



Idaho Board of Alcohol/Drug Counselor Certification, INC.

CCS MANUAL & APPLICATION FORMS

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Welcome from the Idaho Board of Alcohol/Drug Counselor Certification, Inc.

Thank you for your interest in applying for certification in the State of Idaho. This manual is a guide for the process of gaining the designation of Certified Clinical Supervisor (CCS) under the auspices of the Idaho Board of Alcohol/Drug Counselor Certification, Inc. (IBADCC).

Please note: *Information contained herein may be changed without notice.*

IBADCC is an independent, non-profit corporation whose purpose is to set and maintain professional certification standards for practitioners in addictions counseling. This serves the profession by controlling the practitioner standards and qualifications at the state level and it provides the individual with a credential signifying professional competency.

IBADCC is a member of the [International Certification & Reciprocity Consortium \(IC&RC\)](#). The IC&RC is the national body whose function is to grant reciprocity from state to state and to set appropriate standards for credentials.

Should you have any questions regarding the credentialing process, please direct your inquiries to:

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P.O. Box 1548
Meridian, ID 83680
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Please Note: All certificates are the property of IBADCC and are subject to revocation!

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Section I:

General information and requirements for CCS Certification

- 1) Information on the Application Process
- 2) Experience/Educational Requirements
- 3) Application Requirements
- 4) Certification Procedures
- 5) Renewal Procedures/Information regarding Education and Renewals
- 6) Requesting a Name Change
- 7) Lapsed Certificate
- 8) Inactive Status
- 9) Residency Requirements
- 10) Reciprocity

1) Information on Application Process

Thank you for your interest in applying for certification in the State of Idaho. This is your **Application/Manual for Certified Clinical Supervisor**. Below is important information regarding the application process:

APPLICATION FORMS: Application forms are contained within the Manual and can be identified by our logo at the top. **No faxes or photocopies accepted.**

*ALL logoed pages **MUST** be returned to the IBADCC office for your application to be complete; this includes the signed Code of Ethics/Conduct Agreement form located in Section IV.*

APPLICATION FEES: Your application will not be processed until you submit a check for \$80.00. You have one (1) year from the date you begin the application process to complete your application. If a completed application has not been received by the IBADCC within that year, any materials sent to the IBADCC will be destroyed and the application will no longer be valid.

APPROVAL OF APPLICATION: Once your application is approved, you have one (1) year from your approval date to test. If you have not tested within that year your file will become inactive and a \$50 reactivation fee will be charged.

TESTING: After your application is approved and your testing fee of \$235 has been received, a letter will be issued with instructions directing you to register for your test online. You will be able to select your testing date and center that is most convenient for you.

Re-testing policy: If for some reason you fail your exam, you will have to wait 60 days before you can retake your exam. The testing fee for re-test is reduced to 50% of the original cost, \$117.50. You may re-test two times within a year of your application.

Please note: You have one (1) year from your application approval date to pass your certification exam.

Make sure that you follow all instructions carefully. If you have any questions, you may contact the IBADCC office.

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Any updates and/or changes to the manual will be posted on our website at www.IBADCC.org.

CERTIFIED CLINICAL SUPERVISOR

2) Experience/Educational Requirements

- A. Applicant must be certified as a Certified Alcohol/Drug Counselor (CADC) or Advanced Certified Alcohol/Drug Counselor (ACADC) for five (5) years.
- B. CCS must maintain a Certified Alcohol/Drug Counselor (CADC) or Advanced Certified Alcohol/Drug Counselor (ACADC) in order to continue to have a Certified Clinical Supervisor (CCS).
- C. A Master's Degree in the Behavioral Science field. Verification of the degree must be submitted by official college/university transcripts received by IBADCC office personnel.
- D. Documentation of two (2) years of clinical supervisory experience in substance abuse. These two (2) years may be included in the counseling experience as a CADC.
- E. Documentation of 30 hours of didactic training in clinical supervision. All applicants, regardless of educational level must have 30 hours clinical supervision specific training.
- F. Training must include the 6 Performance Domains: Counselor Development, Professional and Ethical Standards, Program Development and Quality Assurance, Performance Evaluation, Administration and Treatment Knowledge. The training should be reflective of the 12 Core Functions in their clinical application and practice. (see Section II)

3) Application Requirements *(No faxes or photocopies accepted.)*

- A. **LETTERS OF REFERENCE:** Three (3) letters of reference which are directly related to the applicant's professional knowledge and skills are required. (Reference forms are provided in Section IV of this manual).
 - One (1) letter/form **MUST BE** submitted by the applicant's supervisor.
 - All letters of reference **MUST BE** sent directly to the IBADCC office by the person evaluating the applicant or in a sealed, signed envelope included with the application.
- B. **CRIMINAL HISTORY BACKGROUND CHECK:** Applicants must submit a copy of a State of Idaho, Health and Welfare Background check (background check cannot be more than three (3) years old). Applicants who currently do not have a Health and Welfare Background check or need an employer ID number to use for the background check may contact the IBADCC office for instructions.

- C. **EMPLOYMENT VERIFICATION FORMS:** Applicants must submit employment verification forms to verify work experience (Employment Verification forms are provided in Section IV.)
- D. **CODE OF ETHICS AGREEMENT:** Applicants MUST read the Ethics section of this manual, including the Code of Ethics and the Ethics Enforcement Procedure, and then submit a signed and dated Code of Ethics agreement. The Code of Ethics/Conduct agreement form is located in Section IV
- E. **DISABILITY-RELATED NEEDS:** If you have a disability that requires special testing accommodations, please complete the forms located in Section IV. (optional)

4) Certification Procedures

STEP I. Application (*No faxes or photocopies accepted.*)

All candidates for certification must submit an application, with appropriate documentation, for review by the IBADCC. When it has been determined that the eligibility requirements have been met, the candidate will be notified.

STEP II. Examination

Applicants must pass a competency-based examination developed by the IC&RC through cooperation with and for use by all member boards.

Please Note:

- *A candidate who fails the exam may retest again in 60 days by submitting a check for \$117.50, a discount of 50% of the original test fee.*
- *A candidate may re-test up to two (2) times within a year of application approval.*
- *A candidate who fails three (3) certification tests must reapply and be accepted, prior to testing again.*
- *If you have any special accommodations needed at the exam, you will need to fill out the Documentation of Disability-Related Needs form. (Please see Section IV)*

A candidate guide for the examination manual is available for purchase at: www.readytotest.com

The benefits of computer based test are:

- Flexibility to test “on demand”
 - *No longer limited to only two (2) test cycles per year*
- Immediate scoring at the completion of your exam
 - *No longer will have to wait for your score*

Once your application has been approved and your testing fee has been received by IBADCC, a letter will be issued with instructions directing you to register for your test online. You will be able to select your testing date and the testing center that is most convenient for you.

- You have one (1) year from your approval date to test. If you have not tested within that year your file will become inactive and a \$50 reactivation fee will be charged between year one and year two of the approval date. Two years after the approval date, the application will become suspended and the applicant must submit a current and complete application for certification.

Reschedule/Cancellation Policy:

If you need to cancel or reschedule your test five (5) or more calendar days prior to the date, you will have to pay a \$25 rescheduling fee to IQT. Contact them at www.isoqualitytesting.com

If you reschedule or cancel your test less than five (5) calendar days prior to the date, you will *forfeit* the full testing fee.

If you fail to show up for your examination at the scheduled time, do not have the proper identification, or do not have your admission letter, you will not be allowed to sit for your exam. You will *forfeit* the full testing fee.

Test Day:

You **MUST** have proper identification and your IQT admission letter when you arrive at the test center.

For a list of current Testing Centers nearest you go to:

www.isoqualitytesting.com/locations.aspx

STEP III. Certification

Once you have passed the examination, you will receive your certificate in the mail

	Fees	
Application for Certification		\$80.00
CBT Exam		\$235.00
* Two Year Renewal Fee/State Certification (* which includes the IC&RC Membership update)		\$80.00
Duplicate Certificates		\$5.00
File Copying		
<i>It is the responsibility of the certificate holder to maintain record of renewal packages</i>		\$.10 per sheet

Please Note:

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5) Renewal Procedures *(No faxes or photocopies accepted.)*

Documentation of 15 hours of continuing education is required every two (2) years. A courtesy reminder letter will be mailed to you approximately 90 days before your certification expires. The renewal application **MUST** be postmarked or in the IBADCC Office by your certification expiration date.

Please note: *Grace Period, is defined as the day after a certification expires to the 30th day after. During that time, if a counselor has submitted their renewal and it was received and processed by the IBADCC office, the counselor is not considered to be expired. Please check with the IBADCC office if there is any question as to the counselor's status. If your paperwork is postmarked within 30 days after your expiration date, you will be charged a \$25.00 grace period fee; otherwise your certification will be considered lapsed.*

1. Education must include four (4) hours of Professional and Ethical Standards training over the two year period. **As of January 1st, 2017 ethics must be face-to-face (as defined below) and cannot be an in house in-service training.**
Face to face education is defined as in person with an instructor or through an electronic medium that allows for real-time interactivity with the instructor (s) as the educational content is presented.
2. Education must be related to the knowledge and skills necessary to perform the tasks within the Performance Domains (see Section II of this manual for additional information). **No more than 50% of all CEUs can be attained online, 50% must be face-to-face**, defined as in person with instructor or through an electronic medium that allows for real-time interactivity with the instructor(s) as the educational content is presented.
3. All education must be approved by NAADAC, State of Idaho Department of Health and Welfare, NASW, NBCC, IC&RC, IBADCC or an accredited college/university, at the time the Education is recorded. Documentation needs to include a copy of any certificates of completion or an official college/university transcript.
4. A maximum of five (5) hours in-service training is acceptable. Documentation must include a certificate of completion.
5. Education presented by the candidate does not count toward continuing education hours.

6) Requesting a Change of Name

IBADCC maintains records under your full legal name. This pertains to changing your name on your records **AFTER** you have legally changed your name.

You may submit a **Request for Name Change** (form is last page of manual).

Along with your request, copies of the following supporting documentation are required to change your name:

- Copy of documentation showing your name as it currently appears
 - picture ID preferred; or
 - birth certificate or social security card acceptable; or
 - your current IBADCC certificate

AND

- A copy of your marriage license/certificate; or
- A copy of name change by court order; or
- valid state issued driver license with new name; or
- Social security card with new name

Mail your completed **Request for Name Change** along with required documentation to IBADCC, PO Box 1548, Meridian, ID 83680. **If you would like a new certificate with the name change before your next renewal, please enclose \$5.00 check or money order.**

7) Lapsed Certificate Policy

Certifications at any level that have been expired between days 31-180 days (6 months) may be renewed, if the counselor seeking recertification is in good standing with IBADCC, has abided by the IBADCC Code of Ethics, and completes the following procedure:

- 1) Return completed renewal application for re-certification with a check for \$180. (*\$80 regular renewal fee and \$100 lapsed certificate processing fee.*)
- 2) Documentation of 15 hours of CEUs, four (4) of which must be Ethics training.
Please note: *Counselors whose certifications have been expired between 31 to 180 days (6 months) may not engage in scope of practice activities for hire during this period.*

Receipt of renewal documentation is based on postmarked date; this date is honored for items pending review by the Education Committee. Additionally, certifications at any level that have been expired more than six (6) months MUST go through the process of reapplying and retesting for their certification, unless inactive status was approved.

8) Inactive Status

Certifications at any level may be made “inactive” for a minimum of one (1) year and a maximum of three (3) years with IBADCC approval. The intention of the “inactive status” is to provide an avenue for certified members to place their certification “on hold” in the event of major life challenges, such as illnesses, deaths in the family, etc. Certified members must submit a letter of request to the IBADCC.

During the period of inactivity, the counselor cannot receive payment for services performed in the substance abuse field and must submit fifteen (15) hours of continuing education units every renewal cycle (2 years), which includes the required four hours of Ethics training, and to abide by the IBADCC Code of Ethics. No certification fee will be charged during the period of inactivity and no certificate will be issued. To return to active status, the counselor must pay the current renewal fee.

Please note: An “inactive status” cannot be requested for a certification which is lapsed or under a current ethics investigation.

9) Residency

As an IC&RC member board, Idaho subscribes to the residency requirement of IC&RC. Persons applying for IC&RC reciprocal level certification through the IBADCC must live or work a minimum of 51% of the time in Idaho at the time of application (this does not apply to reciprocity; only initial application). If a counselor lives or works in an IC&RC state, they must certify in that state. If a counselor lives or works in a non-IC&RC state, that counselor is allowed to certify in an IC&RC state, including Idaho.

10) Reciprocity Procedures

The Idaho Board of Certification has membership in the International Certification and Reciprocity Consortium (IC&RC). Counselors who possess valid certification from the IBADCC can request reciprocal recognition from other IC&RC member states and bodies. Advanced Certified Alcohol/Drug Counselors can obtain IBADCC credentialing upon application, without retesting, provided they are from an IC&RC state or body possessing the combined alcohol/drug credentialing. Reciprocity is not granted to any counselor certified in a non-member state.

RECIPROCITY INTO IBADCC: Addiction professionals certified by an IC&RC member board who relocate to Idaho may transfer their credential to the IBADCC using the reciprocity process. No additional requirements will have to be met by the certified professional using this process to transfer their credential to Idaho. To begin the reciprocity process, certified addiction professionals must:

- Contact their current board and request an Application for Reciprocity
- Complete the one-page application and return it to their current board with the appropriate fee
- The application will be verified and sent to the IC&RC Office. Once approved IC&RC will notify IBADCC
- IBADCC will then issue a new certification for the State of Idaho
- The certified addiction professional will then be expected to follow all requirements for certification through IBADCC

RECIPROCITY OUT OF IBADCC: Addiction professionals certified by the IBADCC who relocate to another state, country, or nation may transfer their credential to the new jurisdiction using the reciprocity process only if the new jurisdiction is an IC&RC member board. Reciprocity to a non-IC&RC member board is not permitted. Additional requirements may be imposed upon the certified addiction professional depending on the laws and regulations governing the practice of addiction related services in the new jurisdiction. Therefore, certified addiction professionals are strongly encouraged to contact the IC&RC member board in the new jurisdiction to determine if any additional requirements must be met. To begin the reciprocity process, certified addiction professionals must:

- Contact IBADCC and request an Application for Reciprocity
- Complete the one-page application and return it to IBADCC with the appropriate fee
- The application will be verified and sent to the IC&RC Office; once approved IC&RC will notify the new jurisdiction board
- The new jurisdiction will then issue the certified addiction professional the equivalent credential offered by IBADCC unless laws or regulations governing the practice of addiction related services in the new jurisdiction must first be met

Section II:

Definitions and descriptions of specific skill sets needed for certification

- 1) Definition of Supervision
- 2) 12 Core Functions of a Substance Abuse Counselor
- 3) Performance Domains and Tasks

1) Definition of Supervision

One definition of supervision is “an educational method which assists the counselor to reflect critically on his function for the purpose of facilitating his growth in self-awareness, professional skills and humanistic values”. As such, it takes seriously both the facilitative role of the supervisor and the ultimate ability of the counselor to take responsibility for self-supervision.

Webster defines the noun “supervision” as, used in the context of education, that process of direction and critical evaluation which takes place between a trained supervisor and one of his supervisees in a clinical setting. It might be helpful to first look at the SUPERVISOR and the COUNSELOR separately, and then examine the SUPERVISORY PROCESS.

The SUPERVISOR is the first of all a human being with feelings, assets and liabilities. He is experienced in the fields of interpersonal relationships (i.e., he is not only a “helping person” but is trained to teach others to help.)

Ideally, the supervisor is also a person who recognizes that she has a need for learning and is continually in the process of growth herself. She is a person sensitive to her own needs and the needs of others. She is a person who is flexible and open to new ideas and approaches. She is capable of a trust relationship and is able to accept herself, even though she is aware of her need for growth. She is a person with a deep understanding of human nature, a love for people, and respect for the individuality of each person.

The COUNSELOR is also first of all a human being with wants and limitations. Secondly, he is a person committed to treatment. Thirdly, the counselor has a desire to grow in his own life and effectiveness. He is a person willing to look at himself, his ego defense mechanisms, and the way he relates to others. He must not only be willing to observe himself, but must also be ready and willing to evaluate himself. Then he must be open to change.

The SUPERVISORY PROCESS is mainly an educational process, but not in the usual or traditional sense. There are not textbooks, and there is no set curriculum. The goals of the supervisor are not academic goals, but rather goals that make the “student” confront the human situation in herself and others.

The two basic propositions of the supervisory process are: (1) We accept a person for who she is and what she is, and (2) in this milieu of acceptance, we look for and expect change for the better.

The supervisor accepts the counselor as he is, but also anticipates and impetus toward change. This acceptance is demonstrated in their relationship by a positive reinforcement of the strengths of the counselor, and support when the counselor tries and fails.

We do not believe that supervision should be therapy, but the relationship between supervisor and counselor can be and generally is therapeutic. Basically, the clinical materials (verbatim, reports, etc.) should be the main focus in the supervisory hour; when a counselor reveals his innermost feelings and conflicts, the supervisor and counselor should never encourage dependency, but rather independence.

The process of supervision requires that a supervisor evaluate each counselor not only in regard to her strengths, but also in regard to her “growing edges” (areas where she needs to grow). Are there problems that stand between the counselor and the client (learning problems)? Between the counselor and supervisor (problems about learning)?

What is to be the supervisor’s stance with regard to these problems? How can he be most helpful? This evaluation should be a continuous process as old problems are resolved and new problems arise. Supervision should be based on the needs and goals of the individual counselor. Each program should be designed just for him.

Confrontation is called for in the supervisory process, sometimes subtly, other times directly, depending on the situation, need, and ego strength of the counselor. Confrontation is just as important as support, as the supervisor guides her counselor. The supervisor represents the authority of the agency and is responsible for the quality of client care.

The supervisory process also involves teaching and leading. He leads as he sets an example in all his relationships and in everything that he says and does. He is a model.

Last, but not least, the supervisory process is not to create followers and imitators of the supervisor, but rather to encourage the potential within each counselor.

The following inclusive definition of supervision includes common elements from a number of professions. The definition is here given in full along with the knowledgeable commentary of Thomas W. Klink, a veteran supervisor on the staff of the Menninger Foundation in Topeka, Kansas.

- a. **Supervision is a unique and identifiable educational procedure.** This means that supervision is not primarily a task-oversight, although it includes this. Neither is it psychotherapy or counseling, although a counselor’s conflicts about himself, his vocation, and the situation of his work may be dealt with. Supervision is not didactic instruction, although substantive content may well be given. Nor is it practical guidance in “how to do it” although part of its effect may well be of this nature. In contrast to these subsidiary aspects, supervision “is rather a method of education designed to effect those personal changes which will permit the integration into practice of self-understanding, relevant theory, substantive knowledge, and functional skills. The measure of its educational achievement is to be found in its effects in practice in specific instances.”

- b. **Supervision requires a supervisor who is both engaged in the practice of her Profession and is duly qualified to supervise.** Supervision presupposes professional competence as well as the ability to convey and cultivate it through teaching. “The supervisor’s essential tasks,” according to Klink, “derive from the fact that she aids the candidates for a profession to bridge the gap between vital preparatory learning and the initiation of practice.” The supervisor accomplishes this “by such means a guidance and demonstration, by offering herself as a model for identification, by orderly examination of counselor by practice, by encouragement of the student’s individualization of practice with concurrent emotional reactions, by planning duty assignments to cover a full range of tasks, “ and more besides.
- c. **Supervision assumes the counselor to be a candidate seeking fuller qualification in the practice of his (intended) profession.** Supervision must address itself to a period in the educational process when counselor activity can be properly mobilized. For supervision to be effective, “motivational initiative in the counselor is the prerequisite. “ Such motivation must also be focused on professional identity, for which two elements are essential: “A candidate who is able to identify with his vocation (however tentatively) and one whose performance falls short of the goals he has set for himself. Supervision assists the candidates to clarify his vocational identity and to move toward goals that are realistically envisaged.”
- d. **Supervision requires for this setting an institution with whose activities there are functional roles in which counselor and supervisor can negotiate a “contract for learning.”** In effect, this means managing the anxiety of the counselor by setting limits to her tasks, lest she be overwhelmed by unlimited possibilities and her learning process thereby frustrated. Therefore, as Klink states “a bounded situation is essential to enable counselor and supervisor together to negotiate a “contract for learning.” Such a contract is highly individualized and more or less an explicit understanding arrived at between counselor and supervisor. As the training period gets under way, a supervisor may say to a counselor, “Given the situation here with its demands and freedoms, given the nature of the two of us, and the time available, how can we work out a plan to employ all three in this particular learning process?” Though these would hardly be the exact words, they disclose the nature of the contract. “Like other contracts,” Klink admits,” it represents a compromise and an adaptation in the face of competing claims.”

In establishing a supervisor-trainee the fact of responsibility looms large. Klink indicates, "capacity for responsibility is not just a personal evaluation: it is a formalized series of steps which, at no point, arrives at totally autonomous functioning. The highest exercise of responsibility is the recognition of limitations." Professional education in medicine, at least, has developed a graded sequence of responsibility so that the learner will grow into his assuming increasingly important functions.

- e. **The roles of both supervisor and counselor must be appropriate to their particular professional identity.** Thus each "has acquired certain functional roles which are not interchangeable with roles of others." Supervision in practical education" must focus on those roles of the supervisor which are derived from his status as one professionally trained for his work."
- f. Supervision requires for its environment a wider community of professional peers associated in a common task. In the experience of the clinical training movement, this last element in the definition identifies "group experience" as an essential feature in the process of supervision. Klink recalls what many an "old timer" missed in the clinical experience when she point out "the functional importance of group interaction among counselor peers in the training center." In the development of clinical movement the focus was first on the relation of the counselor to patient or inmate. Later, drawing heavily from the model of psychotherapy, on the relation of counselor to supervisor. Following World War II and its experience with group therapy, group interaction in clinical training was introduced and the method consciously exploited. Klink calls this a "methodological revolution (which) largely reflected the discovery that group methods were an effective means of eliciting and reinforcing educational change." The fuller implications of this group interaction as an aid to the counselor's progression toward a functioning professional identity are still unfolding and are of more than methodological interest. The methods are incidental. "The essential thing," as Klink sees it, "is recognition of the fact that to be a counselor requires the capacity to function as a member of a community of practitioners." Clinical training must provide experiences, which prepare the counselor for this. The acquisition and integration of such membership is not achieved automatically. Supervision therefore must take place in relation to patients.

2) Twelve Core Functions

The Twelve Core Functions of an alcohol/drug abuse counselor are used as standards for counselor competency.

I. Screening: The process by which the client is determined appropriate and eligible for admission to a particular program.

Global Criteria

- 1) Evaluate psychological, social, and physiological signs and symptoms of alcohol/drug use and abuse.
- 2) Determine the client's appropriateness for admission or referral.
- 3) Determine the client's eligibility for admission or referral.
- 4) Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
- 5) Adhere to applicable laws, regulations and agency policies governing alcohol and drug abuse services.

EXPLANATION

This function requires that the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment.

It is imperative that the counselor uses appropriate diagnostic criteria to determine whether the applicant's alcohol and drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and drugs has become dysfunctional for a particular client.

The determination of a particular client's appropriateness for a program requires the counselor's judgment and skill and is influenced by the program's environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, or daycare). Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functioning of the client, outside supports/resources, previous treatment efforts, motivation, and philosophy of the program.

The eligibility criteria are generally determined by the focus, target population and funding requirements of the counselor's program or agency. Many of the criteria are easily ascertained. These may include the client's age, gender, place of residence, legal status, veteran status, income level and the referral source. Allusion to following agency policy is a minimally acceptable statement.

If the applicant is found ineligible or inappropriate for this program, the counselor should be able to suggest an alternative.

II. Intake: The administrative and initial assessment procedures for admission to the program.

Global Criteria

- 1) Complete required documents for admission to the program.
- 2) Complete required documents for program eligibility and appropriateness.
- 3) Obtain appropriately signed consent when soliciting from or providing information to outside sources to protect client confidentiality and rights.

EXPLANATION

The intake usually becomes an extension of the screening when the decision to admit is formally made and documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate release of information, collect financial data, sign consent for treatment, and assign the primary counselor.

III. Orientation: Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment cost to be home by the client, if any; and client rights.

Global Criteria

- 1) Provide an overview to the client by describing program goals and objectives for client care.
- 2) Provide an overview to the client by describing program rules, and client obligations and rights.
- 3) Provide an overview to the client of program operations.

EXPLANATION

Orientation may be provided before, during and/or after the client's screening and intake. It can be conducted in an individual, group, or family context. Portions of the orientation may include other personnel for certain specific aspects of the treatment, such as medication.

IV. Assessment: The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan.

Global Criteria

- 1) Gather relevant history from client including but not limited to alcohol and drug abuse, using appropriate interview techniques.
- 2) Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and drug abuse and psycho-social history.
- 3) Identify appropriate assessment tools.
- 4) Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
- 5) Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment. Planning must be based on the client's strengths, weaknesses, and identified problems and needs.

EXPLANATION

Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing and/or record reviews.

The counselor evaluates major life area (i.e. physical health, vocation development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol and drug use has interfered with the client's functioning in each of these areas. The result of this assessment should suggest the focus of treatment.

V. Treatment Planning: Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.

Global Criteria

- 1) Explain assessment results to client in an understandable manner.
- 2) Identify and rank problems based on individual client needs in the written treatment plan
- 3) Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
- 4) Identify the treatment methods and resources to be utilized as appropriate for the individual client.

EXPLANATION

The treatment contract is based on the assessment and is a product of negotiation between the client and the counselor to assure that the plan is tailored to the individual's needs. The language of the problem, goal, and strategy statements should be specific, intelligible to the client and expressed in behavioral terms. The statement of the problem must concisely elaborate on the client's needs previously identified. The goal statements refer specifically to the identified problem and may include a set of objectives ultimately intended to resolve or mitigate the problem. The goals must be expressed in behavioral terms in order for the counselor and client to determine progress in treatment. (Both immediate and long-term goals should be established.) The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will perform them, when they will be provided, and at what frequency. Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

VI. Counseling (individual, group, and significant others): The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision-making.

Global Criteria

- 1) Select the counseling theory or theories which apply.
- 2) Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
- 3) Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
- 4) Individualize counseling in accordance with cultural, gender, and lifestyle differences.
- 5) Interact with the client in an appropriate therapeutic manner.
- 6) Elicit solutions and decisions from the client.
- 7) Implement the treatment plan.

EXPLANATION

Counseling is a relationship in which the counselor helps the client mobilize resources to resolve his or her problem and/or modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include: Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client Centered Therapy, etc.

Furthermore, the counselor must be able to explain the rationale for using a specific approach for the particular client. For example, a behavioral approach might be suggested for clients who are resistant and manipulative or have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate.

Also, the counselor should explain his or her rationale for choosing a counseling approach in an individual, group, or significant other context. Finally, the counselor should be able to explain why a counseling approach or context changed during treatment.

VII. Case Management: Activities which bring services, agencies, resource, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

Global Criteria

- 1) Coordinate services for client care.
- 2) Explain the rationale of case management activities to the client.

EXPLANATION

Case management is the coordination of a multiple service plan. Case management decisions must be explained to the client. By the time many alcohol and drug abusers enter treatment they tend to manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills and have a pending criminal charge. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representatives of the criminal justice system.

The client may also be receiving other treatment services such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan and communication must be maintained with the appropriate personnel.

VIII. Crisis Intervention: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Global Criteria

- 1) Recognize the elements of the client crisis.
- 2) Implement an immediate course of action appropriate to the crisis.
- 3) Enhance overall treatment by utilizing crisis events.

EXPLANATION

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. That latter might include the death of a significant other, separation/divorce, arrest, suicide gestures, and a psychotic episode or outside pressure to terminate treatment. If no specific crisis is presented in the Written Case, rely on and describe a past experience with a client. Describe the overall picture-before, during, and after the crisis.

It is imperative that the counselor be able to identify the crises when they surface, attempt to mitigate or resolve the immediate problem and use negative events to enhance the treatment efforts, if possible.

IX. Client Education: Provision of information to individuals and groups concerning alcohol and drug abuse and the available services and resources.

Global Criteria

- 1) Present relevant alcohol and drug use/abuse information to the client through formal and/or informal processes.
- 2) Present information about available alcohol and drug services and resources.

EXPLANATION

Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with reading materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually or informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the clients and their families. The applicant must be competent in providing specific examples of the type of education provided to the client and the relevance to the case.

X. Referral: Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

Global Criteria

- 1) Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
- 2) Explain the rationale for the referral to the client.
- 3) Match client needs and/or problems to appropriate resources.
- 4) Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
- 5) Assist the client in utilizing the support systems and community resources available.

EXPLANATION

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug, as well as others, and should be aware of the limitations of each service and the limitations might adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including confidentiality requirements and outcomes of the referral.

Referral is obviously closely related to case management when integrated into the initial and on-going treatment plan. It also includes, however, aftercare or discharge planning referrals that take into account the continuum of care.

XI. Report and Record Keeping: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

Global Criteria

- 1) Prepare reports and relevant records integrated available information to facilitate the continuum of care.
- 2) Chart pertinent ongoing information pertaining to the client.
- 3) Utilize relevant information from written documents for client care.

EXPLANATION

The report and record keeping function is important. It benefits the counselor by documenting the client's progress in achieving his or her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervisor in providing timely feedback. It is valuable to other programs that may provide services to the client at a later date. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, it enhances the client's entire treatment experience. The applicant must prove personal action in regard to the report and record keeping function.

XII. Consultation with Other Professionals in Regard to Client Treatment/Services: Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria

- 1) Recognize issues that are beyond the counselor's base of knowledge and/or skill.
- 2) Consult with appropriate resources to ensure the provision of effective treatment services.
- 3) Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
- 4) Explain the rationale for the consultation to the client, if appropriate.

EXPLANATION

Consultations are meetings for discussion, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations may also be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers, and other service providers connected to the client's case.

3) Performance Domain and Tasks

Performance Domain and Tasks is the addiction specialist's tool box of expert knowledge and their corresponding functions.

I. Counselor Development

Task 1: Build a supportive and individualized supervisory alliance, which includes teaching the purpose of clinical supervision, using it effectively, and respecting professional boundaries.

Knowledge of:

1. Supervision techniques
2. Enrichment and skill building techniques
3. Constructive feedback techniques
4. Clinical supervision models
5. Relationship-building models and strategies
6. Problem solving/conflict resolution theories
7. Counseling skills application
8. Teaching and training methods
9. Critical thinking techniques
10. Behavior change models
11. Cultural and lifestyle differences
12. Clinical supervision terminology

Skill in:

1. Communicating and interviewing techniques
2. Designing and implementing a plan for personal and professional growth
3. Assessing individual training needs for personal and professional growth
4. Providing supervisee with effective feedback
5. Establishing rapport with supervisee
6. Recognizing and applying relationship skills
7. Adopting counseling and communications techniques for supervisory purposes
8. Using supervisory intervention methods
9. Conceptualizing models of clinical supervision
10. Engaging in conflict resolution activities
11. Cultivating a working relationship between supervisor and supervisee
12. Listening empathetically

Task 2: Maintain a constructive supervisory learning environment that fosters awareness of oneself and others, motivation, self-efficacy, enthusiasm, and two-way feedback.

Knowledge of:

1. Adult learning styles
2. Motivational techniques
3. Teaching and training methods
4. Cultural and lifestyle differences
5. Temperament and interpersonal skills
6. Leadership styles
7. Stress reactions
8. Observation techniques
9. Assessment theories, practices, and tools

Skill in:

1. Locating educational opportunities
2. Recognizing supervisees strengths and limitations

3. Providing supervisee with effective feedback
4. Motivating supervisees to seek personal and professional growth
5. Communicating and interviewing techniques
6. Recognizing and managing stressful situations
7. Applying assessment techniques
8. Interpreting assessment instruments
9. Listening empathetically

Task 3: Demonstrate multicultural competencies and help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.

Knowledge of:

1. Cultural and lifestyle differences
2. Relationships and boundary issues
3. Diverse populations
4. Transference and countertransference
5. Empathy versus sympathy

Skill in:

1. Recognizing and resolving personal biases towards diverse cultures
2. Recognizing values and attitudes specific to diverse cultures
3. Self-knowledge and self-awareness
4. Evaluating special populations for specific needs
5. Listening empathetically

Task 4: Provide timely and specific feedback to supervisees on their conceptualizations of client needs, attitudes towards clients, clinical skills, and overall performance of assigned responsibilities.

Knowledge of:

1. Clinical supervision process
2. Communication skills
3. Temperament and interpersonal skills
4. Observation techniques
5. Performance evaluation
6. Counselor job tasks
7. Therapeutic modalities

Skill in:

1. Communicating effectively
2. Discerning supervisees' strengths and limitations
3. Interpreting evaluative tools
4. Delivering assessment feedback
5. Supervising therapeutic modalities
6. Listening empathetically

Task 5: Create a professional development plan with supervisees that includes mutually approved goals and objectives for improving job performance, a timeline for expected accomplishments, and measurements of progress and goal attainment.

Knowledge of:

1. Supervision techniques
2. Career development interventions
3. Career development strategies
4. Assessment theories, practices, and tools
5. Observation techniques
6. Time management techniques

Skill in:

1. Communicating and interviewing techniques
2. Synthesizing data
3. Developing work assignments
4. Recognizing AODA (Alcohol and Other Drug Abuse) supervisee's strengths and limitations
5. Developing performance evaluations
6. Delivering performance evaluations
7. Organizing data
8. Listening empathetically
9. Identifying staff training needs
10. Developing supervision plans

Task 6: Implement a variety of direct supervisory activities to teach and strengthen supervisees' theoretical orientation, professional ethics, clinical skills, and personal wellness.

Knowledge of:

1. Various supervisory techniques and modalities
2. Addiction theories
3. Ethical standards and professional codes of conduct
4. Adult learning styles
5. Consequences of ethical violations
6. Therapy versus clinical supervisory boundaries
7. Self-care

Skill in:

1. Interviewing
2. Observing
3. Teaching modalities
4. Providing supervisor with effective feedback
5. Recognizing signs of stress and burnout
6. Recognizing ethical violations

7. Reporting and documenting
8. Understanding and implementing a variety of treatment modalities
9. Listening empathetically

Task 7: Help supervisees recognize, understand, and cope with unique problems of transference and countertransference when working with clients with substance use disorders.

Knowledge of:

1. Countertransference and transference
2. Relationships and boundaries
3. Professional ethics
4. Codes of conduct
5. External professional resources

Skill in:

1. Observing
2. Communicating
3. Creating corrective action plans
4. Monitoring and documenting progress
5. Identifying transference and countertransference issues
6. Listening empathetically

Task 8: Educate supervisees regarding developments in the addictions and behavioral healthcare fields to ensure best practices in consumer care.

Knowledge of:

1. Addiction treatment trends
2. Best practices
3. Evidence based modalities
4. Manualized care

Skill in:

1. Remaining current with research
2. Maintaining professional development
3. Understanding and implementing a variety of treatment modalities
4. Listening empathetically

Task 9 Encourage and help supervisees develop a personal wellness plan to manage their stress and avoid compassion fatigue and burnout.

Knowledge of:

1. Burnout and compassion fatigue
2. Mental health issues
3. Stress management theories
4. Case load management

5. Problem solving
6. Conflict resolution
7. Team building strategies

Skill in:

1. Recognizing signs of burnout and compassion fatigue
2. Recognizing signs and symptoms of mental health disorders
3. Teaching stress management skills
4. Using case management strategies
5. Using time management strategies
6. Using problem solving techniques
7. Listening empathetically

II. Professional and Ethical Standards

Task 1: Practice only within one's areas of clinical and supervisory competence.

Knowledge of:

1. Applicable policies governing appropriate counselor/client and supervisor/supervisee relationships
2. Applicable ethical standards
3. Applicable professional standards and codes
4. Applicable confidentiality standards
5. Consequences of violations of applicable policies, standards, and codes
6. Procedures of reporting violations of applicable policies, standards, and codes
7. Impact of establishing dual relationship

Skill in:

1. Communicating and interviewing techniques
2. Educating Alcohol and Other Drug Abuse (AODA) supervisee regarding standards of conduct
3. Applying applicable policies, standards, and codes
4. Identifying ethical violations and determining manner of recording and reporting violations
5. Reinforcing compliance of applicable policies, standards, and codes

Task 2: Ensure that supervisors and supervisees are familiar with and are adherent to relevant professional codes of ethics, client's rights documents, and laws and regulations that govern both counseling and clinical supervision practices.

Knowledge of:

1. Applicable policies governing appropriate counselor/client and supervisor/supervisee relationships
2. Applicable ethical standards
3. Applicable professional standards and codes

4. Applicable confidentiality standards
5. Consequences of violations of applicable policies, standards and codes
6. Procedures of reporting violations of applicable policies, standards, and codes
7. Impact of establishing dual relationship

Skill in:

1. Communicating and interviewing techniques
2. Educating Alcohol and Other Drug Abuse (AODA) supervisee regarding standards of conduct
3. Applying applicable policies, standards, and codes
4. Identifying ethical violations and determining manner of recording and reporting violations
5. Reinforcing compliance of applicable policies, standards, and codes

Task 3: Follow due process guidelines when responding to grievances and ensure that supervisees know their rights as employees and understand the organization's employee grievance procedures.

Knowledge of:

1. Applicable clinical supervisor standards
2. Applicable professional standards and codes
3. Applicable regulatory standards
4. Applicable quality improvement standards
5. Consequences of violations of applicable policies, standards, and codes
6. Procedures for reporting violations of applicable policies, standards, and codes

Skill in:

1. Communicating and interviewing techniques
2. Interpreting applicable policies, standards, and codes
3. Explaining applicable policies, standards, and codes

Task 4: Pursue personal and professional development by participating in related professional educational activities in order to improve supervisory competence.

Knowledge of:

1. Counseling career progression within work setting and work field
2. Training and education required to reach career goals
3. Assessment activities necessary to identify an appropriate career development track
4. Motivational techniques to promote career development
5. Performance evaluation
6. Teaching and training methods
7. Cultural and lifestyle differences
8. Applicable clinical supervisor standards

Skill in:

1. Identifying and locating professional educational opportunities
2. Recognizing personal and professional strengths and limitations
3. Networking strategies
4. Assessing education needs and limits of competency
5. Identifying individual training resources to meet career goals

Task 5: Recognize the supervisees' unique personality, culture, lifestyle, values and attitudes, and other factors to enhance his/her professional development.

Knowledge of:

1. Applicable professional competency guidelines
2. Physical and mental health self-assessment
3. Physical and mental health resources
4. Cultural and lifestyle differences
5. Special populations for specific needs

Skill in:

1. Communicating and interviewing techniques
2. Recognizing values and attitudes specific to diverse cultures
3. Recognizing and resolving personal biases toward diverse cultures
4. Synthesizing data
5. Organizing data
6. Presenting data

Task 6: Ensure that supervisees inform clients about the limits of confidentiality.

Knowledge of:

1. Applicable regulatory standards
2. Applicable confidentiality standards
3. Client's rights and responsibilities
4. Informed consent policies and procedures

Skill in:

1. Applying applicable policies, standards, and codes
2. Communicating standards and policies in an appropriate professional manner

Task 7: Ensure that supervisees inform clients about supervision practices and obtain documented informed consent from clients as appropriate.

Knowledge of:

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

6. Supervisory and therapeutic alliances

Skill in:

1. Reviewing clinical documentation
2. Communicating policies and standards
3. Training supervisees
4. Developing effective therapeutic and supervisory working alliances

Task 8: Use and teach supervisees various ethical decision-making models and monitor their use to ensure their ethical treatment of clients.

Knowledge of:

1. Ethical decision-making models
2. Ethical codes and guidelines, relevant laws, and regulations
3. Procedures to report ethical violations

Skill in:

1. Identifying ethical dilemmas and violations
2. Confronting breaches of ethical standards, laws, or regulations
3. Identifying resources for ethical consultation and scholarship

Task 9: Understand the risks of dual relationships and potential conflicts of interest and maintain appropriate relationships at all times.

Knowledge of:

1. Applicable policies governing appropriate counselor/client and supervisor/supervisee relationships
2. Applicable ethical standards
3. Applicable professional standards and codes, and applicable laws
4. Applicable confidentiality standards
5. Consequences of violations of applicable policies, standards, and codes
6. Procedures of reporting violations of applicable policies, standards, and codes
7. Impact of establishing dual relationship

Skill in:

1. Communicating and interviewing techniques
2. Educating AODA (Alcohol and Other Drug Abuse) supervisee regarding standards of conduct
3. Applying applicable policies, standards, and codes
4. Identifying ethical violations and determining manner of recording and reporting violations
5. Reinforcing compliance of applicable policies, standards, and codes

Task 10: Provide timely consultation and guidance to supervisees in situations that present moral, legal, and/or ethical dilemmas.

Knowledge of:

1. Importance of addressing supervision issues in a timely manner
2. Models of clinical supervision
3. Applicable laws, regulations, and ethical standards
4. Ethical decision-making models
5. Local and/or agency policies and regulations
6. Counselor resistance to reporting issues
7. Supervisory working alliance
8. Awareness of impact of personal biases

Skill in:

1. Training ethical decision-making models
2. Communicating to supervisees the importance of consultation
3. Using consultation techniques
4. Explaining ethical considerations related to counseling and financial remuneration

Task 11: Ensure that supervisees maintain complete, accurate, and necessary documentation, including detailed descriptions of critical situations.

Knowledge of:

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

Skill in:

1. Reviewing clinical documentation
2. Using a variety of clinical documentation formats
3. Communicating in a clear and concise manner
4. Identifying critical situations

Task 12: Understand the reporting process for ethical violations to the appropriate professional organizations or regulatory authorities.

Knowledge of:

1. Ethical and legal standards
2. Various professional organizations and regulatory authorities
3. Report processes of various organizations
4. Impact of personal bias on reporting ethical issues

Skill in:

1. Documenting breaches of ethical standards
2. Communicating in a clear and concise manner
3. Differentiating between moral, legal, and ethical issues

Task 13: Intervene immediately and take action as necessary when a supervisees' job performance appears to present problems.

Knowledge of:

1. Applicable policies governing appropriate counselor/client and supervisor/supervisee relationships
2. Applicable ethical standards
3. Applicable professional standards and codes
4. Applicable confidentiality standards
5. Consequences of violations of applicable policies, standards and codes
6. Procedures of reporting violations of applicable policies, standards, and codes
7. Impact of establishing dual relationship

Skill in:

1. Communicating and interviewing techniques
2. Educating Alcohol and Other Drug Abuse (AODA) supervisee regarding standards of conduct
3. Applying applicable policies, standards, and codes
4. Identifying ethical violations and determining manner of recording and reporting violations
5. Reinforcing compliance of applicable policies, standards, and codes

Task 14: Maintain familiarity with consensus- and evidence-based best practices in the treatment of substance use disorders.

Knowledge of:

1. Resources providing documentation of practice-based, consensus-based, or evidence-based best practices
2. Availability and location of resources

Skill in:

1. Reading and interpreting research
2. Translating research into practice
3. Encouraging supervisees interest in reading and understanding research

Task 15: Seek supervision and consultation to evaluate one's personal needs for training and education, receive and discuss feedback on supervisory job performance, and implement a professional development plan.

Knowledge of:

1. Importance of ongoing supervision

2. Individual development plan
3. Importance of being open to feedback
4. Importance of modeling appropriate clinical, professional, and personal behavior
5. Models of supervision

Skill in:

1. Demonstrating openness to receiving feedback
2. Communicating critical points in supervision sessions
3. Assessing personal and professional strengths and needs
4. Assessing professional training and education needs

Task 16 Develop and maintain a personal wellness plan for physical and mental health.

Knowledge of:

1. Personal wellness and relationship to counseling
2. Relationship between physical, mental, and spiritual health
3. Symptoms of burnout and compassion fatigue
4. Biological, psychological, sociological, and spiritual aspects of total health

Skill in:

1. Developing a personal health regimen
2. Preventing burnout
3. Maintaining healthy lifestyle

III. Program Development and Quality Assurance

Task 1: Structure and facilitate staff learning about specific consensus and evidence-based treatment interventions, program service design, and recovery models relevant to the organization and the population it serves.

Knowledge of:

1. Evidence-based practices
2. Recovery management models and counseling intervention
3. Program component and development methods
4. Motivational techniques
5. Staff development

Skill in:

1. Defining program needs
2. Analyzing population trends
3. Implementing program changes
4. Using alternative counseling approaches and techniques
5. Recognizing strengths and limitations of staff
6. Explaining applicable policies, standards, and codes
7. Analyzing treatment trends

8. Identifying staff training needs
9. Providing staff training

Task 2: Understand the balance between fidelity and adaptability when implementing new clinical practices.

Knowledge of:

1. Applicable professional standards and roles
2. Applicable roles within multi-disciplinary team
3. 12 core functions and addictions counseling competencies

Skill in:

1. Applying management practices
2. Evaluating clinical performances
3. Developing counseling supervision plans
4. Communicating interviewing techniques

Task 3: Advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement, and retention in treatment.

Knowledge of:

1. Monitor and measuring techniques
2. Applicable quality improvement standards
3. Evaluation techniques
4. Evaluative techniques for special population of special needs
5. Enrichment and skill building techniques
6. Program components

Skill in:

1. Communicating and interviewing techniques
2. Developing quality assurance standards
3. Developing and implementing quality assurance standards

Task 4: Support the organization's quality assurance plan and comply with all monitoring, documenting, and reporting requirements.

Knowledge of:

1. Applicable quality improvement standards
2. Procedures of reporting violations of applicable standards and codes
3. Consequences of violations of applicable policies, standards, and codes
4. Applicable professional standards and codes
5. Applicable regulatory standards
6. Applicable accreditation bodies standards regarding policies and procedures

Skill in:

1. Reinforcing compliance of applicable standards and codes

2. Explaining the standards and codes
3. Communicating and interviewing techniques

Task 5: Develop program goals and objectives that are consistent with the organization's quality assurance plan.

Knowledge of:

1. Applicable quality improvement standards
2. Monitor and measuring techniques
3. Applicable professional standards and codes
4. Applicable clinical supervisor standards
5. Applicable agency policies and procedures
6. Program assessment methods
7. Program development methods

Skill in:

1. Applying record keeping techniques
2. Evaluating case load management
3. Implementing quality assurance standards
4. Applying measurement techniques
5. Developing policies, standards, and codes

Task 6: Facilitate development and implementation of professional quality improvement guidelines, forms, and instruments to monitor client outcomes and/or upgrade organizational performance.

Knowledge of:

1. Applicable quality improvement standards
2. Consequences of violations of applicable quality improvement standards
3. Monitor and measuring techniques
4. Evaluation techniques
5. Technological applications

Skill in:

1. Communicating and interviewing techniques
2. Developing quality improvement standards
3. Implementing quality improvement standards
4. Evaluating clinical performance
5. Evaluating patient care
6. Evaluating program outcomes
7. Evaluating caseload management
8. Applying record keeping techniques
9. Applying measurement techniques

Task 7: Advocate for the organization's target population throughout the entire continuum of care as an agent of organizational change.

Knowledge of:

1. Public relations techniques
2. Community based support groups
3. Observation techniques assessments
4. Theories, practices, and tools
5. Organizational culture and environment

Skill in:

1. Locating and utilizing professional resources
2. Assessing population trends
3. Analyzing treatment trends
4. Suggesting alternative counseling approaches and techniques
5. Evaluating special populations for specific needs

Task 8: Build and maintain relationships with referral sources and other community programs to expand, enhance, and expedite service delivery.

Knowledge of:

1. Community resources
2. Critical thinking techniques
3. Relationship building model and strategies
4. Networking model and strategies
5. Negotiation model and strategies
6. Counseling skills application
7. Problem solving and conflict resolution theories

Skill in:

1. Engaging in conflict activities
2. Using supervisory intervention methods
3. Processing data
4. Establishing rapport
5. Communicating and interviewing techniques
6. Locating and utilizing professional resources
7. Negotiating
8. Building consensus
9. Recognizing opportunities for collaboration
10. Marketing
11. Matching resources to service delivery needs

Task 9: Identify and assess program needs and develop a plan to improve clinical services and program development.

Knowledge of:

1. Assessment theories, practices, and tools
2. Program components
3. Program assessment methods

4. Program development methods
5. Applicable clinical supervisor standards
6. Applicable professional standards and codes
7. Applicable roles within a multidisciplinary team
8. Staff development

Skill in:

1. Communicating and interviewing techniques
2. Identifying program needs
3. Formulating program plans
4. Implementing program changes
5. Analyzing treatment trends
6. Analyzing population trends
7. Identifying staff training needs
8. Providing staff training
9. Evaluating staff performance
10. Interpreting applicable policies, standards, and codes

IV. Performance Evaluation

Task 1: Communicate agency expectations about the job duties and competencies, performance indicators, and criteria used to evaluate job performance.

Knowledge of:

1. Supervision techniques
2. Career development interventions
3. Career development strategies
4. Assessment theories, practices, and tools
5. Observation techniques
6. Time management techniques

Skill in:

1. Communicating and interviewing techniques
2. Synthesizing data
3. Developing work assignments
4. Recognizing Alcohol and Other Drug Abuse (AODA) supervisee's strengths and limitations
5. Developing performance evaluations
6. Delivering performance evaluations
7. Organizing data

Task 2: Understand the concept of supervision as a two-way evaluative process with each party providing feedback to the other, including constructive sharing and resolution of disagreements.

Knowledge of:

1. Importance of supervisor evaluation
2. Tools for supervisor evaluation
3. Supervisory working alliance
4. Various forms of feedback
5. Various forms of media used in providing feedback

Skill in:

1. Soliciting supervisor evaluation
2. Giving and receiving feedback in a manner that promotes counselor development
3. Communicating in a clear and concise manner

Task 3: Assess supervisees' professional development, cultural competence, and proficiency in the addiction counseling competencies.

Knowledge of:

1. Characteristics of supervisee, supervisor, client and context
2. Assessment tools and strategies
3. Developmental model of supervision
4. Resources to expand cultural competence of supervisees
5. Addiction counselor competencies
6. Culture of drug and alcohol use, abuse, and dependence

Skill in:

1. Identifying characteristics of supervisee, supervisor, client, and context
2. Assessing multicultural awareness and biases
3. Recognizing cultural competence
4. Assessing counselor competence

Task 4: Assess supervisees' performance of tasks and/or clinical functioning by interviews, observations, review of case records, use of evaluation tools, and client/family feedback.

Knowledge of:

1. Supervision techniques
2. Career development interventions
3. Career development strategies
4. Assessment theories, practices, and tools
5. Observation techniques
6. Time management techniques

Skill in:

1. Communicating and interviewing techniques
2. Synthesizing data
3. Developing work assignments

4. Recognizing Alcohol and Other Drug Abuse (AODA) supervisee's strengths and limitations
5. Developing performance evaluations
6. Delivering performance evaluations
7. Organizing data

Task 5: Differentiate between counselor development issues and those requiring corrective action (e.g., ethical violations, incompetence).

Knowledge of:

1. Supervisor standards
2. Ethical standards
3. Developmental model of counselor development

Skill in:

1. Recognizing the difference between the standard and the discrepant behavior
2. Providing appropriate supervisor intervention
3. Using motivational leadership

Task 6: Assess supervisees' preferred learning style, motivation, and suitability for the work setting.

Knowledge of:

1. Various learning styles
2. Motivational techniques
3. Developmental model
4. Importance of gatekeeping function of supervisors

Skill in:

1. Initiating appropriate feedback
2. Creating a teaching plan
3. Assessing learning style
4. Assessing supervisee motivation
5. Assessing suitability of individual for work as a counselor

Task 7: Institute an ongoing formalized, proactive process that identifies supervisees' training needs, actively involves supervisees in conjointly reviewing goals and objectives, and reinforces performance improvement with positive feedback.

Knowledge of:

1. Various developmental and professional levels
2. Supervisory working alliance
3. Assessment techniques
4. Importance of ongoing feedback

Skill in:

1. Using motivational leadership
2. Collaborating with supervisee on individual development plan
3. Establishing trust and effective working alliance
4. Establishing supervisory contract

Task 8: Communicate feedback clearly, including timely written feedback, regarding performance deficits, weak competencies, or harmful activities and ensure that supervisees understand the feedback.

Knowledge of:

1. Ethical standards
2. Policy and procedure
3. Assessment techniques
4. Communication theory and techniques

Skill in:

1. Relating in ways that motivate
2. Communicating in a clear and concise manner
3. Providing written feedback and evaluation
4. Communicating clear and firm expectations and appropriate professional behavior
5. Assessing supervisee understanding and compliance with expectations

Task 9: Address and manage relational issues common to evaluation, including anxiety, disagreements, and full discussion of performance problems.

Knowledge of:

1. Indicators of anxiety and disagreement
2. Complete disclosure
3. Solution focused techniques

Skill in:

1. Resolving conflict
2. Soliciting supervisor evaluation
3. Receiving feedback

Task 10: Self-assess for evaluator bias (e.g., leniency, overemphasis on one area of performance, favoritism, stereotyping) and conflict with other supervisory roles.

Knowledge of:

1. Importance of supervisor accountability
2. Indicators of potential bias
3. Appropriate referral protocols

Skill in:

1. Using appropriate supervision

2. Identifying limitations
3. Communicating in a nonjudgmental manner

Task 11: Adhere to professional standards of ongoing supervisory documentation, including written individual development plans, supervision session notes, written documentation of corrective actions, and written recognition of good performance.

Knowledge of:

1. Ethical standards
2. Documentation
3. Professional development plans

Skill in:

1. Communicating in a motivational manner
2. Communicating in a clear and concise manner
3. Providing written feedback and evaluation
4. Communicating clear and firm expectations and appropriate professional behavior
5. Assessing supervisee understanding and compliance with expectations

Domain V: Administration

Task 1: Ensure that comprehensive orientation is provided to new employees, including areas such as the organization's client population, mission, vision, policies, and procedures.

Knowledge of:

1. Supervision techniques
2. Diverse populations
3. Teaching techniques
4. Adult learning styles
5. Organizational culture and environment
6. Applicable confidentiality standards
7. Management practices

Skill in:

1. Teaching
2. Orienting individuals to new environment
3. Communicating administrative procedures and policies

Task 2: Develop, evaluate, and monitor clinical policies and procedures using regulatory standards to ensure compliance.

Knowledge of:

1. Applicable clinical supervisor standards
2. Applicable professional standards and codes
3. Applicable agency policies and procedures
4. Applicable accreditation bodies standards regarding policies and procedures

5. Consequences of violations of applicable policies, standards, and codes
6. Evaluation techniques
7. Monitor and measuring techniques
8. Technological applications

Skill in:

1. Communicating and interviewing techniques
2. Developing policies, standards, and codes
3. Interpreting applicable policies, standards, and codes
4. Explaining applicable policies, standards, and codes
5. Monitoring compliance with applicable policies, standards, and codes

Task 3: Involve the supervisees in designing and scheduling their activities to maintain clinically effective service delivery.

Knowledge of:

1. Management practices
2. Organizational grievance policies
3. System theory
4. Clinical programming
5. Staff resources
6. Budgetary parameters
7. Scheduling and consultation strategies
8. Linkage and networking strategies
9. Treatment goals, techniques, and methodologies
10. Problem solving/conflict resolution theories

Skill in:

1. Communicating and interviewing techniques
2. Planning and coordinating resources
3. Scheduling staff and clinical activities
4. Utilizing community resources

Task 4: Participate in the hiring/termination, performance recognition, disciplinary action, and other personnel decisions to maintain high standards of clinical care.

Knowledge of:

1. Human resources policies and procedures
2. Professional standards of performance and ethics
3. Motivational strategies
4. Credentialing or certification standards
5. Career development interventions and strategies

Skill in:

1. Communicating standards and expectations
2. Providing effective feedback

3. Assessing critical elements of job description
4. Writing job descriptions
5. Correlating job requirements to actual job description

Task 5: Ensure workforce is trained to meet service delivery needs.

Knowledge of:

1. Required competency standards
2. Supervisory techniques
3. Training assessment tools
4. Workforce development issues
5. Techniques to assess service delivery needs
6. Teaching and training methods
7. Adult learning styles
8. Appropriate use and application of technology
9. Confidentiality regulations, procedures, and policies
10. Documentation procedures, policies, and standards
11. Critical incident identification and reporting

Skill in:

1. Training counselors
2. Matching training requirements to work requirements
3. Assessing workforce training needs

Domain VI: Treatment Knowledge

Task 1: Have professional experience with and knowledge of the field of addictions, social and behavioral science, and self-help philosophy.

Knowledge of:

1. Alcohol and other drugs of abuse
2. Pharmacology
3. 12 core functions
4. Self-help philosophy and traditions
5. Social and behavioral science

Skill in:

1. Communicating and interviewing techniques
2. Obtaining information
3. Establishing rapport with Alcohol and Other Drug Abuse (AODA) supervisee
4. Assessing ability to work with special populations
5. Evaluating special populations for specific needs

Task 2: Understand the limitations of addiction treatment in general; its relationship to sustained, long-term recovery, and the specific limitations of the models or design in use by supervisees.

Knowledge of:

1. Treatment models and the strengths and weaknesses of each
2. American Society of Addiction Medicine (ASAM) patient placement criteria
3. Relapse prevention
4. Basic research methodology
5. Pharmacological interventions

Skill in:

1. Reading and understanding research
2. Communicating treatment expectations
3. Differentiating between strengths and weaknesses of various treatment models
4. Using treatment methods to support long term recovery
5. Matching appropriate recovery models to patient needs
6. Prioritizing treatment issues

Task 3: Understand the principles of addiction prevention and treatment.

Knowledge of:

1. Prevention strategies and research
2. Treatment models and applicability
3. Addiction process
4. American Society of Addiction Medicine (ASAM) patient placement criteria
5. Resources on addiction research
6. Recovery and support programs

Skill in:

1. Providing treatment
2. Developing prevention programs
3. Reading and understanding research

Task 4: Understand the addiction process and recovery management.

Knowledge of:

1. Diagnostic and Statistical Manual (DSM)
2. Treatment planning
3. Alcohol and other drugs of abuse
4. Recovery resources
5. Recovery management principles

Skill in:

1. Applying appropriate level of intervention
2. Referring to recovery resources

3. Providing and monitoring the continuum of care
4. Assessing patient progress

Task 5: Understand the limitations of and appropriateness of assessment and evaluation tools utilized in the addiction field.

Knowledge of:

1. Assessment techniques and tools
2. Research methods
3. Assessment and evaluation tools

Skill in:

1. Using assessment tools
2. Choosing appropriate assessment tools
3. Conducting research and interpreting results

Task 6: Understand the use of pharmacological interventions and interactions.

Knowledge of:

1. Pharmacological interventions
2. Drug interactions
3. Neuropharmacology

Skill in:

1. Assessing motivation of patient for pharmacological intervention
2. Integrating pharmacological interventions into treatment
3. Providing medication education and information

Section III:

Outline of a treatment professional's highest standard of behavior

- 1) Ethics Preamble
- 2) Ethics Definitions
- 3) Rules of Conduct
- 4) Appendix A: Discussions
- 5) Disciplinary Procedures
- 6) Ethical Standards Report
- 7) Code of Conduct Agreement

Code of Ethics

Ethics Preamble

The Idaho Board of Alcohol/Drug Counselor Certification (referred to herein as "the Board" or "IBADCC") provides certification for substance abuse counselors and prevention specialists in the State of Idaho. The purpose of the IBADCC's voluntary certification process is to assure consumers, the public, and employers, that individuals certified by IBADCC are capable and competent, have been through a certain organized set of experiences, and have been judged to be qualified.

IBADCC is dedicated to the principle that professionals in the field of alcohol and drug treatment must conform their behavior to the highest standards of ethical practice. To that end, the IBADCC has adopted this Certified Professional Code of Ethics (referred to herein as "the Code" or "the Code of Ethics"), to be applied to all professionals, certified, or seeking certification.

The Board is committed to investigate and sanction those certified professionals or those seeking certification who breach this Code. Certified professionals or those seeking certification are therefore encouraged to thoroughly familiarize himself/herself with the Code and to guide their behavior according to the Rules set forth within this Code.

The Board has determined that all substantiated ethics violations will be posted on the IBADCC website for public disclosure. The public disclosure of the final outcome of ethics cases on the website is appropriate and legal. The ethics posting will be final findings, after appeals have been exhausted, these outcomes will remain posted for an eighteen month cycle of recertification.

Ethics Definitions

Consumer: Any person seeking or assigned the services of an IBADCC certified professional or person seeking certification, regardless of the certified professional or person seeking certification's work setting.

Complainant: A person who files a formal complaint with the IBADCC against a certified professional or a person seeking certification under IBADCC jurisdiction.

Certified Professional: Any person who holds any credential issued by IBADCC.

Dual Relationship: Any relationship between the certified professional or person seeking certification and a client outside of the professional relationship. Examples include but are not limited to: social, financial, or business relationships with clients.

Ethics Committee: IBADCC standing committee charged with the responsibility of investigating or sanctioning certified professionals or persons seeking certification who breach the Code of Ethics, as well as amending and reviewing all appropriate documentation, and charged with all other responsibilities deemed necessary.

Hearing Officer: The President of the Board or his designated board member appointee, a non-voting member of the Hearing Committee, will preside over the Appeal Hearing.

Immediate Family: A spouse, child, parents, parent-in-laws, siblings, grandchild, grandparents, and other household members of the Certified Professional or Person Seeking Certification.

Person Seeking Certification: Any individual who has an application for certification, at any level, on file with the IBADCC.

Respondent: A certified professional or person seeking certification who is the subject of a formal complaint alleging a breach of the Code of Ethics.

Sexual Misconduct: When a certified professional or person seeking certification engages, attempts to engage, or offers to engage a consumer in sexual behavior, or any behavior, whether verbal or physical, which is intended to be sexually arousing, including kissing; sexual intercourse, either genital or anal; cunnilingus; fellatio; or the touching by either the professional or person seeking certification or the consumer of the other's breasts, genital areas, buttocks, or thighs, whether clothed or unclothed.

Supervisee: An individual that works under the direct supervision of a certified professional, and works in the capacity of delivering direct services to consumers of addiction services.

Rules of Conduct

The following Rules of Conduct adopted by the Idaho Board of Alcohol/Drug Counselor Certification, Inc. set forth the minimum standards of conduct which all certified professionals or those seeking certification are expected to honor. Failure to comply with an obligation or prohibition set forth in the Rules may result in discipline by the IBADCC.

Discussion sections accompany some of the Rules. These discussions are intended to interpret, explain, or illustrate the meaning of the rules, but the rules themselves remain the authoritative statements of the conduct for which disciplinary action may be imposed.

1. Applicability

1.1 The rules within this IBADCC Certified Professional Code of Ethics apply to all professionals certified by or seeking certification through IBADCC.

2. Professional Standards

2.1 A certified professional or person seeking certification shall meet and comply with all terms, conditions, or limitations of any professional certification or license which they hold.

2.2 A certified professional or person seeking certification shall not perform services outside of their area of training, expertise, competence, or scope of practice.

2.3 A certified professional or person seeking certification shall not fail to obtain an appropriate consultation or make an appropriate referral when the consumer's problem is beyond the area of training, expertise, competence, or scope of practice of the certified professional or person seeking certification.

2.4 A certified professional or person seeking certification shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.

2.5 Through the awareness of the negative impact of racial, sexual, religious, gender, marital status, nationality or physical stereotyping and discrimination, the addiction professional guards the individual rights and personal dignity of the client and/or participant(s). When client/participant(s) possess diverse or non-familiar cultural and ethnic backgrounds, addiction professionals are motivated to learn about cultural and ethnic sensitivities in order to provide the highest level of care.

2.6 A certified professional or person seeking certification shall seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning, and where any such conditions exist and impede their ability to function competently, a certified professional or person seeking certification shall request inactive status for medical reasons for a minimum of one (1) year and a maximum of three (3) years. Counselors desiring inactive status must submit a letter of request to the IBADCC.

2.7 A certified professional or person seeking certification has a responsibility both to the client and/or participant(s) and to the organization within which the service is performed to maintain a high standard of ethical conduct. The moral, ethical and legal standards of behavior of the certified professional or person seeking certification are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the trust in addiction professionals or those seeking certification held by the general public. This includes:

- Awareness of the prevailing community standards and of the possible impact upon the quality of professional services provided by their conformance to or deviation from these standards;
- Serve as a role model in the certified professionals or person seeking certifications' use of alcohol or other mood altering drugs.
- Reporting to an employer, supervisor, colleague or the addiction professional or person seeking certification's intervention program when difficulty with mood altering substance(s) are experienced

2.8 The certified professional or person seeking certification shall not discontinue professional services to a consumer nor shall the certified professional or person seeking certification abandon the consumer without facilitating an appropriate therapeutic closure of professional services for the consumer.

2.9 A certified professional or person seeking certification shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.

3. Unlawful Conduct

3.1 Being convicted or found guilty, regardless of adjudication, or entering a plea of *nolo contendere* to any crime relating to the certified professional or person seeking certification's ability to practice the substance abuse counseling profession to include intervention, prevention, and criminal justice services shall be grounds for disciplinary action.

3.2 A certified professional or person seeking certification shall not use, possess, or sell any controlled or psychoactive substance. Being convicted or found guilty, regardless of adjudication, or entering a plea of *nolo contendere* to any crime which involves the use of any controlled or psychoactive substance shall be grounds for disciplinary action.

3.3 If a certified professional or person seeking certification is reprimanded by any agency or organization through any administrative proceedings, this may be grounds for disciplinary action by this body.

4. Sexual Misconduct

4.1 A certified professional or person seeking certification shall not engage in any form of sexual contact/behavior with consumers. The prohibition shall apply with respect to any consumer of the agency by which the certified professional or person seeking certification is employed, regardless of whether or not the consumer is on their caseload. For the purposes of determining the existence of sexual misconduct the professional-consumer relationship, once established, is deemed to continue for a minimum of five (5) years after the termination of services or the date of the last professional contact with the consumer.

4.2 A certified professional or person seeking certification shall not:

- Engage a supervisee in sexual misconduct (as defined in the Code's Glossary) during the period a supervisory relationship exists.

- Engage in sexual misconduct (as defined in the Code's Glossary) with any immediate family member or guardian of a consumer during the period of time services are being rendered to the consumer, during the entire professional consumer relationship pursuant to rule 4.1.

5. Fraud-Related Conduct

5.1 A certified professional or person seeking certification shall not:

- Present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;

- Prepare, make or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or

- Present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information which would affect a future claim or benefit application, to be paid under any employee benefit program.

5.2 A certified professional or person seeking certification shall not use misrepresentation in the preparation of an application or in the procurement of recertification as an alcohol or drug certified professional, or assist another in the preparation of an application for certification or in the procurement of registration, certification or re-certification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, certification, accreditation, affiliations, employment experience, educational experience, the plagiarism of application and recertification materials, or the falsification of references.

5.3 A certified professional or person seeking certification shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist.

5.4 A certified professional or person seeking certification shall not practice under a false name or under a name other than the name under which his or her certification or license is held.

5.5 A certified professional or person seeking certification shall not sign or issue in the professional capacity a document or a statement that the certified professional or person seeking certification knows or should have known to contain a false or misleading statement.

5.6 A certified professional or person seeking certification shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.

6. Exploitation of Consumers

6.1 A certified professional or person seeking certification shall not develop, implement, or maintain exploitative relationships with current or past consumers.

6.2 A certified professional or person seeking certification shall make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to the client. When a dual relationship cannot be avoided, the certified professional or person seeking certification needs to take appropriate precautions such as informed consent, supervision, or documentation to ensure that no exploitation occurs.

6.3 A certified professional or person seeking certification shall not misappropriate property from a consumer.

6.4 A certified professional or person seeking certification shall not enter into a relationship with a consumer which involves financial gain to the certified professional or person seeking certification or a third party resulting from the promotion or the sale of services unrelated to treatment or of goods, property, or any psychoactive substance.

6.5 A certified professional or person seeking certification shall not promote to a consumer for personal gain, any unnecessary, ineffective or unsafe psychoactive substance, or any unnecessary, ineffective or unsafe device, treatment, procedure, product or service.

6.6 A certified professional or person seeking certification shall not solicit gifts or favors from consumers.

6.7 A certified professional or person seeking certification shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a consumer referral.

7. Safety & Welfare

7.1 In circumstances where the certified professional or person seeking certification becomes aware, during the course of providing or supervising professional services, that a condition of clear and imminent danger exists that a consumer may inflict serious bodily harm on another person or persons, the certified professional or person seeking certification shall, consistent with federal and state regulations concerning the confidentiality of alcohol and drug counseling records, take reasonable steps to warn any likely victims of the consumer's behavior.

7.2 In circumstances where the certified professional or person seeking certification becomes aware, during the course of providing or supervising professional services, that a condition of clear and imminent danger exists that a consumer may inflict serious bodily harm to himself or herself, the certified professional or person seeking certification shall, consistent with federal and state regulations concerning the confidentiality of alcohol and drug counseling records, take reasonable steps to protect that consumer.

7.3 A certified professional or person seeking certification shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to a consumer of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the certified professional or person seeking certification to safely and competently provide professional counseling services.

8. Records Management

8.1 A certified professional or person seeking certification shall not falsify, amend, knowingly make incorrect entries, or fail to make timely essential entries into the consumer record.

8.2 A certified professional or person seeking certification shall follow all Federal and State regulations regarding consumer records.

9. Assisting Unlicensed Practice

9.1 A certified professional or person seeking certification shall not refer a consumer to a person that the certified professional or person seeking certification knows or should know is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

10. Discipline in Other Jurisdictions

10.1 A certified professional or person seeking certification shall not practice substance abuse counseling during the period of any denial, suspension, revocation, probation, or other restriction or discipline on certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or the federal government.

11. Cooperation with the Board

11.1 A certified professional or person seeking certification shall cooperate in any investigation conducted pursuant to this Code of Ethics and a certified professional or person seeking certification shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:

- The willful misrepresentation of facts before the disciplining authority or its authorized representative;
- The use of threats or harassment against, or an inducement to, any consumer or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
- The use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed.

11.2 A certified professional or person seeking certification shall report any violation of the Code of Ethics. Failure to report a violation may be grounds for discipline.

11.3 A certified professional or person seeking certification who has firsthand knowledge of the actions of a respondent or a complainant shall cooperate with an IBADCC complaint investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in an IBADCC complaint investigation or disciplinary proceeding shall be grounds for disciplinary action.

11.4 A certified professional or person seeking certification shall not file a complaint or provide information to the IBADCC which the certified professional or person seeking certification knows or should have known is false or misleading.

11.5 In submitting any information to the Board, a certified professional or person seeking certification shall comply with any requirements pertaining to the disclosure of consumer information established by the federal or state government.

Appendix A: Discussions

Rule 2.2 Discussion

A certified professional or person seeking certification should not use a modality or a technique if the certified professional or person seeking certification does not have the education, training, or skills to perform a modality or a technique in a competent or qualified manner.

Rule 2.3 Discussion

Most certified professionals or those seeking certification strive to achieve and maintain the highest level of professional competence. In order to provide the highest standard of therapy for consumers, certified professionals or those seeking certification must maintain the commitment to assess their own personal strengths, limitations, biases, and effectiveness. When a certified professional or person seeking certification recognizes that a consumer's therapeutic needs exceed their education, training, and capabilities, the certified professional or person seeking certification must pursue advice and counsel from colleagues and supervisors. When a consumer's therapeutic issues are outside their level of professional functioning or scope of practice, the certified professional or person seeking certification must refer the consumer to another professional who will provide the appropriate therapeutic approach for the consumer.

Rule 2.7 Discussion

Private conduct of a certified professional or person seeking certification remains a personal matter to the same degree as any other person. However, when conduct compromises the fulfillment of professional responsibilities, the certified professional or person seeking certification bears the responsibility for any misconduct in all areas of their professional life. When the personal life, of a certified professional or person seeking certification begins to adversely affect professional performance, and the quality of service delivered, putting the consumer at risk, the certified professional or person seeking certification must take sufficient and immediate action to resolve any personal adversity. Which interferes with their professional functioning. This may include but is not limited to seeking professional assistance or requesting inactive status for medical reasons.

The certified professional or person seeking certification should expect his or her employer to intervene when the professional's personal problems begin to adversely affect their professional performance with consumers and coworkers.

Rule 2.8 Discussion

The certified professional or person seeking certification shall not discontinue professional services to a consumer unless: services have been completed; the consumer requests the discontinuation; alternative or replacement services are arranged; or the consumer is given reasonable opportunity to arrange alternative or replacement services.

Rule 2.9 Discussion

Except as may otherwise be indicated in this Code, certified professionals or those seeking certification are expected to preserve all consumer confidences and refrain from revealing confidential information obtained as a result of the certified professional-consumer or person seeking certification-consumer relationship, except as may be authorized by the consumer or required or authorized by law. Certified professionals or those seeking certification are expected to be familiar with and act in accordance with federal and state regulations concerning confidentiality of participant records and identifying information.

Rule 3.3 Discussion

Any public record pertaining to an arrest, charge, disposition or sentencing of a certified professional or person seeking certification, shall be deemed as conclusive evidence of guilt of the felony or misdemeanor for which he or she has been convicted. If that felony or misdemeanor relates to the individual's ability to practice the substance abuse counseling profession, the fact of conviction shall also be proof of violation of this Rule. Some specific examples within this section include but are not limited to crimes involving violence, use or sale of drugs, fraud, theft, sexual misconduct, or other felonies. All proceedings in which the sentence has been deferred, suspended, adjudication withheld, or a conviction expunged shall be deemed a conviction within the meaning of this section. For example, an IBOL investigation of a certified professional or person seeking certification could provide the independent grounds for an investigation.

Rule 4.1 Discussion

The Board finds that the effects of the certified professional-consumer or person seeking certification-consumer relationship can be powerful and subtle and that consumers can be influenced consciously and subconsciously by the unequal distribution of power inherent in such relationships. Furthermore, the Board finds that the effects of the establishment of a professional-consumer relationship can endure after services cease to be rendered. The certified professional or person seeking certification is responsible for acting in the best interest of the consumer even after the termination of services. The professional shall not engage in or request sexual contact with a former consumer at any time if engaging with that consumer would be exploitative, abusive or detrimental to that consumer's welfare. A certified professional-consumer or person seeking certification-consumer relationship is established between a professional and a person once a professional renders, or purports to render addictions, prevention, or criminal justice services including but not limited to, counseling, assessment, or treatment to that person. A formal contractual relationship, the scheduling of professional appointments or payment of a fee for services are not necessary conditions for the establishment of a professional-consumer relationship, although each of these may be evidence that such a relationship exists.

Rule 5.1 Discussion

The term "fraudulent claim" includes but is not limited to charging a consumer or a third-party payer for a service not performed or submitting an account or charge for services that is false or misleading. It does not include charging for a missed appointment.

Rule 6.1 & 6.2 Discussion

Certified professionals or those seeking certification must remain "honest and self-searching in determining the impact of their behavior on the consumer. Ethical problems are often raised when a certified professional or person seeking certification blends his or her professional relationship with a consumer with another kind of relationship. Behavior is unethical when it reflects a lack of awareness or concern about the impact of the behavior on the consumers. Certified professionals or those seeking certification who engage in more than one role with consumers may be trying to meet their own financial, social, or emotional needs." (1993, Corey G., Corey M., and Callanan P.)

The nature of the consumer-professional relationship is such that the consumer remains vulnerable to the real or perceived influences of the certified professional or person seeking certification. Certified professionals or those seeking certification, who are in a position to influence a consumer's behavior, may impose their own desires upon the consumer.

Rule 6.6 Discussion

When a certified professional or person seeking certification "plays" or "preys" upon the consumer's gratitude for counseling services; or covertly or overtly implies or states that the consumer remains indebted to the certified professional or person seeking certification and should "repay" him or her through gifts or other favors, their unique position of trust and responsibility with the consumer not only becomes jeopardized, but the certified professional or person seeking certification has also engaged in actions antithetical to the counseling profession.

Rule 6.7 Discussion

Notwithstanding this provision, a certified professional or person seeking certification may pay an independent advertising or marketing agent compensation for advertising or marketing services rendered on their behalf by such agent, including compensation for referrals of consumers identified through such services on a per consumer basis.

Rule 7.1 Discussion

If during the course of treating a participant, a certified professional or person seeking certification becomes aware that a consumer intends or is likely to commit some act which may result in serious bodily harm to another person or persons and there is a clear and imminent danger of such harm occurring, the certified professional or person seeking certification has a duty to take reasonable steps to warn such persons. In doing so, the certified professional or person seeking certification should be aware that state and federal regulations set forth rules concerning the confidentiality of certified professional-consumer or person seeking certification-consumer communications and consumer records and identifying information. In cases where the threat is of the commission of a crime on agency premises or against agency personnel, the rules may allow disclosure of the circumstances of the threatened crime and identity of the consumer directly to law enforcement officers. In some instances, however, in order to warn the likely victims of the consumer's actions it may be necessary for the certified professional or person seeking certification or their agency to make an emergency application to a court for an order permitting disclosure of information concerning the consumer or communications from the consumer before such information can be disclosed.

Rule 7.2 Discussion

If during the course of treating a participant, a certified professional or person seeking certification becomes aware that a consumer intends or is likely to inflict serious bodily harm to himself or herself and that there is a clear and imminent danger of such harm occurring, the certified professional or person seeking certification has a duty to take reasonable steps to protect the consumer. In doing so, the certified professional or person seeking certification should be aware that state and federal regulations set forth rules concerning the confidentiality of certified professional-consumer or person seeking certification consumer communications and consumer records and identifying information.

Under those rules, it may be permissible in some cases to communicate information about an individual if done in a manner that does not disclose the individual's status as a participant in alcohol or drug abuse counseling. In other cases, however, in order to protect the consumer, it may be necessary for the certified professional or person seeking certification or their agency to make an emergency application to a court for an order permitting disclosure of information concerning the consumer or communications from the consumer before such information can be disclosed.

Rule 11.5 Discussion

The primary commitment of the certified professional or person seeking certification is to the health, welfare, and safety of a consumer. As an advocate for the consumer, the certified professional or person seeking certification must take appropriate action to report instances of incompetent, unethical, or illegal practice by other certified professionals or those seeking certification that places the rights or best interests of the consumer in jeopardy.

Disciplinary Procedures

Definitions

Appeal Hearing	A formal hearing conducted when a respondent appeals the decision of the Ethics Committee.
Applicant	A person who has submitted an application for certification with the IBADCC but is not yet certified.
Certified Individual	A person who holds a professional credential administered by the IBADCC.
Complainant	A person who files a formal complaint with the IBADCC against an IBADCC certified individual or applicant.
Consent Order	A voluntary agreement worked out between the Respondent and the IBADCC that carries the same weight as a final decision by the Ethics Committee/ Board of Directors.
Ethical Complaint	A formal notice to the IBADCC alleging that a certified individual or applicant breached the IBADCC Code of Ethics.
Hearing Committee	A committee made up of three members and the hearing officer to hear, consider, and make recommendations when a respondent appeals the decision of the Ethics Committee/Board of Directors.
Hearing Officer	The President of the Board or his designated board member appointee, a non-voting member of the Hearing Committee, will preside over the Appeal Hearing.
Probative Value	Evidence or facts which tend to prove the existence of other facts or issues.
Respondent	A certified individual or applicant who is the subject of an ethical complaint alleging a breach of the IBADCC Code of Ethics.
Revocation	A sanction resulting in the complete forfeiture of the IBADCC certification or application for certification.

Sanction	A penalty intended to enforce compliance with the Code of Ethics. Sanctions may or may not include required payment of fines and/or completion of educational requirements.
Summary Suspension	An immediate suspension of a certified individual's credentials(s) or application for certification when a preponderance of the evidence contained in the ethical complaint supports emergency action while the case is being investigated.
Suspension	A sanction resulting in the temporary forfeiture of IBADCC certification or application for certification for a specified period of time.
Written Reprimand	A sanction that is a formal, written document expressing disapproval and/or providing a warning in regard to the Respondent's behavior.

I. Confidentiality of Proceedings

- A. Except as is otherwise provided herein, all information, notes, reports, transcripts, and any other documentation of any kind that are generated or received during the course of an ethics investigation, including the ethics committee meetings and appeal hearings, shall be kept confidential by the IBADCC.
- B. The respondent is entitled to a full and complete copy of the:
 1. IBADCC Ethics Complaint
 2. Investigation Summary Report
 3. Ethics Committee's Recommendation for Action
 4. Hearing Committee's Finding of Fact and Recommendation for Action.
- C. The complainant is entitled to a full and complete copy of the:
 1. The Ethics Committee's Recommendation for Action
 2. The Hearing Committee's Finding of Fact and Recommendation for Action

II. Conflict of Interest

- A. In all cases,
 1. The Chair of the Ethics Committee will direct ethics investigation with the Ethics Committee members.
 2. IBADCC Ethics Committee shall conduct investigative activities, including interviewing relevant persons and collecting and receiving evidence and other documents related to the case.

- B. Should the Ethics Committee Member have a conflict of interest with any party, the duties of said person shall be delegated by the Chair of the IBADCC Ethics Committee and said person shall be recused from any involvement in the case, including investigation and sanction activities.

III. Code of Ethics Sanctions

- A. Possible sanctions for the violation of the Code of Ethics include but are not limited to:
 - i. Written Reprimand
 - ii. Summary Suspension
 - iii. Consent Order
 - iv. Suspension
 - v. Revocation
 - vi. Denial of Application for Certification
- B. The IBADCC may impose any sanction deemed appropriate for the founded violation(s). There is not a requirement that sanctions are imposed in any particular order.
- C. In conjunction with official sanctions, the IBADCC may impose fines, educational requirements, and other conditions deemed necessary and appropriate.
- D. If assessed, fines will be imposed according to the following schedule:
 - 1. First offense: \$500
 - 2. Second Offense: \$700
 - 3. Third offense: \$1,000
- E. The Ethics Committee may consider the applicant's or certified individual's past history in regard to ethical sanctions and disciplinary actions when determining the appropriate sanctions for the current ethics case.
- F. A third offense in a two-year period will automatically result in an immediate summary suspension and sanctions shall include a suspension or revocation of the credential(s).
- G. Public notice of all ethics cases resulting in sanctions shall be published on the IBADCC's web-based public access database. Such notice shall include the name of the Respondent, the rule(s) violated, and the sanction imposed. Web-based notice shall be published the first business day following the date the sanctions are applied. Such notice is permanent and will not be removed from the database.

IV. The Complaint Process

- A. The IBADCC will not accept anonymous complaints.
- B. All complaints must be submitted in writing on the official IBADCC Ethics Violation Report form which can be accessed at www.ibadcc.org or by calling the IBADCC office and requesting an official IBADCC Ethics Violation Report form.
- C. The IBADCC will accept phone calls from individuals wishing to discuss a particular situation for the purposes of determining if an ethical complaint should be filed. These phone calls are to be directed to an Ethic Committee member as available. Based on the content of the discussion, the IBADCC will either:
 - i. Recommend the issue be dismissed, or
 - ii. Recommend the caller file a formal ethical complaint
- D. Should the IBADCC become aware of a possible breach of the Code of Ethics, A Board of Director member may, on behalf of the IBADCC, file a formal complaint against a certified individual or person seeking certification.
- E. In the instance that a formal complaint has been filed and the complainant subsequently requests to revoke said complaint, the IBADCC may choose to proceed with the investigation.
- F. Completed complaint forms should be mailed to:
 - Ethics Committee Chairperson**
 - IBADCC**
 - P.O. Box 1548**
 - Meridian, ID 83680**
- G. The Ethics Committee Chairperson shall:
 - a. Review all formal complaints within 14 business days of receipt to determine if the preponderance of the evidence contained within the complaint warrants opening of an investigation.
 - b. Contact the complainant by certified mail within seven (7) business days of the IBADCC's decision to:
 - 1. Issue a summary suspension and open an ethics investigation,
 - 2. Open an ethics investigation, or
 - 3. Dismiss the case.
 - 4. Extenuating circumstances – notification can be postponed for up to two more weeks with documentation.

- H. Within seven (7) business days of determining that the IBADCC will open an ethics investigation, the IBADCC shall send, by certified mail, notice to the respondent of such. The notice shall include:
 - 1. A complete copy of the official IBADCC Ethics Complaint, to include the name of the respondent.
 - 2. The date by which the respondent must submit, to the IBADCC, a written response to the complaint, which shall be no more than 30 business days from the date of the notice.
- I. In the written response, respondents are encouraged to submit their interpretation of the situation or conduct under investigation, including:
 - 1. Any and all facts and circumstances concerning the alleged ethics violation, and
 - 2. Documentation or other evidence directly related to these circumstance, and
 - 3. Names and contact information of witnesses who can assist in the investigation.
- J. Misrepresentation by either the respondent or complainant, failure to provide information, or failure to cooperate with the investigation may be grounds for the IBADCC to open a subsequent ethical complaint against the respondent or complainant.
- K. Should the respondent fail to respond by the specified date in the formal notice, the IBADCC will assume guilt and will proceed with sanctions as necessary and appropriate.

V. The Investigation Process

- A. The initial investigation shall be conducted by an IBADCC Ethics Committee Member, under the direct supervision of the Ethics Chairperson. The initial investigation shall include, but is not limited to, the gathering of documentation and other evidence from:
 - 1. The Complainant
 - 2. The Respondent
 - 3. Others identified by the complainant and/or the respondent.
- B. Upon completion of the initial investigation, the Ethics Committee Member shall conduct a review of all evidence received to date from the complainant, respondent, and others involved in the investigation following receipt of respondents reply.

- C. Based on a preponderance of the evidence, the Ethics Committee Member shall make one of the following recommendations to the Chairperson of the Ethics Committee:
 - 1. Dismiss the case without further investigation,
 - 2. Close the investigation and prepare the case for submission to the Ethics Committee, or
 - 3. Continue the investigation.

- D. The Ethics Chairperson may determine:
 - 1. No violation has occurred and that no further investigation is warranted. If so,
 - a. The Ethics Committee Member will develop an Investigative Summary Report for approval by the Ethics Committee.
 - b. The Ethics Committee will report any action taken at the next IBADCC Board of Directors meeting.

 - 2. Allegations are founded and the investigation is complete. If so,
 - a. The Chairperson of the Ethics Committee will prepare an Investigative Summary Report for review and recommended action by the Ethics Committee.

 - b. Sanctions will be applied and the ethics investigation will not be closed until the recommendation of the Ethics Committee is deemed final and the case is closed.

 - 3. Further investigation is warranted.

VI. Consent Order

- A. A consent order shall:
 - 1. Be the final action and have the same force and effect of an order made by the Ethics Committee.

 - 2. Result in a waiver of additional procedural steps in front of the Ethics Committee, or an Ethics Hearing Committee.

 - 3. Result in a waiver of the right to challenge or contest the sanctions included in the Consent Order in front of the Ethics Committee or an Ethics Hearing Committee.

- B. At any point after the commencement of the investigation, the respondent may, in writing, request negotiation of a Consent Order.

- C. The IBADCC may, at its discretion, agree to or reject the offer of request to negotiate a Consent Order.
 - 1. If the request is granted, the IBADCC will defer the proceedings a reasonable time to permit negotiation of a Consent Order.
 - 2. If the request is denied, the investigation will proceed as planned.

VII. Action by the Ethics Committee

- A. The Ethics Committee shall receive a completed Investigation Summary Report and the full ethics investigation file for all cases where the investigation is complete. The Investigation Summary Report shall include, but is not limited to the:
 - 1. Complaint,
 - 2. A summary of the investigation conducted, including the respondent's rebuttal to the complaint,
 - 3. Recommended sanctions, and
 - 4. Grounds for recommendation(s).
- B. No later than 30 business days from receipt of the Investigation summary Report and investigation file, the Chair of the Ethics Committee shall issue a written *Recommendation for Action*, which shall include:
 - 1. A copy of the Investigation Summary Report,
 - 2. The committee's finding of fact, and
 - 3. The committee's recommendation for action
- C. The Ethics Committee's *Recommendation for Action* shall call for one of the following actions:
 - 1. Dismissal of the complaint
 - 2. Return of the complaint to the Ethics Committee Member for further investigation
 - 3. Sanctions
- D. If the Ethics Committee recommends returning the complaint to the Ethics Committee Member for further action, the recommendation must detail the additional information desired by the Committee for consideration.
- E. If the Ethics Committee recommends sanctions, the recommendation must detail the sanctions to be imposed, including fees, educational requirements, and time frames for compliance.
- F. Within seven business days of the determination by the Ethics Committee, the IBADCC Ethics Chair shall send, by certified mail, a letter to the complainant and the respondent detailing the outcome of the investigation.

1. If the case has been dismissed, the letters to the complainant and respondent must state that the investigation has determined that no breach of the Code has occurred and the case has been dismissed.
 2. If the case has resulted in sanctions:
 - a. The letter to the complainant must state that the investigation is complete, the rule(s) that have been breached, and the sanctions(s) to be applied.
 - b. The letter to the respondent must state that the investigation is complete, the rule(s) that have been breached, the sanction(s) to be applied, and the process to appeal the results of the investigation.
- G. The Chair of the Ethics Committee shall present the committee's written Recommendation for Action to the Board of Directors at its next regularly scheduled meeting.

VIII. The Appeal Process

- A. A respondent may, within 20 business days of receipt of the Ethics Committee's decision, submit a written *Request for an Appeal Hearing* to the IBADCC. This request must include the evidentiary basis for the items to be appealed.
- B. The *Request for an Appeal Hearing* should be mailed to:
IBADCC, Executive Director, Appeal Hearing
P.O. Box 1548
Meridian, ID 83680
- C. Within seven (7) business days of receipt of the Request for an Appeal Hearing, the Executive Director shall, by email, notify the President of the Board of such request.
- D. Within 20 business days of notice from the Executive Director of the *Request for an Appeal Hearing*, the President of the Board shall:
 1. Appoint a Hearing Committee, whose members must not:
 - a. Be a member of the standing Ethics Committee
 - b. Have any prior involvement in the case, and/or
 - c. Have other actual or perceived conflict of interest with any of the parties to the case.
 2. Schedule the Appeal Hearing for a date no less than 20 days and no more than 90 days from the date the *Notice of Appeal Hearing* is sent to the Respondent.

- E. The Executive Director will send, by certified mail, a written *Notice of Appeal Hearing* to both the respondent and the complainant. Such notice shall advise the respondent and complainant of the following:
1. The date, time, and location of the Appeal Hearing,
 2. The names of the Appeal Hearing committee members, and
 3. A copy of the IBADCC Disciplinary Procedures, directing them to the section on the Appeal Hearing process, including notice that:
 - a. Prior to the hearing, there shall be no contact between the respondent and the complainant, or the respondent and the IBADCC, for purposes of discussing any part of the case, including actions from receipt of the complaint through the request for an appeal hearing.
 - b. Any request for postponement of the Appeal Hearing must be served in writing to the IBADCC at least 10 business days prior to the scheduled date. The decision to grant or deny the request for postponement is solely that of the IBADCC.
- F. The Appeal Hearing shall be governed by the following rules:
1. The Appeal Hearing shall be presided over by the Hearing Officer, which is a non-voting member of the Hearing Committee.
 2. The respondent shall have the burden of proof at the Appeal Hearing.
 3. The Hearing Committee shall not be bound by common law or statutory rules of evidence and may consider all facts having reasonable probative value:
 - a. The Hearing Committee will base its decision solely upon the evidence presented at the hearing.
 - b. No discovery is permitted and no access to IBADCC files is permitted.
 - c. Objections concerning evidence will be resolved by the Hearing Officer.
 4. The IBADCC shall be represented by the Chair of the Ethics Committee or its designee.
 5. Any party, at the party's own expense, may be advised by counsel at the hearing

6. Any party, at the party's own expense, may request the services of a court reporter at the hearing. If the respondent elects to hire a court reporter, the respondent must provide a copy of the transcript, without charge, to the IBADCC.

7. Evidence may be presented and witnesses cross-examined by both sides.

8. The respondent shall present its case to the Hearing Committee first, which will include all evidence submitted for consideration.

9. The IBADCC shall present its case to the Hearing Committee second, which will include all evidence submitted for consideration.

- a. At the hearing, the Chair of the Ethics committee or its designee, will present evidence in support of the recommendation by the Ethics Committee.
- b. Such evidence is limited to the evidence already gathered, the Recommendation for Action, and the Investigation summary Report, to support the Ethics Committee's recommendations.

10. The Appeal Hearing is closed to the public.

- G. Should the respondent fail to attend the hearing, whether represented by counsel or not, it shall be deemed as a waiver of the appeal and the appeal will be dismissed and the decision of the Board of Directors will stand.
- H. Within 20 business days of the conclusion of the Appeal Hearing, the Hearing Officer will prepare and submit, to the Executive Director of IBADCC, a written *Finding of Fact and Recommendation for Action*, which shall call for one of the following actions:
1. Dismissal of the complaint.
 2. Sanctions.
- I. If the Hearing Committee recommends sanctions, the recommendation must detail the sanctions to be imposed, including fines, educational requirements, and time frames for compliance.
- J. The Chair of the Hearing Committee shall present the Hearing Committee's written *Finding of Fact and Recommendation for Action* to the Board of Directors at its next regularly scheduled meeting.

- K. Within seven (7) business days of the final determination by the Hearing Committee, the Executive Director shall send, by certified mail, a letter to the complainant and the respondent detailing the outcome of the investigation.
 - 1. If the case has been dismissed, the letters to the complainant and respondent must state that the investigation has determined that no breach of the Code has occurred and the case has been dismissed.
 - 2. If the case has resulted in sanctions by the Hearing Committee:
 - a. The letter to the complainant must state that the appeal hearing is complete, the rule (s) that have been breached, and the sanction(s) to be applied.
 - b. The letter to the respondent must state that the appeal hearing is complete, the rule(s) that have been breached, the sanction(s) to be applied, and a statement that the decision is not open to further appeal.

IX. Reinstatement following Disciplinary Action

- A. When a respondent's credential is suspended, the certified individual may not use the credential during the period of suspension.
- B. Once the suspension period has expired, the President of the Board of Directors may authorize reinstatement of the credential, unless:
 - 1. An additional complaint has been received and accepted by the IBADCC for investigation,
 - 2. An additional disciplinary action has been taken against the individual,
 - 3. The respondent has failed to maintain renewal payments and CEUs during the time of the suspension, or
 - 4. The respondent has failed to comply with the terms of the sanction.
- C. Typically, revocation of credentials will not be overturned. Respondents may petition the IBADCC to request permission to petition the Board of Directors to overturn a revocation. The IBADCC maintains sole discretion to grant the respondent permission to petition the Board. If granted, such petition will not be submitted for Board consideration until:
 - 1. A minimum of 36 months has passed since the effective date of the revocation, and
 - 2. The respondent has submitted a written request and reasonable rationale as to why permission to petition the board should be granted, and,

3. The respondent has paid the IBADCC \$1000 as reimbursement for the cost of the disciplinary proceedings incurred by the Board.

4. In the event the Board of Directors approves a petition for reversal of revocation, the respondent must reapply for certification, starting the process as a new applicant, and must meet all standards in place at the time of application, including passing the IC & RC exam, even if said exams have already been successfully passed.

5. In the event the revoked certification is reversed, a provisional certificate can be granted subject to the following:

- a. 2,000 hours of supervised work with AODA clients
- b. 100 hours of direct supervision by IBADCC approved supervisor.

X. Statement on Cultural Norms

A. The IBADCC recognizes that there may be some cultural differences regarding the interpretation of the Code of Ethics. In cases where cultural norms are used as a defense against a complaint, the IBADCC may seek the assistance of cultural leaders, teachers, elders, or others to assist in understanding the cultural norms in question.

B. The IBADCC will strive to be appropriately sensitive to cultural differences throughout the disciplinary process.

XI. Reports to Other Agencies

A. If during the course of the investigation it appears that criminal misconduct has occurred, the Ethics committee members may report such allegations to the appropriate law enforcement agency.

B. If the investigation results in sanctions, the Ethics Committee Member may report such to other licensing boards, certification boards, and/or employers.

ETHICAL STANDARDS REPORT

This form is to be used as a cover sheet and summary form in the submission of ethical complaints involving the conduct of individuals holding a certification from IBADCC. The form must be signed by the complaining party which attests to the veracity of the complaint, the fact that this complaint will be shared with the respondent, and understanding of the individual responsibilities and processes stated in the **IBADCC** Ethical Enforcement Procedure: the applicable portions or which are provided as attachments to this cover sheet.

COMPLAINANT:

Name:

Address:

City: _____ State: _____ Zip: _____

Telephone: Work: _____ Home _____

RESPONDENT:

Name:

Address:

City: _____ State: _____ Zip: _____

Telephone: Work: _____ Home: _____

SUMMARY OF COMPLAINT:

SIGNATURE: _____ **DATE:** _____

(Add additional pages as necessary and attach all other pertinent documents)

The IBADCC is an autonomous affiliate of the International Certification & Reciprocity Consortium

STATE OF IDAHO)

: ss

County of _____)

On this ____ day of _____, 20__, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ known to me to be the person
(Name) **(must be original)**

whose name is subscribed to this instrument and acknowledged that she executed the same.

WITNESS my hand and seal.

NOTARY PUBLIC FOR IDAHO

Residing at:

My Commission Expires:

Code of Conduct Agreement

I hereby attest that I have read the IBADCC Code of Ethics and Code of Conduct and will maintain the ethical professional practice as outlined in the Code of Ethics and Code of Conduct.

I agree to refrain from alcohol/drug abuse or misuse as long as I remain a practicing professional in this field.

I further agree to voluntarily relinquish my Certificates to IBADCC and to follow their guidelines for re-instatement should I have a relapse as a recovering person, or should I violate the adherence to any part and /or all of this code.

Signature (must be original)

Date

This is a copy of the form you will need to sign in order to apply for your CCS, which is located in Section IV.

Section IV:

*All forms needed for application of certification. **No faxes or photocopies accepted.***

Application for Certification Forms

- Application Checklist
- Application for Certification
- Employment Verification Form
- Documentation of Education and Ethics Training
- Background Check Affidavit
- Example of Department of Health and Welfare Background Check
- Letters of Reference (3 sets)
- Code of Ethics/Code of Conduct Agreement
- Documentation of Disability-Related Needs
- Request for Special Accommodations



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Application Checklist

Complete all questions on the application with specific information. It is the responsibility of the applicant to **submit complete** documentation. **No faxes or photocopies accepted.**

Please note: *Incomplete applications will not be eligible for testing until all documentation has been received at the IBADCC office.*

There are seven (7) items listed below that are required for the application and must be returned.

- _____ 1. Application for CCS Certification
- _____ 2. Employment Verification Forms
- _____ 3. Documentation of Education and Ethics Training Official Transcripts
(Official if seal is unbroken)
- _____ 4. Background Check Affidavit
- _____ 5. **Copy of** State of Idaho, Health and Welfare Background Check
(Background Check accepted within 3 years of application date)
- _____ 6. Three (3) Letters of Reference that attest to your professional
knowledge and skills.
Please note: *These letters MUST be returned to the IBADCC
office in a signed sealed envelope with application or by each
appropriate writer.*
- _____ 7. Code of Ethics/Code of Conduct Agreement
- _____ 8. Documentation of Disability – Related Needs (optional)
- _____ 9. Request for Special Accommodations (optional)



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Application for Certified Clinical Supervisor (CCS)

APPLICANT: _____
Please print your legal name.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____ Birth date: ____/____/____

Telephone No. Home: _____ Work: _____

Email Address: _____

Have you been subject to any disciplinary action by any licensing or certification boards, or have you had any certificate or license revoked by any board? ___Yes ___No If you answered yes, please explain:

List other Certifications or Licenses _____

WORK HISTORY: IBADCC may contact your past employers to verify this information Please list your past employers in the alcohol/drug field. Be sure to include an Employment Verification Form for each employer listed below.

1. Employer Name: _____

How long employed? _____ Type of work: _____

2. Employer Name: _____

How long employed? _____ Type of work: _____

3. Employer Name: _____

How long employed? _____ Type of work: _____

Total Hours of Employment: _____

Please indicate your highest level of completed education:
___ High School ___ Associate's ___ Bachelor's ___ Master's ___ Doctorate

Have you ever been charged or convicted of any crime (felony or misdemeanor)?
No _____ Yes _____ If Yes, please attach an explanation.



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Employment Verification Form

Employer: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: _____

Applicant _____

Position Held _____

Responsibilities _____

Dates of Employment _____ To _____

Total Hours _____ **Please note:** If work experience has been limited to alcohol only or drug abuses only, please indicate this in the total hours space.

Name of Immediate Supervisor _____

Signature of Employer _____
(must be original)

Title _____

Date _____

Please Note: If verification by more than one employer is required to meet the requirements, please make additional copies of this form.



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Documentation of Education and Ethics Training

Institution _____ Major: _____

Degree(s) Awarded: _____

- **Documentation required:**
 - Copy of certificate of attendance or letter verifying attendance from workshop's organizers or applicant's supervisor
 - Official college/university transcripts must be received in the original, sealed envelope by IBADCC office personnel. The sealed envelope may come from the institution or be included with the application.
- **Performance Domains:** Counselor Development, Professional & Ethical Responsibilities, Program Development & Quality Assurance, Performance Evaluation, Administration and Treatment Knowledge. **You must have at least 30 hours of education in each Performance Domain.**
- **Professional Ethics:** You MUST have six (6) hours of training in professional ethics that include the following areas: federal and state laws, client welfare as a primary concern, professional competence supervision/development, financial issues, personal wellness, and relationships to professionals and institutions.

BREAKDOWN OF EDUCATION HOURS

Total # of Hours (as documented on next page) – Counselor Development: _____

Total # of Hours (as documented on next page) – Professional & Ethical Responsibility: _____

Total # of Hours (as documented on next page) – Program Development & Quality Assurance: _____

Total # of Hours (as documented on next page) – Performance Evaluation: _____

Total # of Hours (as documented on next page) – Administration: _____

Total # of Hours (as documented on next page) – Treatment Knowledge: _____

Total # of Education Hours: _____

Documentation of Education and Ethics Training

Please make extra copies of this form if you need more room, this form must be completed to consider an application complete..

Course Title	Institution	Performance Domain	Hours	Date Completed

* Institution should be one of the following; an accredited college or university, IC&RC, NAADAC, State of Idaho Health & Welfare, NASW, or NBCC.



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Background Check Affidavit

If applicants are unable to sign this Criminal History Affidavit for any reason, he/she cannot apply for any level of certification through IBADCC.

STATE OF IDAHO)
 : ss
County of _____)

AFFIDAVIT OF _____
(Name)

COMES NOW the below signed affiant and deposes and says as follows:

A. I am over 18 years of age and am competent to testify to the herein contained matters.

B. That I have not been found guilty or have been adjudicated of one of the designated crimes listed below, or their equivalent, under the laws of any other jurisdiction, regardless of whether I received a withheld judgment, a dismissal which resulted from a plea agreement where probation or restitution was required as defined by Section 19-2604, Idaho Code or sealed record:

- Abuse, neglect or exploitation of a vulnerable adult, as defined by Section 18-1505, Idaho Code
- Aggravated, first degree and second-degree arson, as defined by Sections 18-801 through 18-805, Idaho Code
- Crimes against nature, as defined by Section 18-6605, Idaho Code
- Forcible sexual penetration by use of a foreign object, as defined by Section 18-6608, Idaho Code
- Incest, as defined by Section 18-6602, Idaho Code
- Injury to a child, felony or misdemeanor, as defined by Section 18-1501, Idaho Code
- Kidnapping, as defined by Sections 18-4501 through 18-4503, Idaho Code
- Lewd conduct with a minor, as defined by Section 18-1508, Idaho Code
- Mayhem, as defined by Section 18-5001, Idaho Code
- Murder in any degree, voluntary manslaughter, assault or battery with intent to commit a serious felony, as defined by Sections 18-4001, 18-4003, 18-4006, and 18-4015, Idaho Code
- Poisoning, as defined by Sections 18-4014 and 18-5501, Idaho Code

- Possession of sexually exploitative material, as defined by Section 18-1507A, Idaho Code
- Rape, as defined by Section 18-6101, Idaho Code
- Robbery, as defined by Section 18-6501, Idaho Code
- Felony stalking, as defined by Section 18-7905, Idaho Code
- Sale or barter of a child, as defined by Section 18-1511, Idaho Code
- Sexual abuse or exploitation of a child, as defined by Sections 18-1506 and 18-1507, Idaho Code
- Video Voyeurism, as defined by Section 18-6609, Idaho Code
- Enticing of Children, as defined by Section 18-1509 and 18-1509A, Idaho Code
- Inducing individuals under eighteen years of age into prostitution or to Patronize a prostitute as defined by Sections 18-5609 and 18-5611, Idaho Code
- Any felony punishable by death or life imprisonment
- Attempt, conspiracy, or accessory after the fact as defined by Sections 18-306, 18-1701, and 18-205, Idaho Code, to commit any of the designated crimes.

Please note: *At no time will you be able to hold a certification through the IBADCC with any of the above listed disqualifying offenses.*

C. That I have not been convicted or received a withheld judgment within the past five years for the following crimes:

- Burglary as defined by Section 18-1401, Idaho Code
- Grand theft as defined by Section 18-2407(1), Idaho Code
- Felony Theft as defined by Section 18-2403, Idaho Code
- Forgery of and fraudulent use of a financial transaction card as defined by Sections 18-3123 and 18-3124, Idaho Code
- Forgery and counterfeiting as defined by Section 18-3601 through 18-3620, Idaho Code
- Insurance fraud as defined by Sections 41-293 and 41-294, Idaho Code
- Public assistance fraud as defined by Sections 56-227 and 56-227A, Idaho Code
- Any felony involving a controlled substance
- Arson in the third degree as defined by Section 18-804, Idaho Code
- Aggravated Assault as defined by Section 18-905, Idaho Code
- Aggravated Battery as defined by Section 18-907 (1), Idaho Code
- Attempt, conspiracy or accessory after the fact as defined by Sections 18-306, 18-1701 and 18-205 Idaho Code, to commit any of the disqualifying five year offenses

Further, the affiant sayeth naught.

DATED this _____ day of _____, 20__.

Name

STATE OF IDAHO)
 : ss
County of _____)

On this ____ day of _____, 20__, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ known to me to be the person

Signature (must be original)

whose name is subscribed to this instrument and acknowledged that he/she executed the same.

WITNESS my hand and seal.

NOTARY PUBLIC FOR IDAHO
Residing at:
My Commission Expires:

Example of Department of Health & Welfare Notice of Clearance



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "Butch" Otter – Governor
RICHARD M. ARMSTRONG – Director

DAVID TAYLOR – Deputy Director
Bureau of Audits & Investigations
Criminal History Unit
1720 WestgateDr., Ste A
Boise, ID 82704
PHONE 208-332-7990
TOLL FREE 1-800-340-1246
FAX 208-332-7991

Candidate
4354 Anywhere
Boise, ID 83427

Date

NOTICE OF CLEARANCE

Applicant:

Verification Number:

The Department has completed the criminal history background check and the applicant has passed effective 10/24/2011. No Disqualifying Crimes were revealed. Items revealed solely from the FBI, are listed for the applicant. The agency issuing your license or certification may request you provide them with the specifics of any FBI information.

The background check is fingerprint based and includes information obtained from the FBI, National Criminal History System, Idaho Bureau of Criminal Identification and Idaho Driving Records, Idaho Child Abuse Registry, Idaho Adult Protection Registry, Sex Offender Registry, Idaho Nurse Aid Registry and the National Medicare/Medicaid Provider Exclusion List.

If there are any questions about the process or results, contact the criminal history unit at (208) 332-7990, or toll free at 1-800-340-1246. Additional information about the criminal history background check process and applicant status is available at the web site. <https://chu.dhw.idaho.gov>.

Sincerely,

Gwenda Plaisance

Gwenda Plaisance



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Letters of Reference

- Letters of reference **MUST** be mailed, by the reference, directly to the IBADCC office or sealed in a signed envelope and included in the application package.
- Please state who will be writing Letters of Reference on your behalf. One letter is required from your current supervisor and two letters are required from people who are acquainted with your professional knowledge and skills.

1) _____ 2) _____ 3) _____

AFFIDAVIT

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Idaho Board of Alcohol/Drug Counselor Certification. I will accept the decision of the Board, and do accept full responsibility for any and all consequence of the process of seeking certification.

To the best of my knowledge, the information contained herein is true and correct. I authorize the members or representatives of the Idaho Board of Alcohol/Drug Counselor Certification to contact and obtain information or opinions from any references, employers or educational institutions deemed necessary in evaluation of this application for certification, and I waive my right to inspect the results of any such inquiries. I also waive my right to inspect any letters of reference.

Date

Signature of Applicant (must be original)



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Reference/Evaluation Form (page 1 of 2)

Candidate: _____

The individual whose name appears above is applying for IBADCC Certification as a Certified Clinical Supervisor. This designation is reserved for those meeting eligibility criteria and passing a National Written Exam. Candidates who are awarded this designation must demonstrate basic knowledge of working in the area of alcohol and other drug abuse. The information requested of you in this evaluation is an essential component of the evaluation of this candidate for certification. Please consider your observations of this candidate's work and character as you complete this form.

PLEASE RETURN ALL THREE PAGES OF THIS FORM AS SOON AS POSSIBLE!

- 1) Return to Applicant in Sealed/Signed envelope.
- 2) MAIL DIRECTLY TO:
IBADCC
PO Box 1548
Meridian, ID 83680

Please type or print

Evaluator's Name: _____

Job Title: _____

Employer: _____

Address: _____

Observation of candidate's work occurred from _____ to _____

I hereby attest to the ethical professional practice of this candidate and that my responses to this questionnaire have been given freely and voluntarily, and that they are true and complete to the best of my knowledge.

Signature (must be original)

Date



Idaho Board of Alcohol/Drug Counselor Certification, INC.

REFERENCE/EVALUATION FORM (page 1 of 2)

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Idaho Board of Alcohol/Drug Counselor Certification, INC.

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Date



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Code of Ethics/Code of Conduct Agreement

I hereby attest that I have read the IBADCC Code of Ethics and will maintain the ethical professional practice as outlined in this Code of Ethics.

I agree to refrain from alcohol/drug abuse or misuse as long as I remain a practicing professional in this field.

I understand that a substantiated ethics violation will be posted on the IBADCC website for public disclosure.

I further agree to voluntarily relinquish my Certificate to IBADCC and to follow their guidelines for re-instatement should I have a relapse as a recovering person, or should I violate the adherence to any part and/or all of this code.

Signature (must be original)

Date



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Documentation of Disability-Related Needs

(Page 1 of 2)

Please have this section completed by an appropriate professional (physician, psychologist, psychiatrist, ophthalmologist, etc.) to ensure that IBADCC is able to provide the required exam accommodations.

Please note: *There must be a 30 day notice prior to desired exam date.*

I have known _____ since
Exam Candidate

_____/_____/_____ in my capacity as a _____.
Date Professional Title

The candidate discussed with me the nature of the exam to be administered. It is y professional opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the second page.

Description of Disability: _____

Signed: _____ Title: _____
(must be original)

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Email: _____

License Number: _____ Date: _____



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Request for Special Accommodations

(Page 2 of 2)

If you have disability that requires special testing accommodations, please complete this form and the Documentation of Disability-Related Needs and return it to IBADCC for processing. The information you provide and any documentation regarding your disability and your accommodations in testing will be treated with strict confidentiality.

Please note: *There must be a 30 day notice prior to desired exam date.*

Candidate Information

Preferred Exam Date: _____ Preferred Exam Location: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Telephone number: _____ Cell Number: _____

Email: _____

Special Accommodations:

I request special accommodations for the following IC&RC examination (Please check one): ISAS ___ CADC ___ ACADC ___ CCS ___ CPS ___

Please provide (check all that apply):

- Special seating or other physical accommodations
- Reader
- Large print exam booklet
- Extended testing time (time and a half)
- Distraction-free room
- Other special accommodations (please specify)

Comments: _____

Signed: _____ Date: _____

(must be original)



Section V:

INFORMATION ON THE IC&RC EXAM PREPARATION AND CANDIDATE GUIDE

For up-to-date information on IC&RC Exam Preparation and Candidate Guide – please go to:

<http://professionals.internationalcredentialing.org/examprep>

Please download and read the Certified Clinical Supervisor (CCS) Candidate Guide.



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Request for Name Change

Current Name : _____

Mailing Address: _____

Home Phone: _____

Name Change: _____

Documents Included (see Sec I, number 6): _____

Would you like a new certificate printed?

Yes _____ No _____

If yes, please enclose \$5.00 check or money order.

SIGNATURE (must be original)

Date