment, emotional stability, and integrity at all times. Particular attention must be given to the professional's use of alcohol and other mood-altering substances and to maintaining appropriate boundaries with clients and their families.

Certified Professionals are responsible for monitoring their own behavior and that of colleagues, supervisees, and staff.

- A. Certified Professionals shall not be convicted of, or engage in conduct that results in conviction for, possession or use of any illegal drug, narcotic, or non-prescribed mood-altering substance.
- B. Certified Professionals shall not use intoxicants, alcohol, or non-physician-prescribed or non-monitored mood-altering substances when engaged in professional duties or when such use may impair judgment, performance, or client safety.
- C. Certified Professionals shall not engage in intimate, personal, financial, business, or other dual relationships with clients or their family members that could impair professional judgment, create a conflict of interest, or increase the risk of exploitation. When potential dual relationship concerns arise, the professional should consult an objective peer or supervisor.
- D. Certified Professionals shall respect the dignity and protect the welfare of research participants. They shall comply with all federal and state laws, regulations, and professional standards governing research, including informed consent, confidentiality, and ethical data management.
- E. Certified Professionals shall make clear, understandable financial arrangements with clients, supervisees, and third-party payers that conform to accepted professional practices. They shall not offer or accept payment for referrals. They must disclose fees at the beginning of services and accurately represent all services provided to clients, supervisees, and payers.
- F. Certified Professionals shall accurately represent their competence, education, training, and experience. Advertising and public statements—whether through print, digital, broadcast, or other media—must be factual, not misleading, and must provide information necessary for the public to make informed decisions regarding professional services.
- G. A Certified Professional violates this Code of Ethics if they engage in any of the following:
 - H. Are convicted of any felony.
 - I. Engage in conduct that could reasonably lead to conviction of a felony or misdemeanor, or are convicted of a misdemeanor related to their qualifications, role, duties, or professional conduct.
 - J. Are expelled from, sanctioned by, or disciplined by another professional organization for ethical or professional misconduct.

- K. Have their certification or professional license suspended, revoked, or otherwise disciplined by a regulatory body.
- L. Refuse to seek appropriate evaluation or treatment when impaired by alcohol/drug use, mental health concerns, emotional distress, or physical health conditions that interfere with competent professional functioning.
- M. Fail to cooperate with any part of an ethics complaint investigation, including ignoring communications, withholding information, refusing required participation, or attempting to obstruct the investigative process.

Principle 5: Responsibility to Students, Employees, and Supervisees

Certified Professionals hold positions of authority and influence over students, interns, employees, and supervisees. They must not exploit this position and must act in a manner that promotes professional growth, protects welfare, and upholds ethical standards.

- A. Certified Professionals shall remain aware of the inherent power imbalance in relationships with students, employees, and supervisees. They shall not exploit trust or dependency and must avoid dual relationships that could impair professional judgment, compromise supervision, or increase the risk of exploitation.
- B. Certified Professionals shall ensure that students, employees, and supervisees only perform services for which they have been adequately trained and prepared. Individuals shall not be permitted or encouraged to represent themselves as competent in skills or areas beyond their training, experience, or credentialing.

Principle 6: Responsibility to the Profession

Certified Professionals share responsibility for upholding the integrity, reputation, and advancement of the addiction profession. Their conduct should reflect respect for colleagues, institutions, and the broader field of behavioral health.

- A. Certified Professionals shall understand the scope and expertise of related professions and shall coordinate services, consult, and collaborate with other professionals when doing so best serves the interests of clients and the public.
- B. Certified Professionals shall remain accountable to the ethical and professional standards of the addiction profession even when employed by, or acting on behalf of, agencies, institutions, or organizations.
- C. Certified Professionals acting as writers, researchers, or contributors shall:
 1. Assign publication credit proportionate to individuals' contributions;
 2. Appropriately cite sources and ensure accuracy when promoting or distributing materials;
 3. Remain knowledgeable and compliant with all applicable laws, regulations, and standards governing human subjects research, including informed consent and confidentiality.
- D. Certified Professionals shall recognize their responsibility to contribute to the improvement of their communities and society. This includes engaging in service, leadership, prevention, or education activities for which financial compensation may be minimal or not provided.

- E. Certified Professionals shall advocate for the development, implementation, and revision of laws, regulations, and policies that promote high-quality addiction services and protect the public. They should encourage appropriate public involvement in shaping services and regulating practitioners.
- F. Certified Professionals who witness or experience unethical conduct should make reasonable efforts to resolve the concern when appropriate. When informal resolution is not possible or appropriate, they must report the unethical behavior to the Certification Board or other appropriate authority.

Principle 7: Fees

Certified Professionals shall engage in fair, transparent, and ethical financial practices. Financial arrangements must prioritize client welfare and adhere to accepted professional standards.

Certified Professionals shall:

- A. Charge fees only in jurisdictions where they are legally licensed or otherwise authorized to practice.
- B. Not offer or accept payment for referrals, including kickbacks, rebates, commissions, or any form of compensation tied to client recruitment or retention.
- C. Not charge excessive, unreasonable, or exploitive fees for services.
- D. Disclose the fee structure at the onset of the professional relationship, including:
 - session rates
 - cancellation policies
 - billing procedures
 - third-party payer requirements
 - any additional charges that may apply
- E. Ensure that clients understand the financial arrangements, using clear language and avoiding misleading or confusing statements.
- F. Represent facts truthfully to clients, third-party payers, auditors, and other professionals regarding:
 - services rendered
 - diagnoses assigned
 - documentation submitted for payment

Principle 8: Advertising

Certified Professionals may participate in appropriate public, marketing, or informational activities to help the public make informed decisions about professional services. All representations must be factual, transparent, and non-deceptive.

- A. Certified Professionals shall accurately represent their competence, education, training, credentials, and experience as addiction professionals.

- B. Certified Professionals shall claim as evidence of educational qualifications only degrees and certifications conferred by institutions that are regionally accredited or otherwise recognized by a state authority authorized to license or certify addiction professionals.
- C. Certified Professionals shall not use business names, professional titles, or identifiers that could mislead the public regarding their identity, professional role, authority, or association with any organization. They shall represent themselves as partners or associates of a firm only when such a relationship truly exists.
- D. Certified Professionals shall ensure that advertisements, websites, directories, announcements, promotional materials, and other public communications provide accurate information that enables the public to make appropriate and informed choices about professional services.
- E. Certified Professionals shall not use any professional identification—such as business cards, signage, letterhead, digital profiles, or directory listings—that includes false, fraudulent, misleading, or deceptive statements or claims.
- F. Certified Professionals shall make reasonable efforts to correct false, misleading, or inaccurate statements made by others concerning their qualifications, services, methods, or professional products.

Principle 9: Responsibility to the Board

Certified Professionals shall fully cooperate with any investigation, inquiry, or disciplinary action conducted under this Code of Ethical Conduct. Certified Professionals shall not interfere with, obstruct, or attempt to prevent a disciplinary proceeding or any related legal action from being filed, investigated, prosecuted, or completed.

Interference includes, but is not limited to:

- A. Willfully misrepresenting, omitting, or falsifying facts or information provided to the disciplining authority or its authorized representatives.
- B. Using threats, intimidation, harassment, coercion, or inducements to influence any individual to prevent or attempt to prevent a disciplinary proceeding or legal action from being initiated, pursued, or completed.
- C. Refusing to accept or respond to a written complaint; allowing a credential to lapse while an ethics complaint is pending; or attempting to resign a credential during an active ethics investigation.
Violation of this rule results in immediate and indefinite suspension of the Certified Professional's credential until the ethical matter is fully resolved.
- D. Filing a complaint, or providing information to the Board, that the Certified Professional knew or reasonably should have known was false, misleading, or made in bad faith.

Principle 10: Suspension/Revocation of Certification

Certification may be denied, suspended, or revoked by the Certification Examining Board either by independent action or upon recommendation of the MAAP Board of Directors when evidence

substantiates a violation of the Ethical Standards of Certified Professionals. The Board is authorized to refuse to grant, deny renewal, suspend, or revoke a certification on any of the following grounds:

- A. Conviction of a felony under federal or state law.
- B. Conviction of any crime in which dishonesty, deceit, or fraud is an essential element.
- C. Fraud, deceit, or misrepresentation in applying for, obtaining, or renewing a credential as a Certified Professional.
- D. Dishonesty, fraud, gross negligence, or incompetence in the practice of a Certified Professional.
- E. Violation of any ethical rule, professional standard, or code of conduct adopted by MAAP or its Certification Examining Board.

AFFIRMATION

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

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

Applicant Signature

Date

11.2 ETHICAL STANDARDS FOR CLINICAL SUPERVISORS (CCS)

These Ethical Standards apply to all individuals credentialed as Certified Clinical Supervisors (CCS) and govern their conduct in all supervisory, administrative, and professional activities.

Principle 1: Code of Ethics

This Code of Ethics applies to Alcohol and Other Drug (AOD) treatment professionals credentialed as CCSs and governs their conduct in all clinical supervisory duties and related professional responsibilities. CCSs are expected to uphold the highest standards of ethical practice, integrity, and professional accountability.

Principle 2: Supervision

Clinical supervision is a disciplined, structured, and clearly defined professional activity. It is parallel to, and integrated with, education, consultation, administration, and research. Supervision is an essential component of providing ethical, competent, humane, and effective services to clients.

Principle 3: Rules of Conduct

These ethical standards constitute the minimum rules of conduct for all CCSs. They shall be used to resolve any ambiguity when applying or interpreting this Code.

Principle 4: Competence

A CCS shall:

- A. Practice only within areas of demonstrated competence obtained through education, supervised training, documented experience, or a reciprocal professional credential or license.
- B. Accurately represent their qualifications, including education, training, credentials, and experience, to supervisees, colleagues, the public, and regulatory bodies.
- C. Seek consultation immediately when supervising situations outside their area of competence.
- D. Refer supervisees to another qualified professional when the CCS cannot provide adequate supervisory guidance or lacks competence in a required area.

Principle 5: Client Welfare and Rights

The CCS has the primary responsibility to train counselors to protect client welfare and uphold client rights.

A CCS shall ensure that:

- A. Supervisees inform clients that they are receiving supervised services and obtain permission for supervisory review.
- B. Any audio or video recording of client services is authorized through written consent.
- C. Supervisees understand and comply with confidentiality laws and ethical requirements.
- D. Clients are informed that supervision will not violate confidentiality or privacy rights.

- E. Records related to supervision—including notes, recordings, test data, correspondence, or electronically stored materials—are stored and disposed of securely and confidentially.
- F. Written permission is obtained before any supervisory materials are used outside the supervisory context.
- G. Supervisees receive training in transference, dual relationships, cultural competence, and professional conduct.
- H. The CCS monitors supervisee performance and corrective action is taken promptly when necessary.

Principle 6: Professional Behavior

Due to the unique responsibilities of Substance Abuse treatment providers, CCSs must monitor their own behavior and that of supervisees and staff.

A CCS must ensure that neither they nor their supervisees engage in:

- A. Public intoxication—defined as any alcohol or drug use resulting in behavior consistent with intoxication.
- B. Possession or use of any illegal drug, narcotic, or mood-altering substance.
- C. Use of intoxicants or non-prescribed mood-altering substances during any professional activity.
- D. Intimate, personal, or business relationships with clients or client family members. CCSs must seek consultation from an objective peer if such concerns arise.
- E. Sponsorship of any active or discharged client or family member in AA/NA/Al-Anon or similar fellowships.
- F. Conduct that violates this Code, including:
 - a. Felony conviction
 - b. Misdemeanor conviction related to professional qualifications or duties
 - c. Conduct that could reasonably lead to such convictions
 - d. Disciplinary action or expulsion from other professional organizations
 - e. License or certification suspension/revocation
 - f. Refusal to seek treatment when impaired
 - g. Failure to cooperate in an ethical investigation
- G. Violations of research ethics, including failure to obtain informed consent.
- H. Unethical or unclear financial practices; CCSs shall not permit referral fees or kickbacks and must provide truthful financial disclosures to clients and supervisees.
- I. Misrepresentation of supervisory competence, training, or experience; all public statements and promotional materials must reflect accurate and current qualifications.

Principle 7: Supervisory Role

The CCS holds a position of significant authority and responsibility. Supervisors are entrusted with protecting client welfare, ensuring quality of care, enforcing legal and ethical standards, and developing competent, ethical future counselors. Supervisors must maintain the highest level of professionalism, objectivity, and integrity in all supervisory functions.

A CCS shall:

A. Professional Standards

- a. Maintain professional decorum at all times. All unprofessional behaviors described in Principle 6 are strictly prohibited for both the CCS and their supervisees.
- b. Engage in regular professional and personal continuing education to maintain competence as a supervisor, including ongoing study of the Four Performance Domains of AOD Clinical Supervision.
- c. Inform supervisees of their ethical and legal responsibilities, including state law, agency policy, and professional standards governing counseling and supervision.

B. Development of Supervisees

- a. Promote supervisee development toward competence, autonomy, sound judgment, awareness of limitations, and—when appropriate—future supervisory roles.
- b. Establish and clearly communicate procedures for accessing the supervisor or a designated alternate supervisor during crises.
- c. Incorporate actual work samples into supervision (e.g., audio recordings, written reports, video, direct observation).
- d. Conduct supervision through regular, structured, face-to-face sessions, individually or in group format.
- e. Provide ongoing, timely, and constructive feedback on supervisee performance.

C. Conflicts of Interest and Professional Boundaries

- a. Avoid conflicts of interest arising from multiple roles (e.g., supervisor, teacher, administrator). Supervisees must be informed of the limits created by these roles, and supervision must be shared or transferred when necessary.
- b. Not engage in any form of sexual contact or sexualized behavior with supervisees, including sexual advances, sexual harassment, or conduct that could be interpreted as such.
 - i. Supervisors must also avoid social interactions or relationships that compromise supervisory objectivity.
 - ii. Dual relationships—including business partnerships, financial relationships, nepotism, and outside consulting—shall be avoided whenever they impair judgment or increase risk of exploitation.
- c. Not use the supervisory relationship to advance personal, religious, political, or business interests.
- d. Not endorse or permit any treatment practice that may cause physical or psychological harm to clients.

D. Proper Use of Supervision

- a. Not establish a psychotherapy relationship with supervisees. Personal issues may be addressed only insofar as they impact client welfare or professional functioning.
- b. Never supervise current or former clients, nor their family members.
- c. Model the appropriate use of supervision for clinical decision-making, problem-solving, and professional development.

- d. Communicate clearly and directly with supervisees regarding observed limitations or concerns. All concerns must be documented and discussed with the supervisee.
- e. Not serve as a sponsor to any supervisee in AA, NA, Al-Anon, or similar fellowships.
- f. Not endorse a supervisee for certification, licensure, or employment if there is documented impairment or professional limitation that would impede competent and ethical practice.
 - i. Whenever possible, corrective feedback and remediation shall be offered to support supervisee improvement.

E. Program Standards, Oversight, and Equity

- a. Incorporate clear informed consent, participation expectations, supervisory roles, disciplinary procedures, and due-process protections into all supervision policies.
- b. Integrate the 12 Core Functions and 46 Global Criteria into supervisory practice and ensure supervisees demonstrate competence in these areas.
- c. Ensure supervisees engage only in programs and practices that meet professional quality standards.
- d. Participate actively in quality assurance, program evaluation, and peer review processes.
- e. Provide equitable, unbiased, and consistent supervision to all supervisees regardless of age, race, national origin, religion, disability, sexual orientation, gender identity, marital status, political affiliation, or socioeconomic status.
 - i. When a CCS is unable to maintain objectivity, a referral to another qualified supervisor with full explanation must be made.

AFFIRMATION

NOTE: The Ethical Standards of Certified Clinical Supervisor document and this signature page must be returned to the MAAAP Certification Board and your application.

I, _____ (print name), have read and do affirm the preceding Ethical Standards of Mississippi Certified Clinical Supervisors.

Applicant Signature

Date

11.3 ETHICAL STANDARDS FOR PREVENTION PROFESSIONALS (APS, CPS, CPM)

Prevention professionals play a vital role in promoting public health and preventing substance misuse. Because they frequently work in schools, communities, healthcare systems, criminal justice settings, and public agencies, they must uphold the highest ethical standards to protect recipients, colleagues, and the public. The following principles establish the minimum standards of conduct required for individuals credentialed as Associate Prevention Specialists (APS), Certified Prevention Specialists (CPS), and Certified Prevention Managers (CPM).

Applicants must sign an affirmation acknowledging they have read and agree to abide by these standards.

Principle 1: Non-Discrimination

Prevention professionals shall not discriminate against service recipients, colleagues, or the public.

- A. APS/CPS/CPM professionals shall not discriminate based on race, religion, age, gender, national ancestry, sexual orientation, marital status, political beliefs, HIV/AIDS status, socioeconomic condition, or disability.
- B. APS/CPS/CPMs shall actively broaden their understanding, acceptance, and appreciation of cultural and individual differences to ensure services and information are delivered respectfully and responsively.

Principle 2: Personal Responsibility

- A. APS/CPS/CPMs shall exercise competent professional judgment in all interactions, prioritizing the best interests of service recipients and the public.
- B. Prevention professionals are responsible for applying evidence-based prevention concepts appropriately in all public and professional relationships.

Principle 3: Professional Competence

APS/CPS/CPMs shall provide competent professional services consistent with state and national standards. This requires:

- A. Thorough knowledge of alcohol, tobacco, and other drug (ATOD) abuse prevention concepts..
- B. Proficiency in group facilitation, presentation, and educational techniques.
- C. Adequate preparation to ensure high-quality, accurate, and effective service delivery.
- D. A commitment to ongoing professional development to maintain current knowledge of prevention science.

Prevention professionals must:

- A. Demonstrate competence, recognize their personal limitations, and refrain from providing services outside their training or skill level.
- B. Comply with all relevant federal, state, and local laws, regulations, and professional standards governing substance abuse prevention.

Principle 4: Professional Standards

APS/CPS/CPMs shall maintain the highest professional standards by:

- A. Accurately representing their professional knowledge, training, credentials, and affiliations.
- B. Avoiding any action, statement, or relationship that could mislead the public or misrepresent their qualifications.
- C. Never misrepresenting their certification, training, or eligibility to the Mississippi Association of Addiction Professionals (MAAP) or any other entity.
- D. Ensuring that educational materials, presentations, and products are factual, accurate, properly sourced, and professionally prepared.
- E. Recognizing the impact of substance use on professional functioning and seeking assistance when impairment is present; providing support to impaired colleagues when appropriate.
- F. Providing accurate and documented information to recipients, acknowledging sources properly, and respecting intellectual property and the contributions of others.

Principle 5: Public Statements

- A. APS/CPS/CPMs must respect the limits of current knowledge when making public statements about the effectiveness of prevention initiatives, programs, or research.
- B. Trainers must clarify the qualifications required for implementing materials, programs, or techniques presented.

Principle 6: Material Credit

- A. APS/CPS/CPMs who develop or disseminate professional materials must give proper credit to all sources, contributors, and techniques used.
- B. The use of copyrighted materials without proper authorization is unethical and constitutes a violation of federal law.

Principle 7: Recipient Welfare

APS/CPS/CPMs shall uphold the welfare, dignity, and rights of all service recipients by:

- A. Delivering prevention services in a professional, supportive, and safe environment.
- B. Prioritizing the best interests of recipients and the public in all professional decisions.
- C. Avoiding any form of exploitation—sexual, financial, emotional, or otherwise—and making appropriate referrals when a recipient’s needs exceed their scope of practice.
- D. Respecting and safeguarding the civil, legal, and human rights of all recipients.

Principle 8: Confidentiality

APS/CPS/CPMs shall comply with all applicable federal and state confidentiality laws, regulations, agency policies, and ethical guidelines. This includes:

- A. Informing recipients of their confidentiality rights and limitations.

- B. Complying with mandatory reporting laws for suspected abuse, neglect, exploitation, or misconduct.
- C. Protecting all confidential information obtained during service delivery and ensuring such information is stored and disposed of securely.

Principle 9: Professional Integrity

APS/CPS/CPMs shall demonstrate honesty, fairness, and ethical conduct in all professional activities. They shall:

- A. Never knowingly provide false, misleading, or incomplete information to certification bodies, licensing boards, employers, or the public.
- B. Address potential unethical behavior among colleagues through appropriate channels and encourage corrective action.
- C. Report significant violations of professional conduct when necessary to protect recipients or the public.
- D. Practice with integrity—recognizing honest mistakes, allowing for differences in professional judgment, and rejecting deceitful or unethical practices.
- E. Use only the legal and professional name under which their certification is held in all professional activities.

Principle 10: Remuneration

- A. Financial arrangements must prioritize the welfare of recipients, uphold transparency, and conform to accepted professional practices.
- B. APS/CPS/CPMs shall not accept, offer, or participate in commissions, rebates, kickbacks, or any form of payment for referrals.
- C. Prevention professionals shall not exploit their professional relationships for personal, financial, political, or organizational gain.

Principle 11: Societal Obligations

APS/CPS/CPMs have a professional responsibility to support public health and community well-being. They shall:

- A. Advocate for accurate, consistent, and evidence-based health promotion messages.
- B. Provide scientifically sound, state-of-the-art prevention information to the public.
- C. Support public policies that strengthen community health, safety, and substance misuse prevention efforts.

Principle 12: Professional Obligations

APS/CPS/CPMs shall uphold the integrity of prevention certification in Mississippi and within the broader national and international prevention community. They shall promote:

- Professional excellence

- Ethical service delivery
- Advancement of prevention science
- Support for workforce competency and development

AFFIRMATION

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

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

Applicant Signature

Date

11.4 ETHICAL STANDARDS FOR CRIMINAL JUSTICE PROFESSIONALS

This Code of Ethics applies to all professionals credentialed as Certified Criminal Justice Associates (CCJA) and Certified Criminal Justice Addiction Professionals (CCJP). It governs conduct during all professional activities and interactions within criminal justice and behavioral health settings.

Principle 1: Non-Discrimination

Professionals shall not discriminate against clients, colleagues, or the public based on race, religion, age, gender, disability, national ancestry, sexual orientation, or economic condition.

- A. Professionals shall avoid allowing personal or professional biases to influence client relationships. They must actively safeguard each client’s dignity, rights, and individuality.
- B. Professionals shall demonstrate understanding and sensitivity when working with individuals with disabilities and must provide necessary physical, sensory, and cognitive accommodations to ensure equitable access to services.

Principle 2: Responsibility

Professionals shall uphold objectivity, integrity, and the highest professional standards.

- A. Respect agency policies and supervisory authority while advocating for improvements that better serve clients..
- B. Share relevant knowledge and skills to support the professional development of colleagues and the enhancement of addiction-related services.
- C. Supervisors shall promote supervisee growth through accurate evaluations, updated information, and constructive feedback.
- D. Professionals must report unethical or unprofessional conduct to the appropriate authority.

Principle 3: Competency

Professionals shall demonstrate competence and commit to ongoing education to maintain the highest standards of practice.

- A. Practice only within the boundaries of demonstrated competence, training, and expertise.
- B. Recognize when impairment—emotional, mental, physical, or substance-related—interferes with professional performance and seek appropriate assistance.
- C. Participate in and support peer assistance programs when appropriate.

Principle 4: Legal and Moral Standards

Professionals shall adhere to all applicable federal, state, and local laws, as well as professional ethical standards.

- A. Maintain full knowledge of and compliance with Mississippi and federal laws governing criminal justice and addiction services.
- B. Avoid misrepresenting professional qualifications, credentials, or affiliations.

- C. Ensure all services, materials, presentations, and interventions meet the ethical requirements outlined in this Code.

Principle 5: Public Statements

Professionals shall provide honest, accurate, and evidence-based public statements regarding addiction and criminal justice issues.

- A. Present only empirically supported information as fact and clearly distinguish opinion from evidence.
- B. Accurately cite sources, methods, and research used to support public claims.

Principle 6: Publication Credit

Professionals shall assign proper credit for contributions to published or presented materials.

- A. Recognize joint authorship and significant contributions, listing principal contributors first.
- B. Acknowledge minor contributions, clerical support, or assistance.
- C. Adhere to all copyright and intellectual property laws.

Principle 7: Client Welfare

Professionals shall prioritize client welfare, safety, and well-being at all times.

- A. Disclose their ethical obligations, professional loyalties, and role boundaries to clients.
- B. End the professional relationship when it becomes clear the client is no longer benefiting from services.
- C. Do not involve clients in demonstrations, research, or non-treatment activities without informed, written consent.
- D. Provide services in a safe, private, and professional environment.

Principle 8: Confidentiality

Professionals shall prioritize the protection of client confidentiality as a primary obligation.

- A. Follow all federal and Mississippi laws regarding confidentiality and mandatory reporting.
- B. Provide written explanation of confidentiality rights and limitations to clients.
- C. Maintain and dispose of confidential records securely and restrict access to authorized individuals only.
- D. Use case material for teaching or writing only after removing or altering identifying information to protect client identity.

Principle 9: Client Relationships

Professionals shall maintain clear and ethical boundaries with clients.

- A. Avoid dual or multiple relationships that could impair professional judgment or compromise client welfare.

- B. Never exploit current or former clients for personal, sexual, financial, or professional gain.
- C. Do not accept as clients individuals with whom the professional has had a prior sexual relationship, nor engage in sexual behavior with current or former clients.

Principle 10: Inter-professional Relationships

Professionals shall uphold professional respect, collaboration, and fairness with colleagues.

- A. Do not offer services to a client currently receiving services from another provider without appropriate coordination or the termination of the prior relationship.
- B. Cooperate fully with the Mississippi Ethics Committee unless restricted by confidentiality laws.
- C. Avoid exploiting supervisees, students, employees, or research participants.

Principle 11: Remuneration

Professionals shall establish financial arrangements that prioritize the client’s best interests while maintaining ethical standards.

- A. Clearly disclose financial policies and consider client financial capacity when establishing fees.
- B. Do not engage in fee-splitting, kickbacks, commissions, or rebates for referrals.
- C. Do not use the professional relationship for personal or financial gain.
- D. Do not accept private payment from clients who are eligible for services elsewhere.

Principle 12: Societal Obligations

Professionals shall contribute positively to public health, criminal justice reform, and community well-being.

- A. Advocate for public safety, equitable treatment, and improved access to addiction services regardless of a person’s social, economic, or cultural background.

AFFIRMATION

NOTE: The Ethical Standards of Certified Criminal Justice Addictions Professional document and this signature page must be returned to the MAAP Certification Board along with your application.

I, _____ (print name), have read and do affirm the preceding Ethical Standards of Mississippi Certified Criminal Justice Addictions Professional.

Applicant Signature

Date

12. CORE FUNCTIONS, GLOBAL CRITERIA, AND IC&RC DOMAINS

To ensure the expertise, competence, and professionalism of all certified professionals, each MAAAP credential is based on specific IC&RC performance domains. Within each domain are defined tasks and functions known as the 12 Core Functions and the 46 Global Criteria, which represent the minimum professional competencies required for certification.

Employers may impose additional requirements for employment beyond MAAAP certification standards.

Applicants qualify for certification by demonstrating, through documented education, training, supervised experience, and examination, that they possess these essential competencies. Competency development may occur through academic degree programs, professional training, workshops, or other approved learning experiences.

All core competencies and domain requirements for each credential are also listed within the associated Application Packet.

12.1 CORE FUNCTIONS & GLOBAL CRITERIA

The following 12 Core Functions and 46 Global Criteria represent the IC&RC-established minimum competency standards for addiction counseling roles. All must be understood and applied by CADC/CADC I/CADC II/CAADC applicants and by others where required.

1. Screening

The process of determining whether a client is appropriate and eligible for admission to a particular program.

Global Criteria:

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 coexisting conditions (medical, psychiatric, physical, etc.) requiring additional assessment or services.
5. Adhere to all applicable laws, regulations, and agency policies governing alcohol and other drug services.

2. Intake

The administrative and initial assessment procedures conducted at admission.

Global Criteria:

6. Complete all required admission documents.
7. Complete documents required for program eligibility and appropriateness.

8. Obtain signed consents when requesting or releasing information to outside sources to protect confidentiality and rights.

3. Orientation

Introducing the client to program rules, expectations, rights, and services.

Global Criteria:

9. Describe program goals and objectives for client care.
10. Explain program rules, client obligations, and client rights.
11. Explain program operations and service availability.

4. Assessment

Evaluating client strengths, weaknesses, needs, and problems to guide treatment planning.

Global Criteria:

12. Gather relevant client history using appropriate interview techniques.
13. Identify methods for obtaining corroborative information from significant others.
14. Identify appropriate assessment tools.
15. Explain the purpose of assessment tools to the client.
16. Develop a diagnostic evaluation to guide an integrated treatment plan.

5. Treatment Planning

Developing a written plan that identifies prioritized problems, goals, and resources.

Global Criteria:

17. Explain assessment results in an understandable manner.
18. Identify and prioritize problems in the written treatment plan.
19. Formulate goals using behavioral terms.
20. Identify appropriate treatment methods and resources.

6. Counseling (Individual, Group, Family)

Using counseling skills to help clients explore problems, emotions, behaviors, and solutions.

Global Criteria:

21. Select appropriate counseling theories.
22. Apply techniques to help clients explore problems and ramifications.
23. Help clients examine their behaviors, attitudes, and feelings.
24. Individualize counseling to cultural, gender, and lifestyle considerations.
25. Interact therapeutically and professionally with clients.
26. Facilitate client-driven solutions and decisions.
27. Implement the treatment plan.

7. Case Management

Coordinating services and resources to support client goals.

Global Criteria:

28. Coordinate client services.
29. Explain case management activities and rationale to the client.

8. Crisis Intervention

Responding to a client's acute emotional or physical distress.

Global Criteria:

30. Identify elements of a crisis.
31. Implement an immediate, appropriate action plan.
32. Use crisis events to enhance overall treatment.

9. Client Education

Providing information about substance use, recovery, and available services.

Global Criteria:

33. Present relevant AOD information through formal and/or informal methods.
34. Provide information about available services and resources.

10. Referral

Identifying needs beyond the counselor/program and connecting clients to appropriate resources.

Global Criteria:

35. Identify needs that cannot be met by the counselor/agency.
36. Explain the referral rationale.
37. Match client needs to appropriate resources.
38. Adhere to laws and policies regarding confidentiality during referral processes.
39. Assist clients in accessing support systems and resources.

11. Reports and Recordkeeping

Documenting assessment, treatment, progress, and discharge in written form.

Global Criteria:

40. Prepare reports integrating available client information to support continuity of care.
41. Document ongoing client information accurately and promptly.
42. Use written documentation effectively to support client care.

12. Consultation

Relating with other professionals to assure comprehensive client care.

Global Criteria:

43. Recognize issues beyond one’s professional skill set.
44. Consult with appropriate professionals or resources.
45. Follow laws and agency policies regarding disclosure of client-identifying information.
46. Explain the purpose of the consultation to the client, when appropriate.

12.2 IC&RC ADC & AADC DOMAINS

All exam questions will address content covered in the domains listed in the table below and expanded upon in the following pages. The “weight” of a content domain indicates the proportion of questions from that domain on the exam form relative to the other domains. Candidates can use this information for their individual exam preparation planning.

Domain	Weight on Exam
Domain I: Scientific Principles of Substance Use and Co-Occurring Disorders	25%
Domain II: Evidence-Based Screening and Assessment	20%
Domain III: Evidence-Based Treatment, Counseling, and Referral	30%
Domain IV: Professional, Ethical, and Legal Responsibilities	25%

Domain 1: Scientific Principles of Substance Use and Co-Occurring Disorders

- A. Recognize how addiction affects the brain (e.g., disease model, reward pathways, tolerance, and cravings)
- B. Identify risk factors for developing substance use disorders (e.g., trauma, family history)
- C. Identify behavior, patterns, and progressive stages of substance use disorders
- D. Differentiate among common substances of abuse and their characteristics
 1. Pharmacology (e.g., drug classifications, interactions, cross-tolerance)
 2. Signs and symptoms of intoxication and overdose
 3. Stages and symptoms of withdrawal
 4. Physiological, psychological, and social effects
- E. Identify signs and symptoms of co-occurring mental health conditions
- F. Identify signs and symptoms of co-occurring medical conditions (e.g., cirrhosis, respiratory deficits, sexually transmitted infections)

Domain 2: Evidence-Based Screening and Assessment

- A. Utilize established interviewing techniques (e.g., Motivational interviewing, probing, questioning)
- B. Utilize established screening and assessment methods and instruments (e.g., ASI, ACE, SASSI)

- C. Identify methods and interpret results from drug and alcohol testing
- D. Utilize established diagnostic criteria for evaluating substance use (i.e., DSM)
- E. Assemble a comprehensive client biopsychosocial history (e.g., health, family, employment, collateral sources)
- F. Determine the course of action to meet the individual's immediate and ongoing needs
- G. Determine level of care based on placement criteria

Domain 3: Evidence-Based Treatment, Counseling, and Referral

- A. Demonstrate practicing and responding to verbal and non-verbal communication skills
 - 1. Learning styles
 - 2. Communication styles (e.g., person-centered language)
- B. Recognize methods and opportunities to build rapport with clients
- C. Review client's patterns and methods of use
- D. Recognize and respond to emergency/crisis events (e.g., de-escalation)
- E. Recognize when to utilize and how to facilitate referrals for clients (e.g., case management, follow-up)
- F. Identify and respond to concerns related to specific populations (e.g., LGBTQ+, pregnancy, youth, justice-involved, housing insecure)
- G. Collaborate with multidisciplinary team, other professionals, and client supports (e.g., family) to determine and provide care
- H. Recognize the relationship between substance use and trauma
 - 1. Effect on client (e.g., adverse childhood experiences, domestic violence)
 - 2. Effect on counselor (e.g., vicarious trauma, burnout)
- I. Utilize methods to address client ambivalence or resistance to change
- J. Utilize best practices in developing and updating a treatment plan
 - 1. Goals and objectives
 - 2. Strategies and interventions (e.g., relapse prevention, coping skills)
- K. Identify available resources to meet client needs
- L. Utilize counseling approaches specific to group sessions
 - 1. Structured curriculum and process
 - 2. Group dynamics and cohesiveness
- M. Recognize elements of discharge planning
- N. Explore multiple pathways of recovery (e.g., MAT, holistic health, support groups)
- O. Utilize methods and techniques for providing feedback (e.g., reflection, reframing, clarification)
- P. Recognize when to terminate the counseling process

Domain 4: Professional, Ethical and Legal Responsibilities

- A. Demonstrate professional boundaries and practice self-awareness regarding:
 - 1. Dual relationships
 - 2. Self-disclosure
- B. Develop and utilize multi-cultural perspectives throughout the counseling process

- C. Recognize and respond to issues that are outside the practitioner's scope of practice
- D. Demonstrate best practices in documentation
 - 1. Record keeping
 - 2. Storage
- E. Demonstrate compliance with confidentiality and privacy law
- F. Identify and address potential conflicts of interest
- G. Demonstrate compliance with informed consent guidelines
- H. Identify and utilize sources of supervision and consultation
- I. Recognize the grievance process and respond to client grievances
- J. Identify, respond, and advocate for diversity, inclusion, and equity in care
- K. Demonstrate adherence to established client/patient rights

12.3 CLINICAL SUPERVISION DOMAINS

All questions on the exam will address content covered in the domains listed in the table below and expanded upon in the following pages. The “weight” of a content domain indicates the proportion of questions from that domain on the exam form relative to the other domains. Candidates can use this information for their individual exam preparation planning.

Domain	Weight on Exam
Domain I: Counselor Development	24%
Domain II: Professional and Ethical Standards	23%
Domain III: Program Development and Quality Improvement	13%
Domain IV: Performance Evaluation	13%
Domain V: Administration	10%
Domain VI: Treatment Knowledge	17%

Domain 1: Counselor Development

- A. Develop a supportive and individualized supervisory alliance.
 - 1. Supervision techniques (individual and group)
 - 2. Counselor skill building techniques
 - 3. Providing, soliciting, and receiving feedback
 - 4. Clinical supervision models
 - 5. Relationship-building techniques
 - 6. Conflict resolution
 - 7. Teaching and training methods
 - 8. Critical thinking techniques
 - 9. Models of behavior change
 - 10. Tenets of diversity, equity, and inclusion

11. Communication techniques (in-person and remote)
- B. Maintain a constructive supervisory learning environment
 1. Adult learning styles
 2. Motivational techniques
 3. Teaching and training techniques
 4. Tenets of diversity, equity, and inclusion
 5. Leadership styles
 6. Capacity to manage stress
 7. Observation techniques
 8. Educational opportunities and professional development
 9. Strengths, challenges, and limitations
 10. Assessment techniques and instruments
 11. Culturally adapted evidence-based practices
- C. Educate supervisees on concepts of diversity, equity, and inclusion (e.g., attunement, humility, self-appraisal)
 1. Diverse populations
 2. Relationships and boundaries
 3. Transference and countertransference
 4. Empathy and compassion
 5. Self-appraisal of personal biases
- D. Provide timely and specific feedback to supervisees
 1. Communication skills
 2. Facilitative interpersonal skills
 3. Observation techniques
 4. Individual development plan
 5. Counselor job tasks
 6. Therapeutic modalities
 7. Strengths, challenges, and limitations
 8. Interpret evaluative tools
- E. Create a professional development plan with supervisees
 1. Career development interventions and strategies skills
 2. Assessment practices and tools skills
 3. Time management techniques
 4. Learning assignments plan
 5. Supervisee's strengths, challenges, and limitations
 6. Development goals
- F. Implement a variety of direct supervisory activities
 1. Various supervisory techniques and modalities
 2. Substance use disorder evidence-based practices
 3. Ethical standards and professional codes of conduct
 4. Consequences of ethical violations
 5. Counseling versus clinical supervision boundaries

6. Clinical observation
 7. Teaching modalities
 8. Stress management (e.g., self-care, compassion fatigue, vicarious trauma, burnout)
 9. Reporting and documenting
- G. Educate supervisees regarding evidence-based practices
1. Substance use and co-occurring disorders evidence-based best practice
 2. Curriculum-based care
 3. Emerging trends and current research
 4. Maintain qualifications and competence
 5. Understanding and implementing a variety of treatment modalities
- H. Assist supervisees with developing a personal wellness plan
1. Stress response (e.g., compassion fatigue, moral injury, vicarious trauma, burnout, secondary stress) management
 2. Fitness for duty
 3. Case load management
 4. Problem solving
 5. Conflict resolution
 6. Collaborative relationships
 7. Time management

Domain 2: Professional and Ethical Standards

- A. Adhere to ethical, legal, and professional codes of conduct
1. Scope of practice
 2. Policies governing counselor/client and supervisor/supervisee relationships
 3. Ethical standards
 4. Professional standards and codes
 5. Confidentiality standards
 6. Consequences of violations of applicable policies, standards and codes
 7. Procedures and obligations for reporting violations
 8. Impact of establishing dual relationship
- B. Follow due process guidelines when responding to grievances
1. Clinical supervisor standards
 2. Professional standards and codes
 3. Regulatory standards
 4. Quality improvement standards
 5. Consequences of violations of applicable policies, standards, and codes
 6. Procedures and obligations for reporting violations
- C. Pursue personal and professional developments
1. Counseling career progression within work setting and profession
 2. Training and education required to reach career goals
 3. Assessment activities necessary to identify an appropriate career development track

4. Personal and professional strengths and challenges
5. Networking strategies
- D. Verify supervisees inform clients about the limits of confidentiality.
 1. Applicable regulatory standards
 2. Applicable confidentiality standards
 3. Client's rights and responsibilities
 4. Informed consent policies and procedures
- E. Verify that supervisees inform clients about supervision practices and obtain documented informed consent
 1. Purpose and value of consultation
 2. Importance of informed consent
 3. Client's rights and responsibilities
 4. Documentation requirements
 5. Regulations regarding informed consent
- F. Educate supervisees on various ethical decision-making models
 1. Ethical decision-making models
 2. Ethical codes and guidelines, relevant laws, and regulations
 3. Procedures to report ethical violations
 4. Identifying ethical dilemmas and violations
- G. Verify supervisees maintain complete, accurate, and timely documentation
 1. Clinical documentation standards
 2. Legal issues related to patient care
 3. Applicable record keeping standards
 4. Crisis intervention techniques
 5. Critical incident reporting standards
- H. Seek supervision or consultation to evaluate ongoing training needs
 1. Importance of ongoing supervision
 2. Individual development plan
 3. Remaining open to feedback
 4. Modeling appropriate clinical, professional, and personal behavior

Domain 3: Program Development and Quality Improvements

- A. Recognize the balance between fidelity and practical application when implementing new clinical practices.
 1. Applicable professional standards and roles
 2. Applicable roles within multi-disciplinary team
 3. 12 core functions and substance use disorder counseling competencies
 4. Management practices
- B. Advocate for ongoing quality improvement (e.g., trend analysis, gaps in care, utilization review)
- C. Support the organization's quality improvement plan
- D. Build and maintain relationships with referral sources and other stakeholders

Domain 4: Performance Evaluation

- A. Communicate practice expectations and performance metrics
- B. Assess supervisees' performance
 - 1. Performance evaluations
 - 2. Observation (e.g., direct, virtual, audio)
 - 3. Record audit
 - 4. Organizing data
- C. Self-assess for evaluator bias (e.g., leniency, overemphasis on one area of performance, favoritism, stereotyping)
 - 1. Supervisor accountability
 - 2. Indicators of potential bias
 - 3. Referral protocols
- D. Adhere to professional standards of ongoing supervisory documentation (e.g., completeness, clarity, accuracy, security)

Domain 5: Administration

- A. Ensure comprehensive orientation is provided to new employees
 - 1. Organizational culture and environment
 - 2. Applicable confidentiality standards
 - 3. Communicating administrative procedures and policies
 - 4. Technological applications
 - 5. Interpreting applicable policies, standards, and codes
- B. Involve the supervisees in designing and scheduling their activities to maintain clinically effective service delivery.
 - 1. Management practices
 - 2. Grievance policies
 - 3. Problem solving/conflict resolution theories
 - 4. Planning and coordinating resources
 - 5. Staff schedules and clinical activities
 - 6. Community resources
- C. Identify Human Resources processes, (e.g., hiring, disciplinary action, performance review, and termination)
 - 1. Human resources policies and procedures
 - 2. Professional standards of performance and ethics
 - 3. Credentialing or certification standards
 - 4. Career development interventions and strategies
 - 5. Communicating standards and expectations
 - 6. Providing effective feedback
 - 7. Correlating job requirements to actual job description
- D. Ensure workforce is trained to meet service delivery needs.
 - 1. Required competency standards

2. Training assessment tools
3. Barriers to workforce development
4. Techniques to assess service delivery needs
5. Documentation procedures, policies, and standards
6. Critical incident identification and reporting
7. Matching training requirements to work requirements
8. Assessing workforce training needs
9. Regulatory compliance (e.g., fraud, waste, abuse, documentation)

Domain 6: Treatment Knowledge

- A. Utilize knowledge of the tenets of substance use disorders in supervision
 1. Alcohol and other substances
 2. Pharmacology
 3. 12 core functions
 4. Mutual support philosophies and traditions
 5. Evaluating various populations for specific needs (e.g, social determinants of health)
 6. Co-occurring and process disorders
 7. Integrated behavioral and physical healthcare
 8. Interdisciplinary care coordination
 9. Diagnostic and Statistical Manual (DSM)
 10. Treatment models and their applications
 11. American Society of Addiction Medicine (ASAM) patient placement criteria
 12. Continuum of care
 13. Pharmacological interventions and medication assisted treatment (MAT)
 14. Reading and understanding research
 15. Communicating treatment expectations
 16. Using treatment methods to support long term recovery
 17. Impact of stigma
- B. Apply the principles of substance use treatment in supervision
 1. Progression of substance use disorder
 2. Resources on substance use disorder research
 3. Recovery support programs
 4. The process of recovery
 5. Relapse prevention/Maintaining recovery
 6. Harm reduction
- C. Select assessment and evaluation tools for the population or individual served
- D. Identify the use of pharmacological interventions and interactions
 1. Medication-assisted treatment (MAT)
 2. Drug interactions
 3. Neuropharmacology
 4. Assessing motivation of patient for pharmacological intervention

5. Integrating pharmacological interventions into treatment
6. Providing medication education and information
7. Patient safety concerns (e.g., overdose, withdrawal, impairment)

12.4 PREVENTION DOMAINS

The IC&RC Prevention Specialist examination is based on a comprehensive **Job Analysis** that identifies the essential knowledge, skills, and tasks required for competent practice in prevention. The exam measures performance across multiple **domains**, each contributing a weighted percentage to the total exam score.

Domain	Weight on Exam
Planning and Evaluation	25%
Prevention Education and Service Delivery	15%
Communication	15%
Community Organization	15%
Public Policy and Environmental Change	11%
Professional Growth and Responsibility	19%

The following outlines the tasks and knowledge areas included within each domain.

Domain 1: Planning and Evaluation

- A. Conduct a community-level needs assessment
 1. Community characteristics
 2. Problem identification
 3. Community readiness assessment
 4. Community resources and resource gaps
 5. Basic terms in epidemiology
- B. Determine priorities based on comprehensive community assessment.
 1. Focus population
 2. Problem prioritization strategies
 3. Shared risk and protective factors among physical health, substance use/misuse/misuse, and other behavioral health disorders
- C. Conduct information gathering and data review/interpretation
 1. Information gathering techniques
 2. Data literacy
- D. Utilize prevention theory
 1. Health disparities
 2. Social determinants of health and mental health
 3. Continuum of care

4. Risk and Protective Factors Theory
5. Public health approach
6. Theory of Change
7. Human developmental theories
- E. Develop a comprehensive prevention plan
 1. Logic models as a planning and evaluation tool
 2. Evidence-based prevention interventions
 3. Work plans
 4. Sustainability strategies
- F. Identify prevention program evaluation strategies.
 1. Evaluation instruments/models
 2. Validity and reliability of evaluation instruments/models
 3. Interpretation and application
- G. Conduct evaluation activities and identify opportunities to improve outcomes.
 1. Program fidelity assessment
 2. Adaptation evaluation
 3. Process and outcomes
- H. Utilize strategies to enhance sustainability of prevention program outcomes.
 1. Community capacity building
 2. Grant research and writing
 3. Data reporting
 4. Community ownership
 5. Resource assessment and development

Domain 2: Prevention Education and Service Delivery

- A. Coordinate prevention activities
 1. Group processes
 2. Training techniques
 3. Interagency dynamics/power relationships/reciprocity
 4. Sustainable relationships and alliances
 5. Engagement strategies
 6. Existing community structures and norms
 7. Involvement of diverse populations
 8. Equitable access
- B. Implement prevention education and skill development activities
 1. Learning styles, instructional strategies, and presentation methods
 2. Curriculum training
- C. Utilize strategies for maintaining program fidelity
 1. Principles of and guidelines for fidelity and adaptation
 2. Instructional materials modification
 3. Core component maintenance

Domain 3: Communication

- A. Demonstrate methods for promoting the science of prevention
 - 1. Interactions and strategies with the media and public
 - 2. Media literacy, media advocacy, and social marketing
- B. Utilize marketing techniques for prevention programs
 - 1. Effective marketing strategies and impact
 - 2. Communication models
- C. Apply principles of effective listening
 - 1. Active listening
 - 2. Interviewing techniques
- D. Apply principles of public speaking
 - 1. Logical presentation, organization, and key points
 - 2. Storytelling, use of examples, and building rapport
 - 3. Strategies to promote discussion
 - 4. Visual aids and other presentation resources
- E. Employ effective facilitation skills.
 - 1. Audience characteristics
 - 2. Meeting agenda and action items
 - 3. Professional behaviors and communication skills
 - 4. Safe/inclusive spaces and conflict management
 - 5. Time management
- F. Demonstrate interpersonal communication competency.
 - 1. Written and interpersonal communication skills
 - 2. Networking and community outreach

Domain 4: Community Organization

- A. Identify community demographics and norms
- B. Utilize strategies to recruit and engage a diverse group of stakeholders
 - 1. Community sector representation and perspectives
 - 2. Current and emerging community leaders/influencers
- C. Utilize strategies to build community ownership and provide technical assistance
 - 1. Community engagement strategies
 - 2. Capacity-building strategies
 - 3. Roles in community ownership
 - 4. Shared leadership
 - 5. Patterns of group and organizational communication
 - 6. strategies for empowering community members
 - 7. Advocacy strategies
 - 8. Training and mentoring community members
 - 9. Coalition development and sustainability
 - 10. Strategic planning activities

- 11. Education resources for community members
- D. Utilize negotiation and collaboration strategies to build and sustain alliances with other service providers
 - 1. Formal agreements
 - 2. Referrals
- E. Integrate prevention strategies into physical and behavioral health planning and activities
 - 1. Global behavioral health systems and their strategic goals
 - 2. Prevention participation in related health initiatives
 - 3. Behavioral health epidemiology
 - 4. Spectrum of behavioral health services

Domain 5: Public Policy and Environmental Change

- A. Utilize strategies and resources to promote environmental change
 - 1. Evidence-based environmental strategies and policies
 - 2. Education of decision makers
- B. Demonstrate advocacy skills in public health promotion and prevention
 - 1. Political processes
 - 2. Difference between lobbying and advocacy
 - 3. Public policy development and advocacy for healthy and safe communities
 - 4. Change agents and policy makers
 - 5. Negotiations
 - 6. Social justice

Domain 6: Professional Growth and Responsibility

- A. Demonstrate adherence to legal, professional, and ethical principles
 - 1. Prevention Code of Ethics
 - 2. Ethical use of funds
 - 3. Conflicts of interest
 - 4. Confidentiality
 - 5. Mandated abuse and neglect reporting
 - 6. Recipient rights and informed consent
 - 7. Copyright laws and reference procedures
 - 8. Strategies to ensure the safety of program participants
 - 9. Prevention professional scope of practice
 - 10. Ethical fundraising
 - 11. Ethical use of social media and technology
- B. Incorporate cultural responsiveness and health equity into prevention processes
 - 1. Culturally responsive organizational structures
 - 2. Focus population inclusion
- C. Demonstrate healthy behaviors and self-care
 - 1. Community resources that support health and well-being

2. Healthy living strategies and wellness promotion
 3. Conflict resolution and stress management strategies
 4. Seeking and utilizing support from peers
 5. Recognition of personal limitations
- D. Recognize importance of participation in professional associations
1. Professional associations and organizations related to behavioral health
 2. Networking and relationship building
- E. Demonstrate knowledge of the science of substance use/misuse disorders
1. Biases, beliefs, and cultural assumptions related to substance use/misuse
 2. Signs, symptoms, and progressive stages of substance use/misuse disorders
 3. Family dynamics
 4. Effects of drugs on the brain and the body
 5. Prevention within a recovery-oriented system of care
 6. Co-occurring disorders
 7. Brief intervention and referral
 8. Harm reduction
- F. Demonstrate knowledge of mental, emotional, and behavioral health issues
1. Effects of mental, emotional, and behavioral health on the family
 2. Biases, beliefs, and cultural assumptions related to mental health
 3. Signs and symptoms of behavioral health conditions/disorders
 4. Trauma-informed lens
- G. Prepare and maintain reports, records, and documents
1. Fiscal responsibility
 2. Grant compliance
 3. Best practices in documentation

12.5 CCJP DOMAINS

The Job Analysis identified several performance domains. Several tasks have been identified within each performance domain. These tasks, along with the knowledge or skills needed to complete them, form the basis of examination questions.

Domain	Weight on Exam
Dynamics of Addiction and Criminal Behavior	14%
The Criminal Justice System and Processes	36%
Screening, Assessment, and Treatment Planning	22%
Case Management and Counseling	28%

Domain 1: Dynamics of Addiction and Criminal Behavior

- A. Apply knowledge of theories of criminal behavior to provide substance use disorder treatment services.
 - 1. Aspects of growth and development theories of criminal behavior
 - 2. Criminal justice theories such as punitive, rehabilitative, deterrent, and restorative justice
 - 3. Apply theories of criminality in interactions with justice-involved clients
- B. Understand the relationship between criminal thinking and the addictive process.
 - 1. Differentiate the dynamics of criminal thinking and the addictive process
 - 2. Understand cognitive distortions as they relate to criminal thinking and the addictive process
- C. Understand the role of trauma in criminality and the addictive process.
 - 1. Apply trauma-informed treatment based on theories of criminality and the addictive process.
 - 2. Understand secondary trauma that can occur due to criminal justice involvement.

Domain 2: The Criminal Justice System and Processes

- A. Apply knowledge of relevant laws, jurisdictional regulations, and criminal justice processes.
 - 1. Understand the basics of criminal law and jurisdictional standards
 - 2. Apply knowledge of the adult and juvenile justice systems
 - 3. Design treatment to incorporate an understanding of the judicial process
 - 4. Apply and abide by confidentiality regulations and their exceptions
 - 5. Understand Prison Rape Elimination Act (PREA) Standards
 - 6. Understand American Correctional Association (ACA) Standards
- B. Understand the function of the judge, prosecutor, defense counsel, counselors, probation/parole officers, advocates, and guardian ad litem in the legal system.
 - 1. Understand the roles, powers, duties, responsibilities, and discretions of participants in courtroom proceedings
 - 2. Articulate treatment processes and goals to court and criminal justice personnel
- C. Report justice-involved client status and compliance to the appropriate authority by providing written documentation and/or testimony in order to measure progress and facilitate decision making.
 - 1. Measure justice-involved client progress, compliance, and stage of recovery
 - 2. Provide accurate and concise testimony
 - 3. Prepare and present legal documents
 - 4. Document and report on compliance and stage of recovery
- D. Understand correctional settings and sentencing options.
 - 1. Understand correctional settings
 - 2. Understand sentencing options (e.g., treatment, electronic monitoring, house arrest, incarceration, community-based corrections, and day reporting centers)
 - 3. Understand Drug Court and other Specialty Court standards and protocols

Domain 3: Screening, Assessment, and Treatment Planning

- A. Construct an initial action plan with the court, justice-involved client, and others, based on court mandates, client needs and preferences, and available resources.
 - 1. Understand the components and format of an initial action plan
 - 2. Understand the role of the classification process
 - 3. Identify the justice-involved client's needs and preferences
 - 4. Identify the available resources for treatment, admission and/or referral
 - 5. Develop the action plan collaborating with the justice-involved client and others
 - 6. Understand and communicate the role of sanctions as responses to failure to comply
 - 7. Explain court system mandates and options to justice-involved clients and their concerned others
- B. Assess the justice-involved client using a risk/needs/responsivity assessment.
 - 1. Identify justice-involved client risk factors
 - 2. Identify barriers to treatment specific to the justice-involved client
 - 3. Establish treatment goals based on court mandates and interpretation of assessment data

Domain 4: Case Management and Counseling

- A. Monitor and report justice-involved client status and compliance to treatment plan.
 - 1. Use of electronic monitoring technologies
 - 2. Use and interpretation of drug and alcohol testing
 - 3. Respond to testing results
 - 4. Understand the role of parole, probation, electronic monitoring in justice-involved client supervision
 - 5. Collaborate with judicial and service team to adjust treatment as required
 - 6. Understand and use re-entry initiatives
- B. Select counseling approaches based on criminogenic needs.
 - 1. Provide counseling using criminal justice evidence-based practices
 - 2. Identify the primary motivation that is driving criminal behavior
 - 3. Understand the need to match treatment to risk/needs/responsivity level
- C. Understand the ethical obligations and professional responsibilities specific to the justice-involved client.
 - 1. Recognize the need to provide referrals for treatment for co-occurring conditions and situations beyond the CCJP Scope of Practice
 - 2. Recognize the increased liability associated with treatment
 - 3. Recognize anti-social and manipulative behaviors
 - 4. Recognized professional boundary violations
 - 5. Recognize the relationship between security and confidentiality
 - 6. Explain the limits of confidentiality

APPENDICES

APPENDIX A — APPLICATION CHECKLISTS FOR EACH CREDENTIAL

These checklists help applicants ensure that all required documents, training, references, and forms are submitted before MAAP reviews their packet.

- Applicants should retain a copy of everything submitted.
- All packets should be uploaded to your Member Portal (www.msaap.net).
- All separate documents, such as the references, should be emailed to certification@msaap.net.

New Applicant Quick Start Guide

Step 1 — Pick a Credential

Step 2 — Download Packet

Step 3 — Get Supervision Approved

Step 4 — Gather Training & Experience

Step 5 — Submit Application

Step 6 — Take Exam

Step 7 — Get Certified

Step 8 — Renew Every 2 Years

A.1 — Certified Intern Counselor (CIC) APPLICATION CHECKLIST

Eligibility

- High school diploma or GED
- Must be working toward CADC or CAADC

Education & Training

- 192 hours of SUD-specific training
- Ethics and Continuing Education requirements are described in Section 9.2.
- Certificates include date, presenter, credentials, and hours

Documentation

- Completed CIC Application
- Portfolio forms completed
- Copy of photo ID
- Résumé (recommended)

References

- 3 Professional References (emailed directly to MAAP: certification@msaap.net)
- Supervisor Evaluation (emailed directly to MAAP: certification@msaap.net)

Examination

- Register for IC&RC CADC/CAADC exam
- Passing score received

Ethics

- Code of Ethics signature page signed

Submission

- All documents uploaded to your Member Portal (www.msaap.net).
- MAAP membership current

A.2 — CADC / CADC I / CADC II APPLICATION CHECKLIST

This checklist applies to all CADC tiers.

Eligibility

- High school diploma (CADC)
- Bachelor's degree (CADC I)
- Master's degree (CADC II)

Education & Training

- Submit education documentation per Section 5.5.
- Ethics and Continuing Education requirements are described in Section 9.2.
- Training is less than 10 years old (unless appealed)

Experience

- 6,000 / 8,000 / 10,000 hrs based on level sought
- Experience logged on MAAP portfolio forms
- Experience verified by supervisor

Supervised Practical Training

- 300 → 250 → 200 → 100 hrs based on degree
- Hours documented
- Supervisor credentials verified

Documentation

- Completed CADC Application
- Submit written case study (see Section 4.4)
- Official transcripts (sent directly)
- Certificates for all trainings

References

- 3 Professional References (emailed directly to MAAP: certification@msaap.net)
- Supervisor Evaluation (emailed directly to MAAP: certification@msaap.net)

Examination

- IC&RC ADC exam registered
- Passing score

Ethics

- Code of Ethics signature page signed

Submission

- All documents uploaded to your Member Portal (www.msaap.net).
- Membership current

A.3 — CAADC APPLICATION CHECKLIST

Eligibility

- Master's degree in clinical/behavioral health
- Clinical coursework documented (e.g., diagnosis, treatment)

Education & Training

- Submit education documentation per Section 5.5.
- Submit continuing education according to Section 9.2.

Experience

- 4,000 hours clinical experience with SUD population

Supervised Practical Training

- Degree-based reduction applies
- Documentation completed

Documentation

- Completed CAADC Application
- Submit written case study (see Section 4.4)
- Official transcripts
- Certificates for all training

References

- 3 Professional References (emailed directly to MAAP: certification@msaap.net)
- Supervisor Evaluation (emailed directly to MAAP: certification@msaap.net)

Examination

- IC&RC AADC exam passed

Ethics

- Code of Ethics signed

Submission

- All documents uploaded to your Member Portal (www.msaap.net).
- Membership current

A.4 — CCS APPLICATION CHECKLIST

Eligibility

- Hold CADC/CADC I/CADC II/CAADC or comparable license
- Currently employed in a supervisory role

Education & Training

- 30 hours Clinical Supervision education (4 hours per domain recommended)
- Ethics and Continuing Education requirements are described in Section 9.2. (supervision or counseling)

Experience

- 4,000 hours AOD counseling experience
- 200 hours clinical supervision experience

Documentation

- Completed CCS Application
- Portfolio forms
- Verification of role and supervisory responsibilities

References

- 3 Professional References (emailed directly to MAAP: certification@msaap.net)

Examination

- IC&RC CS exam passed

Ethics

- CCS Code of Ethics signed

Submission

- All documents uploaded to your Member Portal (www.msaap.net).
- Membership current

A.5 — APS APPLICATION CHECKLIST

Eligibility

- HS diploma or GED

Education & Training

- 75 hours total
- Ethics and Continuing Education requirements are described in Section 9.2.
- 4 hours Disruptive Audience Behavior
- ATOD training
- Prevention foundations

Experience

- 500 hours prevention-related experience

Supervision

- 120 hours prevention supervision

Documentation

- Completed APS Application
- Training certificates

References

- 3 Professional References (emailed directly to MAAP: certification@msaap.net)
- Supervisor Evaluation (emailed directly to MAAP: certification@msaap.net)

Examination

- No exam required

Ethics

- Prevention Code of Ethics signed

Submission

- All documents uploaded to your Member Portal (www.msaap.net).
- Membership current

A.6 — CPS APPLICATION CHECKLIST

Eligibility

- Bachelor's degree

Education & Training

- 150 hours total
- Ethics and Continuing Education requirements are described in Section 9.2.
- 4 hours Disruptive Audience Behavior
- Prevention domains

Experience

- 2,000 hours ATOD prevention

Supervision

- 200 hours prevention supervision

Documentation

- CPS Application
- Training certificates
- Portfolio forms

References

- 3 Professional References (emailed directly to MAAP: certification@msaap.net)

Examination

- IC&RC Prevention exam passed

Ethics

- Prevention Code of Ethics signed

Submission

- All documents uploaded to your Member Portal (www.msaap.net).
- Membership current

A.7 — CPM APPLICATION CHECKLIST

Eligibility

- Bachelor's degree minimum

Education & Training

- 200 hours training
- Leadership + program management content
- Ethics and Continuing Education requirements are described in Section 9.2.
- 4 hours Disruptive Audience Behavior

Experience

- 4,000 hours prevention
- 500 hours management

Supervision

- 300 hours program leadership supervision

Documentation

- Completed CPM Application
- Certificates
- Verification of management duties

References

- 3 Professional References (emailed directly to MAAP: certification@msaap.net)

Examination

- IC&RC Prevention exam

Ethics

- Prevention Code of Ethics signed

Submission

- All documents uploaded to your Member Portal (www.msaap.net).
- Membership current

A.8 — CCJA APPLICATION CHECKLIST

Eligibility

- HS diploma or GED
- Work in criminal justice–related setting

Education & Training

- High school diploma or equivalent
- 40-hour MAAP Training Course

Experience

- 2,000 hours CJ experience in IC&RC CCJP domains
- Must involve direct services to criminal justice populations

Supervision

- 100 hours under CCJP or qualified supervisor

Documentation

- Completed CCJA Application
- Training certificates
- Supervisor verification

References

- 3 Professional References (emailed directly to MAAP: certification@msaap.net)

Examination

- No exam required (unless future IC&RC exam develops)

Ethics

- CCJA Code of Ethics signed

Submission

- All documents uploaded to your Member Portal (www.msaap.net).
- Membership current

A.9 — CCJP APPLICATION CHECKLIST

Eligibility

- Must hold CADC/CADC I/CADC II/CAADC credential

Education & Training

- Ethics and Continuing Education requirements are described in Section 9.2.

Experience

- 2,000 hours CJ-specific SUD work

Documentation

- CCJP Application
- Training certificates
- Portfolio forms

References

- 3 Professional References (emailed directly to MAAP: certification@msaap.net)

Examination

- IC&RC CCJP exam passed

Ethics

- CCJP Ethics signature page

Submission

- All documents uploaded to your Member Portal (www.msaap.net).
- Membership current

A.10 — ABBREVIATED PATHWAY CHECKLIST

Eligibility

- Hold fully licensed or provisionally licensed mental health credential
- Provide at least 51% direct service in SUD or behavioral health

Education & Training

- Master's degree
- No training hours required for fully licensed applicants

Experience

- 2,000 hours supervised (if provisional)
- Fully licensed = exempt

Supervised Practical Training

- 100 hours SPT (if provisional)
- Fully licensed = exempt

Documentation

- Abbreviated Application
- Case Study (CADC/CAADC only)
- Transcripts (emailed directly to MAAP: certification@msaap.net)

References

- 3 Professional References (emailed directly to MAAP: certification@msaap.net)

Examination

- IC&RC exam (ADC or AADC)

Ethics

- Code of Ethics signed

Submission

- All documents uploaded to your Member Portal (www.msaap.net).
- Membership current

APPENDIX B — SUPERVISION REQUIREMENTS GUIDE

This appendix provides a quick-reference summary of supervision requirements.

For complete standards, including supervisor qualifications, SPT hour requirements, and authorization rules, see Section 5.4 — Supervised Practical Training (SPT).

The tables and examples below are provided for convenience only.

1. PURPOSE OF SUPERVISION

Supervision ensures that applicants receive structured, competency-based guidance in developing the skills necessary for safe and ethical practice. Supervision MUST:

- Strengthen professional competence
- Ensure ethical and evidence-based service delivery
- Support development across IC&RC domains
- Provide feedback, evaluation, and oversight

Supervision is required for experience hours and Supervised Practical Training (SPT) unless exempt under the abbreviated pathway.

2. SUPERVISION REQUIREMENTS BY CREDENTIAL

Counselor Credentials (CIC, CADC, CADC I, CADC II, CAADC)

Credential	Required SPT Hours	Required Supervised Work Experience
CIC	Included within CADC/CAADC requirements	N/A (Entry-level only)
CADC	300 hours	6,000 hours
CADC I	200 hours	8,000 hours
CADC II	100 hours	10,000 hours
CAADC	100 hours	4,000 hours

Clinical Supervisor Credential (CCS)

- 200 hours of face-to-face clinical supervision
- Total 4,000 hours supervision experience
- May be included within overall 10,000-hour counseling experience requirement

Prevention Credentials (APS, CPS, CPM)

Credential	SPT Requirement	Notes
APS	120 hours	Must be supervised by CPS or CPM
CPS	200 hours	Must align with PS domains

Credential	SPT Requirement	Notes
CPM	300 hours	Must include managerial/leadership supervision

Criminal Justice Credentials (CCJA, CCJP)

Credential	SPT Requirement	Notes
CCJA	100 hours	Must align with CCJP domains
CCJP	Included in experience	Must provide direct CJ/AOD services

3. SUPERVISOR QUALIFICATIONS

Supervisors must hold ONE of the following:

- An IC&RC reciprocal credential equal to or higher than the one sought
- The IC&RC Clinical Supervisor (CCS) credential
- A non-MAAP clinical credential (LPC, LCSW, LMFT, etc.) with prior written authorization from the MAAP Certification Examining Board

Supervisor Authorization (Non-IC&RC Supervisors)

Supervisors without IC&RC credentials must submit:

- Resume or CV
- Copies of academic credentials
- Description of specialty areas
- Documentation of relevant work experience

Authorization must be granted before supervision hours can be counted.

4. SUPERVISION STRUCTURE & CONTENT

Supervision must:

- Occur regularly and be documented
- Address all IC&RC domains and core functions
- Include performance evaluation, case discussion, ethics, and professional boundaries
- Be separate from administrative supervision (e.g., HR or scheduling)
- Promote skill development, self-awareness, and professional growth

Supervision may include:

- Case staffing
- Review of documentation
- Direct observation
- Reflective discussion
- Feedback and competency assessment

5. DOCUMENTATION REQUIREMENTS

Applicants must upload:

- Supervised Experience Log (with accurate hour totals)
- SPT Documentation Form (credential-specific)
- Supervisor Evaluation Form

Supervisors must submit directly to MAAAP:

- Supervisor Evaluation Form(s)
- Verification of SPT or work experience
- Any required competency verification

All forms must:

- Be typed
- Include dates, domains, and hour totals
- Be signed by both applicant and supervisor

6. COMMON SUPERVISION ISSUES

Applications may be delayed for:

- Supervisors lacking proper credentials
- Missing supervisor signatures
- Incomplete supervision logs
- Hours not tied to IC&RC domains
- Dual relationships or conflicts of interest
- Supervision outside the allowable timeframe

If unsure about supervisor eligibility, email certification@msaap.net before beginning supervision.

APPENDIX C — ACCEPTABLE TRAINING DOCUMENTATION GUIDE

This guide outlines what MAAP accepts as valid training documentation, what is not acceptable, and how applicants should organize and submit their education hours.

1. GENERAL REQUIREMENTS FOR ALL TRAINING

All education used toward certification MUST:

- Relate to IC&RC performance domains
- Include required content (Ethics, Person-Centered Planning, etc.)
- Be completed within 10 years (unless appealed)
- Be properly documented (see below)

Training must be provided by:

- Accredited colleges/universities
- Nationally recognized training organizations (e.g., NAADAC, IC&RC, MAAP)
- State agencies or approved training providers
- Professional continuing education organizations

2. REQUIRED DOCUMENTATION

To count as acceptable training, documentation MUST include:

- Course or training title
- Instructor name and credentials
- Date(s) of training
- Number of contact hours
- Provider or organization name
- Certificate of completion OR official transcript

If the course title does not clearly reflect relevant IC&RC content, you must also include:

- Course syllabus or description

Transcripts must:

- Be sent directly from the institution to certification@msaap.net
- Reflect passing grades (C or better)
- Come from CHEA or USDE–accredited institutions

3. CONTACT HOUR CONVERSION

- 1 semester hour = 15 contact hours
- 1 quarter hour = 10 contact hours
- Workshops (in-person or virtual) = actual instructional hours
- Home study/online courses = certificate hours

4. ACCEPTABLE EDUCATION FORMATS

Acceptable

- University coursework
- Professional conferences
- Workshops, webinars, and seminars
- Employer-based professional development

- MAAP, IC&RC, NAADAC trainings
- State/agency trainings
- Online courses with certificates

Not Acceptable

- Sign-in sheets
- Verification of attendance without documented hours
- CPR/First Aid (unless specifically required for prevention)
- Trainings unrelated to IC&RC domains
- Orientation or onboarding without educational content
- Certificates missing instructor name or hours
- Undated or unverifiable documentation

5. REQUIRED TRAINING CONTENT (BY ALL APPLICANTS)

All applicants must complete:

- Ethics and Continuing Education requirements are described in Section 9.2.
- Education in each domain associated with the credential sought
- All CE for recertification earned within the 2-year cycle

Prevention credentials must also include:

- ATOD-specific hours
- SAPST (for CPS/CPM)
- Disruptive Audience Behavior training

6. HOW TO ORGANIZE TRAINING FOR SUBMISSION

MAAP recommends uploading one combined PDF that includes:

1. Education Summary Form (from Application Packet)
2. Certificates arranged in chronological order
3. Course descriptions (if needed)
4. A transcript request receipt (optional)

7. COMMON TRAINING DOCUMENTATION ERRORS

Avoid these common pitfalls:

- Certificates missing instructor credentials
- Using sign-in sheets as proof
- Submitting trainings older than 10 years without appeal
- Hours listed but not tied to a domain
- Missing ethics or PCP hours
- Handwritten or incomplete forms

If in doubt, email certification@msaap.net for clarification.

APPENDIX D — RESOURCES

Below are commonly requested links.

IC&RC Website: www.internationalcredentialing.org

For exam details, reciprocity, and global standards.

IC&RC Exam Candidate Guides:

- [ADC Exam Guide](#)
- [AADC Exam Guide](#)
- [Prevention Specialist Guide](#)
- [Clinical Supervisor Guide](#)
- [CCJP Guide](#)
- [Peer Recovery Guide](#) (coming soon)

[IC&RC Exam Prep and Study Materials](#)

APPENDIX E — MAAP FORMS

- [Certification Applications & Recertification Forms](#)
- Case Study Template – see application
- Case Study Rubric – See below
- Supervisor Approval Request – See below
- [Ethics Complaint Form](#)

WRITTEN CASE STUDY EVALUATION RUBRIC

Purpose: This rubric is used to evaluate the applicant’s written case study for demonstration of professional competence in addiction counseling, in accordance with IC&RC Twelve Core Functions and Global Criteria.

SCORING SCALE

Score	Descriptor
4	Exceeds standard – thorough, integrated, clinically sound
3	Meets standard – clear, accurate, and complete
2	Partially meets standard – limited depth or clarity
1	Does not meet standard – incomplete or inaccurate
0	Not addressed

I. MECHANICAL & FORMAT COMPLIANCE (REQUIRED)

Criteria	0	1	2	3	4
Required format followed exactly (Cover sheet, Sections A–K, proper sequence, headings used verbatim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typed, legible, professional narrative style; no abbreviations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fictional/de-identified client used appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselor Statement signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor review and signature included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MECHANICAL COMPLIANCE STATUS: ACCEPTABLE RETURN TO APPLICANT

II. CLINICAL CONTENT BY CASE SECTIONS (A–K)

Criteria	0	1	2	3	4
Substance Abuse History (A) complete, accurate, clinically relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Functioning (B) appropriately assessed and documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational/Vocational/Financial (C) adequately described	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal History (D) clearly documented or appropriately denied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family & Social History (E) thorough and relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical History (F) addressed appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Criteria	0	1	2	3	4
Prior Treatment History (G) documented clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment (H) identifies strengths, problems, needs, and clinical priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Plan (I) shows logical problem ranking and goal development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course of Treatment (J) demonstrates appropriate interventions and rationale; Treatment revisions based on client response documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Summary (K) concise, accurate, and clinically appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. TWELVE CORE FUNCTIONS INTEGRATION

Criteria	0	1	2	3	4
All Twelve Core Functions are addressed across the case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functions applied appropriately to client context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates understanding beyond listing (application vs. description)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. GLOBAL CRITERIA & CLINICAL REASONING

Criteria	0	1	2	3	4
Demonstrates sound clinical reasoning and decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interventions align with assessment findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation reflects continuity of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. ETHICAL & CULTURAL RESPONSIVENESS

Criteria	0	1	2	3	4
Ethical considerations identified and managed appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural, social, and individual factors considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional boundaries maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. OVERALL PROFESSIONAL COMPETENCE

Criteria	0	1	2	3	4
Demonstrates readiness for credential level sought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing reflects professional documentation standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINAL RECOMMENDATION

Board Determination:

Total Score: _____ / _____

- Acceptable – Meets IC&RC Standards
- Conditionally Acceptable – Revisions Required
- Not Acceptable – Resubmission Required

Reviewer Comments:

Reviewer Name: _____

Signature: _____ **Date:** _____

Supervisor Approval Request Form

(Non-MAAP Clinical Credential)

Section I – Applicant Information

Applicant Name: _____ **Credential Being Sought:** _____

Email Address: _____ **Phone Number:** _____

Type of Supervision to Be Provided: Individual Group Combination

Estimated Supervision Start Date: _____ **Estimated End Date:** _____

Average Frequency of Supervision: Weekly Bi-Weekly Other: _____

Supervision Format: In-person Virtual Hybrid

Section II – Proposed Supervisor Information

Supervisor Name: _____

Professional License Type: LPC LCSW LMFT Psychologist Other: _____

License Number: _____ **Issuing State:** _____ **Expiration Date:** _____

Employer / Practice Name: _____

Practice Address: _____

Supervisor Email: _____ **Supervisor Phone:** _____

Experience Providing Clinical Supervision: Yes No

If yes, describe supervision experience (population served, setting, duration):

Experience Related to Substance Use / Co-Occurring Disorders:

Section III – Required Acknowledgements

Supervisor Acknowledgement

I acknowledge that:

- I do not hold a MAAP or IC&RC reciprocal credential equal to or higher than the credential sought.
- I am requesting prior written authorization to serve as a supervisor for Supervised Practical Training (SPT).
- I understand that only hours accrued after written approval from the Certification Examining Board will be accepted.
- I agree to provide structured supervision aligned with IC&RC Performance Domains and to support accurate portfolio documentation.

Supervisor Signature: _____ **Date:** _____

Applicant Acknowledgement

I acknowledge that:

- Supervision hours obtained from this supervisor will not count toward certification unless written approval is granted.
- All SPT hours must be documented using approved portfolio forms.
- I am responsible for submitting this request and maintaining all required documentation.

Applicant Signature: _____ **Date:** _____

Submission Instructions

Submit this completed form with:

- Copy of supervisor’s active professional license
- Any additional documentation requested by the Certification Examining Board
- Approval must be granted before SPT hours may be accrued.

Section IV – Certification Examining Board Use Only

Approval Status: Approved Denied Additional Information Required

Approval Effective Date: _____ **Board Reviewer Name:** _____

Board Reviewer Signature: _____ **Date:** _____

APPENDIX F — GLOSSARY OF TERMS

Academic Degree Substitution

A reduction in required supervised experience hours based on an earned academic degree in a related field (see Section 5.3).

A&D (Alcohol and Drug) Counseling

A specialized discipline focused on assessment, treatment planning, counseling, case management, relapse prevention, education, and recovery support for individuals with substance use disorders.

ATOD (Alcohol, Tobacco, and Other Drugs)

A broad category used in prevention and education describing substances addressed in public health interventions.

Case Management

Activities that coordinate services, resources, and supports needed to implement a client’s treatment or prevention plan.

CCJA – Certified Criminal Justice Associate

A non-reciprocal MAAP credential for professionals working with justice-involved populations in substance use–related settings.

CCJP – Certified Criminal Justice Addictions Professional

An IC&RC reciprocal credential for professionals providing specialized substance use disorder services within criminal justice systems.

Cognitive Behavioral Intervention (CBI)

An evidence-based strategy commonly used in criminal justice programming to address criminogenic needs and substance use behaviors.

Consultation

A professional exchange with other providers to ensure quality, coordinated, and effective client care.

Continuing Education (CE)

Formal training required for recertification. All CE must be earned during the current two-year certification cycle.

Credential

A professional certification awarded by MAAP, verifying competence through education, experience, supervision, ethics adherence, and examination.

Credential Upgrade

The process of advancing to a higher-level credential by documenting additional supervised hours, education, or examination completion.

Criminal Justice Domains (IC&RC)

Specific competency areas required for CCJA/CCJP, including public safety, criminogenic need identification, legal standards, case documentation, and offender management.

Cultural Competence

The ability to provide effective, ethical services that respect cultural, linguistic, gender-based, and socioeconomic diversity.

Direct Service

Face-to-face or telehealth work directly delivered to the target population (e.g., counseling, group facilitation, prevention instruction, criminal justice programming). Non-direct tasks (admin, observation, paperwork) do not count.

Discharge Summary

A required document that outlines client progress, services provided, referrals, and recommendations at the end of treatment.

Domain (IC&RC)

A standardized area of professional competency used by IC&RC to structure examinations and credentialing requirements.

Eligibility (Client)

Meeting the formal criteria for admission to a program (legal requirements, residency, diagnostic criteria).

Ethical Complaint

A formal allegation that a certified professional has violated MAAP's Ethical Standards, triggering review and potential disciplinary action.

Evidence-Based Practice (EBP)

Interventions supported by empirical research, commonly required in prevention and criminal justice programs.

Face-to-Face Supervision

Direct supervisory interaction, either in person or via synchronous telehealth, that qualifies toward SPT hour requirements.

Global Criteria

Forty-six specific tasks that operationalize the 12 Core Functions and form the foundation of education, experience, and SPT documentation.

Group Facilitation

Leading structured group processes for treatment or prevention programming. Must follow evidence-based curricula and ethical guidelines.

IC&RC (International Certification & Reciprocity Consortium)

An international body setting standards for addiction counseling, prevention, clinical supervision, and criminal justice certifications.

IC&RC Reciprocal Credential

A credential recognized across IC&RC Member Boards and eligible for reciprocity transfer.

Intake

Administrative and assessment procedures completed at the beginning of treatment or program enrollment.

Lapsed Credential

A credential that has expired due to failure to renew. Lapsed credentials cannot be used until reinstated.

Mandated Client

A client required by court, probation/parole, CPS, or other authority to participate in treatment or programming. Requires special ethical considerations.

Membership (MAAP)

Active annual membership required for all MAAP certifications to remain in good standing.

Motivational Interviewing (MI)

An evidence-based counseling approach used in treatment, prevention, and criminal justice settings to enhance motivation for change.

Portfolio

The complete set of documents required for certification or upgrade, including education, experience, SPT, ethics affirmation, and references.

Portfolio Deficiency Notice

A written notice indicating missing, unclear, or non-compliant documentation that must be corrected before review can proceed.

Prevention Domains (IC&RC)

The six competency areas for CPS/CPM: Planning & Evaluation, Prevention Education, Communication, Community Organization, Professional Growth, and Public Policy.

Public Health Approach (Prevention)

A framework guiding prevention activities that focuses on population-level risk factors, environmental strategies, and community-level interventions.

Recertification

The process of renewing a credential every two years through submission of CE, fees, and confirmation of active membership.

Reciprocity (IC&RC)

The transfer of a reciprocal credential from one Member Board to another. Requirements vary by jurisdiction.

Reports and Recordkeeping

Maintaining accurate documentation such as progress notes, discharge summaries, treatment plans, referrals, and incident reports.

Risk & Protective Factors (Prevention)

Variables that increase risk for substance use or support healthy development. Central to prevention planning and program design.

Screening

The initial process for determining appropriateness and eligibility for treatment or services.

Supervised Practical Training (SPT)

Structured, competency-based supervision aligned with IC&RC domains. Required for most credentials unless exempt.

Suspended Credential

A credential temporarily inactive due to lapsed membership, ethics investigation, or administrative deficiency.

Telehealth Direct Service

Real-time, secure virtual delivery of counseling or prevention services that meets IC&RC and state regulatory standards.

Twelve Core Functions

Fundamental tasks required of all addiction counselors: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, documentation, and consultation.