

Application Booklet
and
Instructions
for
Addiction Counselor
Certification

Alabama Association of Addiction Counselor Certification Board, Inc.
P.O. Box 12472
Birmingham, AL 35202-0472

Alabama Association of Addiction Counselor Certification Board

Criteria for Certification

Certification is a competency based process. The primary requirement for certification is eligible and appropriate work (practical) experience in the field of Substance Use Disorder treatment. You should review the certification guidelines carefully to ensure your eligibility for certification.

There are other legitimate avenues to gain competency in the Substance Use Disorder treatment field as well, and the AAACCB recognizes those through the qualifying point system.

Work experience in combination with qualifying points is used in determining your eligibility for certification.

APPLICATION PROCESS

The application process for addiction counselor certification involves three steps:

Step I: Documentation of qualifying work experience and other qualifying points.

Step II: Application Packet

Step III: Oral Exam (cost 150.00 paid at the time you make application to AAACCB)

Step IV: Written Exam (cost \$160.00 paid to PTCNY **after** you have passed the oral exam)

Certification Fees

The cost to sit for the oral portion of the Certified Addiction Counselor is \$150.00.00 paid to the AAACCB with your completed application.

After you have passed your oral exam you will be eligible to take the NCAC written exam. The written exam is administered by Professional Testing Corporation (ptcny.com). Current fee for the written test is \$160.00 made payable to Professional Testing Corporation **after** you have been notified that you have passed the oral exam.

Membership in the National Association of Alcohol and Drug Addiction Counselors (NAADAC) is required which costs \$110.00 yearly.

The cost for state recertification is \$100.00. This is for a two year period.

APPLICATION INSTRUCTIONS

Please read these instructions thoroughly before filling out the application.

SECTION A: PERSONAL DATA

Item 1. Print your name as you would like it to appear on your certificate.

Item 2. Enter your work address and phone number.

Item 3. Enter your home address, home phone number and cell phone number. Designate the address you would like correspondence sent (home or work).

Item 4. Enter your current email address

Item 5. Enter your date of birth.

SECTION B. QUALIFYING WORK EXPERIENCE AND TRAINING

Item 6. a) Enter the number of years of work experience you have in the Substance Use Disorder field.

b) Documentation of 60 hours of training in the SUDS field. (CEUS)

c) You must be member of NAADAC or another professional organization.

See details on how to become a member at NAADAC.org

SECTION C. QUALIFYING POINTS

Before completing this section of the application, refer to the GUIDELINES FOR CERTIFICATION included in these application instructions.

Item 7. Substance Use Disorder specific training. If you can document 100 clock hours of approved clock hours of SUD related training check yes and give yourself 1 point. (maximum 2 points)

Item 8. Self-Help group participation. If you have 2 years active membership in a self- help group give yourself 1 point. With 4 or more years participation give yourself the. (maximum 2 points)

Item 9. College Degree. Related degree is a degree in human service, behavior science, healthcare area. (i.e. SUD counseling, social work, psychology, sociology, rehabilitation, counseling, medicine) Give yourself the appropriate number of points for your college degree.

Item 10. Record total years of work experience past the required 2 year minimum. Give yourself 1 point for each additional year. (maximum 2 points)

Item 11. Total the number of points in items 7, 8, 9, 10.

SECTION D. SELECTION OF CERTIFICATION LEVEL

Item 12. Check only one.

CAC 2 years qualifying work experience, 60 hours SUD CEU's
and 4 qualifying points

Item 13. Please attach check or money order made payable to AAACCB for \$150.00. This fee is non-refundable.

Item 14. Sign the application form. This signature will certify that the information you have provided is correct, to the best of your knowledge.

Item 15. Date your application. This date will be used when determining your professional work experience.

Item 16. Read and sign the enclosed Release Statement

Item 17. Attach a passport size photo.

Item 18. List current and former job employment.

Item 19. Document the initial 60 clock hours of SUD related training.

Item 20. Document any hours above the initial 60 hours of SUD related training.

Item 21. Document all related education experience.

Item 22. Enter all applicable areas in the skill review section.

Item 23. List the individuals who will be sending in the Counselor Evaluation Forms.

Item 24. Personal History

Item 25. Read and Sign the Code of Ethics.

Send your completed application forms, signed Code of Ethics Statement, Release Statement, documentation of all hours, Disclaimer Statement and \$150.00 fee to AAACCB at the address on the application form to:

AAACCB
P.O. Box 12472
Birmingham, AL 35202-0472

Certification is a competency-based credentialing system. The competencies and qualifications required for certification vary from one certification level to the next and must be reflected in an applicant's work experience and education.

GUIDELINES FOR LEVEL OF CERTIFICATION

State Certified Addiction Counselor – Applicants must meet the requirements of:

- 1) 2 full years of work experience in SUD treatment
- 2) 60 clock hours of training in SUD (60 CEU's)
- 3) meet the 4 point option
- 4) complete 6 hours each of Ethics and HIV/AIDS training within the past 5 years
- 5) a current member of NAADAC

GUIDELINES FOR QUALIFYING WORK EXPERIENCE

In order to be eligible for certification, counselors must document certain minimum amounts of work experience. This work experience must be:

-Full time work experience in the SUD field

-Full-time is interpreted to mean no less than 32-40 hours per week of work in area of SUD treatment

-Part-time is interpreted to mean no less than 20 hours per week of work in area SUD treatment

Note: Part time work is also eligible but you must earn double the number of years of work experience. For example, 4 years of part-time work would equal 2 years of work experience.

Work experience should be earned within certain time frames. It should be earned within double the number of years required. For example, 2 years' experience should be earned within the past 4 years. All work experience should be earned within the past 5 years for NCAC I and 10 years for NCAC II.

Experience in SUD treatment is interpreted to mean that you meet the requirements required by the skill area and demonstrate competency in the skill area.

GUIDELINES FOR SUD RELATED TRAINING

AAACCB recognizes that most addiction counselors have worked to obtain SUD related training. Counselors attend workshops, seminars, institutes, conferences and online trainings, all with the goal of improving their knowledge and skills related to SUD treatment. AAACCB recognizes the legitimacy of this effort and encourages all AAACCB counselors to obtain such SUD related training experiences.

Therefore, addiction counselors who can document 100 clock hours (CEU's) of SUD training and will be awarded 1 qualifying point toward eligibility for certification.

In order to be eligible for use, these 100 hours must meet the following requirements:

-This training must be related to SUD and core competencies of addiction counseling

-The source of these trainings must be approved by NAADAC and/or the AAACCB

-Less than 50% of these hours can be online or internet based training

-These 100 CEU's must have been earned within the past 2 years

-College courses related to SUD are counted at 1 semester hour equaling 15 CEU's and 1 quarter hour equaling 10 CEU's.

-A listing and documentation of these CEU's must be provided in Step II of the application process

Competency Evaluation Form Instructions

Along with the application packet are enclosed Competency Evaluation Forms. You need to make 3 copies of these 4 page forms. One form is to be given to your supervisor and the remaining two forms to working colleagues following the recommendations. These forms are confidential. The results of these evaluations will not be shared with the applicant. Please read the guidelines and recommendations thoroughly before distributing these Competency Evaluation Forms.

PLEASE NOTE THAT THESE EVALUATION FORMS ARE TO BE SENT DIRECTLY TO AAACCB BY THE EVALUATOR. DO NOT SEND THESE EVALUATION FORMS WITH YOUR APPLICATION.

Supervisory Evaluation Form

AAACCB requires that one Competency Evaluation Form be completed by a person who has supervised you. For the purpose of certification, the following guidelines should be followed as you select the person to complete your supervisory evaluation.

1. You must have been supervised by this person for at least 6 months, preferably a year.
2. An immediate past supervisor may be used, although it is preferred the applicant has worked with this person within the past two years.
3. The supervisor must be knowledgeable of the treatment and rehabilitation methods and procedures utilized by the agency/program. The supervisor must have the ability to judge the capacity and competency of a Certified Addiction Counselor as defined by the AAACCB.
4. It is preferred that this person have direct responsibility for monitoring and evaluating the performance of the addiction counselor. It is preferred that this person be professionally engaged in addiction treatment/rehabilitation and be a Certified Addiction Counselor.

AAACCB is aware that not all persons who apply for certification will have supervisors who are actively and directly engaged in the addiction treatment field and who can meet these specific standards. For example, private practitioners may not have a supervisor, per se or addiction counselors working in some treatment settings may be supervised by someone in mental health who is less familiar with addiction treatment. Some counselors may be supervised by Board members of agencies who are not familiar with addiction treatment. Some employee assistance/occupational programs counselors may be supervised by persons trained in business or personnel management. In instances such as these the applicant may feel that it is inappropriate for their direct supervisor to evaluate their competency as an addiction counselor. Applicants, in such situations, may select another person to complete the Competency Evaluation Form. The applicant should enclose an explanation of why they are not using their direct supervisor.

This alternate person chosen should meet three standards:

1. They must have known and/or worked with the applicant for at least 6 months, preferably 1 year.
2. It is preferred that they be a Certified Addiction Counselor.
3. It is preferred that they be professionally engaged in direct addiction treatment.

NOTE: Please contact AAACCB if there are further questions regarding choosing the appropriate person to complete your supervisory Competency Evaluation Form.

Colleague Evaluation Form

Evaluation forms are to be given to two working colleagues. To help you in making your decision of who can best evaluate your competencies, AAACCB recommends that you follow the guidelines listed below:

1. It is preferred that you select someone you have worked with at least 6 months.
2. It is preferred that you choose someone that does not work under your direct supervision.
3. It is preferred that you select someone with whom you have worked within the past 2 years.
4. It is required that you select one evaluator who is a Licensed Professional Counselor or Certified Addiction Counselor.

IMPORTANT INFORMATION ABOUT CERTIFICATION

1. Addiction Counselor Certification will be awarded on the basis of assessment and evaluation of the following:
 - a) Experience
 - b) Competency
 - c) ExaminationAll three factors will be taken into consideration when the AAACCB makes their decisions regarding your application.
2. As you complete and satisfy the application process you will receive information about presenting your oral case presentation. After completing and successfully presenting your case before AAACCB members you will be notified of times and places where you can take the NCC written examination.
3. After successfully presenting your oral case presentation and passing the NCC examination you will be awarded certification at the state level. This certification is valid for 2 years.
4. In order to maintain your certification you are required to complete 50 hours of Continuing Education and pay a \$100.00 recertification fee every 2 years. NAADAC membership must be maintained.
5. YOU ARE RESPONSIBLE TO ADVISE AAACCB OF ANY CHANGES OF ADDRESS.

Application for Addiction Counselor

Before completing this application, please read the Step One application booklet thoroughly. Follow the step by step instructions given in the instruction booklet. Please print using black ink.

Section A. Personal Data

1. First Name _____ Middle _____ Last _____

2. Agency where employed _____

Address _____

Work Number _____

3. Home address _____

Home Number _____

Which address is to be used for AAACCB mailing?

Home _____ Work _____

4. Enter your current email address _____

5. Birthdate _____

Section B. Qualifying Work Experience and Training

In order to be eligible for certification you must have no less than 2 years of work experience in the field of SUD treatment.

6a. Years of Work Experience (Years/Months) _____

6b. Do you have 60 clock hours (CEU'S) of SUD training? _____

6c. Are you a member of NAADAC? _____

Section C. Qualifying Points

In order to be eligible for certification you must have 4 qualifying points. Please refer to the application booklet when completing this section.

7. Can you document 100 clock hours (CEUS) in SUD training. Above the initial 60 hours? Give yourself one point for each 100 hours. With a maximum of 2 points.

If yes give yourself a point _____

8. Active membership in a Self-Help Group.

Give yourself 1 point for each 2 years membership with a maximum of 2 points _____

9. Do you have a college degree?

Give yourself 1 point for an Associate's Degree, 2 points for a Bachelor's Degree, 3 points for a Master's Degree and 4 points for a P.H.D or M.D. _____

10. Record you total years of work experience past the required 2 years. Give yourself 1 point for each additional year with a maximum of 2 points _____

11. Total points (add #7,8,9,10) You must have 4 points _____

Section D. Selection of Certification Level

12. Check the level of certification for which you qualify.

Sate CAC _____

13. Attach the \$150.00 fee for the certification process.

14. Signature _____

15. Date _____

16. Please sign the attached release statement.

17. Attach a Passport Photo.

Release Statement

In making this application, I give my permission for AAACCB and its representatives to investigate my qualifications. I understand that intentionally false and misleading statements will result in being denied certification and upon discovery subject to revocation.

I do hereby consent to the release of information contained in my file related to my application to application for addiction counselor certification and any other information submitted to or collected by AAACCB to officers, directors, members and staff of the AAACCB.

I consent to authorize the AAACCB to gather and collect information from third parties in connection with my qualifications as an addiction counselor, and acknowledge that such communications shall be treated as confidential between the AAACCB and such third parties. I consent that the evaluations to be completed and submitted with my application shall be treated as confidential and I understand that their content will be withheld from me.

I hereby certify that I have read the entire application and that all the information contained herein is true and complete. I understand that the required fee is nonrefundable.

I further agree to hold AAACCB, their Board members, their officers, committee members, AAAC general members, employees, evaluators and examiners free from any civil liability for any damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they may take in connection with the application, evaluation, examination, or the grades with respect to any assessment or examination, and/or the failure of the AAACCB to issue certification.

Signature _____ Date _____

Please return Step 1 Application, Step 2 Application, Ethics Disclaimer, LPC Disclaimer, Signed Code of Ethics, Release Statement, \$150.00, and all other supporting documentation to the:

Alabama Association of Addiction Counselor Certification Board, Inc.

AAACCB
P.O. Box 12472
Birmingham, AL 35202-0472

Work Experience in the Substance Use Disorder Field

18. LIST CURRENT EMPLOYMENT FIRST

1. Name of Current Employer _____

Agency Address _____

Your Title _____

Date of Employment From _____ To _____

Number of Hours worked per Week _____

Supervisors Name _____

Supervisor's Address _____

**** ATTACH A JOB DESCRIPTION FOR YOUR CURRENT POSITION**

2. Name of Employer _____

Agency Address _____

Your Title _____

Date of Employment From _____ To _____

Number of Hours per Week _____

Supervisor's Name _____

Supervisor's Address _____

Brief Description of Responsibilities _____

19. Documentation of 60 Clock Hours (CEU's) SUD related Training
Please list trainings and include copies of certificates. You must include 6 hours of Ethics and HIV/AIDS Training within the past 5 years.

[illegible]

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

Signature_____

21. Related Experience – College Education, Medical Degree, or Nursing Degree

If you are using your education as a Qualifying Point(s) complete the following:

Name of Institution _____

Highest Degree conferred and date _____

Major area of study _____

PLEASE FORWARD OR ATTACH A TRANSCRIPT. TRANSCRIPT MUST BEAR SEAL OF THE INSTITUTION.

Related Experience – SUD Counselor Training Programs

Name of Training Program _____

Address of Program _____

Date of Completion _____

PLEASE FORWARD OR ATTACH A CERTIFICATE OR OTHER PROOF OF COMPLETION

22. SKILL AREA AND REVIEW

Addiction counselor certification is a competency and experience based system. Hence, AAACCB would like a review of the nature of your activities and involvement in SUD treatment.

Therefore AAACCB is interested in reviewing and assessing the amount of time you spend (approximately) in a variety of SUD related treatment activities.

Section I. EXPERIENCE AREA

1. Estimate the percentage of time you spend in direct treatment service activities versus other activities.

Percentage of time in direct treatment activities	_____
Percentage of time in other activities	+

	= 100%

2. Estimate the percentage of time you spend in SUD specific treatment activities versus mental health service.

Percentage of time in SUD specific treatment activities	_____
Percentage of time in Mental Health specific activities	+

	= 100%

Section II. Competency Review

Please respond to the following items.

1. Estimate the average number of hours you spend each week in formal individual, group and family SUD counseling each week?

Individual _____ Group _____ Family _____

2. Have you been involved in leadership of group counseling sessions related to SUD treatment? Y / N

If yes, describe _____

3. Do you carry a SUD client caseload? Y / N

4. Are you involved in SUD client assessment /evaluation? Y / N

If yes, describe _____

5. Do you have Detox responsibilities? Y / N

If yes, describe _____

6. Are you responsible for development of SUD treatment plans? Y / N

7. Have you been involved in 1000 hours of one on one, group, or family counseling activity within the past year related to SUD treatment? Y / N

8. Which area of SUD treatment best describes the focus of your job? Check only one.

Support Services _____ Counseling _____ Supervision _____

Detox _____ Nursing _____ Administration _____ Prevention _____

DUI _____ Employee Assistance Program _____

9. Are you responsible for the clinical supervision of other employees? Y / N

If yes, describe _____

10. Are you responsible for activities related to the administration of the agency or program? Y / N

If yes, describe _____

23. PROFESSIONAL REFERENCES

Please list three persons, including your supervisor, who you have selected to evaluate your competencies. Give a copy of the 4 page Counselor Competency Evaluation Form to each of these individuals.

1. Name of Supervisor _____

Address and phone of Supervisor _____

How long have you worked with this person? Years/Months _____

Is your supervisor primarily involved in the SUD field? Y /N

If no, describe the supervisor's position _____

What are your supervisor's certifications and credentials? _____

Estimate the number of hours of supervision you receive from this individual each month? _____

2. Colleague's name, address and phone _____

What are your colleague's certifications and credentials? _____

3. Colleague's name, address and phone _____

What are your colleague's certifications and credentials? _____

24. PERSONAL HISTORY

1. Have you ever been terminated or asked to leave a position in the SUD Field? Y / N

If yes, explain and give the date and circumstances _____

2. Have you ever been convicted of a felony? Y / N If yes, explain and give the dates and circumstances _____

25. CODE OF ETHICS

As a part of certification, you are expected to comply with AAACCB's Code of Ethics. A copy of the Code of Ethics is included in the application packet. Please sign the following statement.

I hereby certify that I have read the Code of Ethics. I certify that I understand the Code of Ethics, agree to comply by the Code, and accept AAACCB's jurisdiction to administer its standards.

Signature _____ Date _____

Notary Republic _____ Date _____

In making application, I give my permission for AAACCB and its representatives to investigate my qualifications. I understand that intentionally false and misleading statements will result in my being denied certification, or upon discovery, subject to revocation.

Signature _____ Date _____

LPC Disclaimer Statement

It is my understanding that as a Certified Addiction Counselor, I cannot engage in the following:

1. Advertise my services as a Licensed Professional Counselor
2. Represent myself as a Licensed Professional Counselor
3. Engage in private practice as a Licensed Professional Counselor

To do so could result in revocation of my certification as a Certified Addiction Counselor by the Alabama Association of Addiction Counselors Certification Board.

I further understand that the Alabama Association of Addiction Counselors Certification Board is a voluntary Board that certifies individuals who voluntarily seek certification from their peers at AAACCB, AAAC and NAADAC in the State of Alabama, after they have met the necessary qualifications of certification.

Please sign and return with application.

Signature _____

Date _____

Mail the above pages, all supporting documentation and your check for \$150.00 to:

AADCCB
P. O. Box 12472
Birmingham, AL 35202-0472

Make three copies of the Counselor Competency Evaluation Form (below). Have the person filling out the evaluation mail the evaluation to:

AADCCB
P.O. Box 12472
Birmingham, AL 35202

Counselor Competency Evaluation Form For Addictions Counselor

The person listed below is applying to the Alabama Association of Addiction Counselor Certification Board, Inc. for certification as an Addictions Counselor.

The information requested is an essential part of the Certification Board's evaluation of competence of the applicant. This information must be on file before the application is processed.

YOUR EVALUATION OF THIS INDIVIDUAL WILL REMAIN CONFIDENTIAL.

AADCCB believes that through your observation, you will have developed a more complete and accurate impression of the applicant than is available from other sources. Your evaluation, plus the data received from the applicant, plus a written exam, oral review, case review, will be used in determining the applicant's eligibility for certification.

Please complete and return this evaluation form as soon as possible to:

Alabama Association of Addiction Counselors Certification Board, Inc.

AAACCB

P.O. Box 12472

Birmingham, AL 35202-0472

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of person being evaluated: _____

Your name: _____

Your title: _____

Your address where employed: _____

Phone number: _____

Do you currently work with this person? Yes ☐ No ☐

If no, when did you last work with this person? _____

How long have you supervised this person? _____

(Years/months)

Are you certified by AADCCB? Yes ☐ No ☐

If yes, at what level are you certified? _____

How long have you worked in the alcoholism/addictions field? _____

(Years/months)

Please list one other person who you feel is qualified to make a competency evaluation of this person.

Name: _____

Address: _____

(Your Signature)

(Date)

COMPETENCY EVALUATION

On the basis of your knowledge of the counselor, rate his/her skill in each area listed below:

Rating of 1 is equivalent to Excellent
Rating of 2 is equivalent to Good
Rating of 3 is equivalent to Acceptable
Rating of 4 is equivalent to Fair
Rating of 5 is equivalent to Poor
N/A Not Applicable

Please place the number in the space provided.

Education and Outreach

Skill in making appropriate presentations of community groups on alcohol/addictions-related topics. _____

Skill is eliciting feedback to presentations to determine if outcomes were achieved. _____

Assists in establishing and maintaining linkages/relationships with community groups. _____

Assessment

Demonstrates ability to determine the stage of progression of alcoholism. _____

Demonstrates ability to determine the stage of progression of dual addiction. _____

Demonstrates knowledge of the effect of poly drugs on the body and on behavior. _____

Distinguishes and identifies primary addiction. _____

Educates the client about drug use and its consequences. _____

Demonstrates knowledge of drugs used in the treatment of mental illness. _____

Demonstrates knowledge of drugs being used by the clients, their effects, symptomology, etc. _____

Demonstrates familiarity with the disease concept; can explain and support concept. _____

Recognizes nutritional consequences of prolonged alcohol/drug use. _____

Determines degree of impact of alcoholism/addictions on family members/significant others. _____

Skill in psycho-social/alcoholism/addictions assessment. _____

Skill in recognizing client's degree of insight into alcoholism/addictions problems. _____

Ability to interpret data collected from intake in context of alcoholism/addictions. _____

Skill in recognizing other physical/emotional/psychiatric problems that require referrals on additional intervention. _____

Skill in formulating with client acceptable referral strategy. _____

Determines degree of family insight into alcoholism/addictions related problems. _____

Skill in formulating with family members acceptable referral strategy. _____

Detox

Demonstrates understanding of stages of withdrawal from alcoholism. _____

Demonstrates familiarity with complications that can occur in poly drug withdrawal situation. _____

Recognizes potential withdrawal crisis that requires medical or psychiatric intervention. _____

Develops appropriate detox treatment plan. _____

Assesses client needs beyond detox, makes appropriate referral. _____

Treatment

Skill in patient/client education.	_____
Provides patient/client with information about nutrition.	_____
Incorporates nutrition into the treatment plan.	_____
Exhibits skill in eliciting and giving feedback to client.	_____
Exhibits respect for patient/client.	_____
Exhibits genuineness.	_____
Is nonjudgmental.	_____
Exhibits empathy and warmth.	_____
Recognizes own limitations as counselor.	_____
Demonstrates sensitivity to special needs of special population groups.	_____
Recognizes own biases and attitudes which influence therapeutic effectiveness with special population groups.	_____
Educates the client about alcoholism/addictions and cultural variables.	_____
Demonstrates familiarity with concepts of normal adolescence.	_____
Demonstrates diagnostic skill in adolescent alcoholism.	_____
Demonstrates familiarity with resources available to meet the treatment needs of the adolescent alcoholic.	_____
Skill in identifying defense mechanisms operating in the patient/client's illness.	_____
Skill in redirecting those defense mechanisms toward positive change.	_____
Skill in identifying alcoholism/addictions related problems and clarifying consequences to patient/client.	_____
Skill in developing treatment plan.	_____
Skill in involving client in treatment planning.	_____
Skill in defining measurable short and long-term treatment goals.	_____
Skill in reassessing the treatment plan.	_____
Skill in problem-solving and goal setting with patient/client.	_____
Skill in termination of counseling.	_____
Skill in group counseling and in working with clients on group basis.	_____
Skill in maintaining accurate up-to-date case records, including history, intervention intake, progress notes, referral and termination.	_____
Skill in treating files in accordance with State, Federal and agency regulations.	_____
Skill in aftercare including planning and follow-up.	_____
Skill in involving family members in treatment.	_____
Demonstrates knowledge of family systems and family roles and how they are affected by alcoholism.	_____
Is familiar with concepts of co-dependency.	_____
Demonstrates ability to overcome family resistance to treatment and change.	_____
Involves family, whenever possible, in self-help groups.	_____
Skill in ongoing patient/client evaluation.	_____
Skill in identifying additional resources best suited to meet patient/client needs.	_____
Skill in verbal and written communication with co-workers and other professionals.	_____
Compliance with federal confidentiality rules and regulations.	_____
Skill in identifying and assessing individual training needs.	_____

Skill in working with other professionals and in facilitating team approach to treatment. _____

Observes the Addictions Counselor Code of Ethics. _____

Selectively utilizes group techniques in helping group members define and reach goals. _____

Facilitates groups in coping with and understanding crises. _____

Demonstrates skills in termination groups. _____

Demonstrates familiarity with community resources to meet the ongoing needs of patient/clients and family members. _____

Recovery

Utilizes relapse prevention techniques in counseling. _____

Utilizes stress management techniques in treatment. _____

Educates patient/client and family members as to spiritual aspects of recover. _____

Demonstrates familiarity with progression of recovery. _____

Demonstrates familiarity with issues encountered in long-term recovery, e.g., control, anger, grief. _____

Demonstrates familiarity with the programs of N.A. and Nar-Anon. _____

Employee Assistance

Assists in establishing and maintaining relationships with employers. _____

Involves the employer in treatment whenever possible. _____

Includes vocational issues in treatment plan. _____

Interfaces with employer throughout continuum t facilitate support in recovery. _____

Legal Intervention

Demonstrates familiarity with court intervention programs. _____

Demonstrates familiarity with principles of criminal justice (supervision, probation, felony, etc.) _____

DUI

Demonstrates familiarity with court processes and procedures related to DUI. _____

Demonstrates familiarity with driver's license ramifications of DUI arrest. _____

Effectiveness in DUI client evaluation. _____

Involves family/significant others in DUI assessment process. _____

Draws objective assessment conclusions and lakes appropriate referral recommendations. _____

Develops comprehensive and appropriate intervention plan. _____

Selects appropriate content and resources for DUI classes/presentations. _____

Elicits feedback to determine if presentation outcomes were achieved. _____

Demonstrates familiarity with strengths and weaknesses of DUI objective tests. _____

Other competency area upon which you wish to comment? _____

To the best of our knowledge, does the counselor practice in an ethical, professional manner? _____

Please identify this counselor's greatest assets in his/her work in alcoholism/other addictions. _____

Please identify any areas of training, which you feel would benefit this Individual. _____

To the best of your knowledge, does this person subscribe to the disease concept of alcoholism and other addictions? Yes No

Comments: _____

Do you have any concerns about this counselor's ability to perform as an Addictions Counselor? Yes No

If yes, please explain your concern. _____

Would you recommend this person for certification as an Addictions Counselor? Yes No