



Alcohol & Drug Abuse Certification Board of Georgia

P.O. BOX 250449
Atlanta, GA 30325

770.825.0481 Fax: 770.790.0018
ADACBGA.org info@adacbga.org

Dear Certified Counselor Trainee:

Enclosed is a copy of the Recertification Packet which includes the Application for Recertification along with the guidelines for continuing education hours and supervision.

Please use the following checklist to assure that your application is complete:

1. Completed application and biographical data sheet.
2. Signed ethics statement.
3. Completed record of training sheet: Number your certificates and list in order on the cover sheet.
4. Attached certificates of attendance, transcripts, inservice verifications, etc., in order listed.
5. A completed and current supervisor's statement and supervision report.
6. Included recertification and processing fee of \$75. Acceptable forms of payment include check, money order or online payment with a credit card.
7. Mailed to the Board office **REGULAR MAIL ONLY**. Registered/certified mail may delay completing your recertification.

RECERTIFICATION

Continuing Education must be an ongoing process to assure competence in the dynamic and changing field of alcohol and other drug dependency counseling and supervision of counselors. To maintain your certified status as a CADC-T in Georgia, recertification is required every year on the anniversary date of your original certification. A notification will be emailed to you about a month prior to the expiration date of your certification.

Although the ADACB-Ga. makes available recertification materials on the website to eligible counselors and supervisors, it is the responsibility of the counselor to make timely application for recertification.

The ADACB-Ga. does not have a policy for renewing certifications that have expired. In order to be sure your certification remains current, please notify the board in writing of any change in address.

EDUCATION

Education is defined as formal didactic or experiential methods of obtaining information and skills in the practice of addiction counseling and treatment. One clock hour of education is equal to 50 minutes of continuous instruction, and may include workshops, seminars, institutes, inservices, and college/university work. Education must be specifically related to the knowledge and skills necessary to perform the tasks within each IC&RC performance domain. All education must be documented.

Recertification requires documentation of completion of at least twenty (20) clock hours of continuing education in the one year period of your certification. Of these hours, 3 hours must be in professional ethics. Counselors may select trainings from a wide variety of opportunities, as long as the training and education pertains to alcohol and other drug addiction counseling performance domains. The ADACB-Ga. follows the guidelines established by the IC&RC.

A listing of local courses that are acceptable for AODA counselors is available on the Board website. Should you desire credit for a course outside of the AODA field, contact the office to ensure credit will be given.

CADC T certification is renewable annually for a period of 3 years. You must submit an annual supervision report, documentation of a minimum twenty hours of education with three hours in professional ethics, while achieving the requirements of 100 hours of education per year so that at the when the candidate has the required experience hours, they will have accumulated a minimum of 300 hours of education.

IMPORTANT NOTICE ABOUT EDUCATION HOURS

First Year/Application: Candidate must have minimum of 100 hours

Second Year/ First Recertification: Candidate must have completed a cumulative minimum of 200 hours

Third Year/Second Recertification: Candidates must have completed a cumulative minimum of 300 hours

The candidate may submit more hours in a particular year, but note that a candidate still must do 20 hours of education for each recertification even if they have exceeded the total hours required. For example, if the candidate turns in 300 hours in year one, the candidate will still need to complete 20 hours

of education to recertify. If the candidate submits 100 education hours in the first year, they must submit a minimum of 100 education hours to recertify in the second year.

**ALCOHOL AND DRUG ABUSE
CERTIFICATION BOARD OF GEORGIA, INC.**

CADC- T RECERTIFICATION APPLICATION & BIOGRAPHICAL DATA

Please type or print legibly:

Name: _____

Any other name used: _____

Address: _____

City State Zip County

Work Name and address: _____

City State Zip County

e-mail: _____ Sex: Male _____ Female _____

To keep you better informed about ADACBGA, we automatically include you in our electronic mailing list. If you do not wish to receive news and updates you will be asked to opt out. If you would like to unsubscribe, please check here. ___ Unsubscribe

Preferred Phone: (____)-_____ Work (____)-_____

*As a courtesy to certified counselors we will list your county of employment, work phone number and email in a searchable database on our website. Would you like this information listed for public viewing? Yes ___ No ___

Date of Birth: _____ Social Security no. XXX-XX-_____

Ethnic Affiliation: Caucasion___Black___Asian___Hispanic___Native American___Other___
(For statistical purposes only)

Highest Education level completed: High School or GED___ Some College ___ Associate ___
Bachelors___ Masters___ Doctorate___

List any other boards by which you are certified or licensed:

Has certification or license been denied or revoked by any other board: No ___ Yes ___
If yes, please explain on a separate sheet.



**ASSURANCE AND RELEASE
ETHICS STATEMENT**

I hereby attest that all the information given herein is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification, or revocation of same, upon discovery.

I have read, understand, and agree to act in accordance with the code of ethics recognized by my profession and in compliance with any and all codes of professional conduct in effect in the State of Georgia.

I acknowledge the right of ADACB-Ga. to verify the information in this application or to seek further information from employers, schools or persons mentioned herein.

I will hold ADACB-Ga., its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they, or any of them, may take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to bestow upon me certification as an Alcohol and Drug Abuse Counselor.

I further understand that ADACB-Ga. will provide to IC&RC my contact information for their data base, along with my certification number, level, expiration date and original certification date.

Signature

Date

Printed name

SUPERVISED PRACTICAL EXPERIENCE (PAGE 1 of 5)

APPLICANT'S NAME _____

SUPERVISOR'S
NAME _____

AGENCY _____

PROFESSIONAL LICENSES AND/OR CERTIFICATES YOU
HOLD _____

TO THE SUPERVISOR:

Acceptable credentials for clinical supervision are CCS, CADCH, CCDP, CCDP-D, CAADC, CACH, MAC or LPC, LCSW, LMFT, who have a minimum of 5 hours of Co-Occurring or Addiction specific continuing education hours per year; certification of attendance/ completion must be on file. Supervised Practical Experience includes activities designed to provide training of specific counselor functions. These activities are monitored by supervisory personnel who provide timely positive and negative feedback to assist the counselor in this learning process. Methods of such supervision could be joining the counselor for sessions and later reviewing them, case presentations, group or individual staffings, teaching about various methods, etc. A recommended minimum ratio is one (1) hour of supervision to ten (10) hours of practical experience. Candidates must demonstrate a minimum of 10 hours of actual performance in each function, and the total hours of this experiential training must be a minimum of 300 hours.

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

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

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

2. INTAKE: The administrative and initial assessment procedures for admission to a program.

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

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

3. ORIENTATION: Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a nonresidential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.

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

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

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

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

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

5. 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.

- Explain assessment results to client in an understandable manner.

- Identify and rank problems based on individual client needs in the written treatment plan.
- Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
- Identify the treatment methods and resources to be utilized as appropriate for the individual client.

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

6. COUNSELING: (Individual, Group, and Significant Others): The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision-making.

- Select the counseling theory(ies) that apply(ies).
- Apply techniques to assist the client, group, and/or family in exploring problems and ramifications.
- Apply techniques to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
- Individualize counseling in accordance with cultural, gender and lifestyle differences.
- Interact with the client in an appropriate therapeutic manner.
- Elicit solutions and decisions from the client.
- Implement the treatment plan.

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

7. CASE MANAGEMENT: Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

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

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

8. CRISIS INTERVENTION: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

- Recognize the elements of the client crisis.

- Implement an immediate course of action appropriate to the crisis.
- Enhance overall treatment by utilizing crisis events.

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

9. CLIENT EDUCATION: Provision of information to individuals and groups concerning alcohol and other abuse and the available services and resources.

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

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

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

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

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

11. REPORT AND RECORD KEEPING: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

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

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

12. 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.

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

Hours candidate spent performing this task: _____

Hours spent with you in supervision of this task: _____

Supervisor's Signature/Date

TOTAL Hours candidate spent performing these tasks: _____

TOTAL Hours spent with you in supervision of these tasks: _____

Candidates Need at least 300 hours of experience and 40 hours of Face-to-Face Supervision.

PLEASE RETURN DIRECTLY TO
Alcohol and Drug Abuse Certification Board of Georgia, Inc.
P.O. Box 250449
Atlanta, GA 30325

Do not return this form to the applicant unless it has been placed in a sealed envelope with your signature across the back seal!

SUPERVISOR EVALUATION

APPLICANT _____

SUPERVISOR _____

PLEASE USE THE FOLLOWING RATING SCALE TO EVALUATE THE APPLICANT'S SKILLS IN THE AREAS REQUESTED:

NA = NOT APPLICABLE

1 = POOR

2 = FAIR

3 = AVERAGE

4 = ABOVE AVERAGE

5 = EXCELLENT

Acceptable scores are fair (2) or above.

The items below represent skills needed by addictions counselors in the core functions. Please evaluate the applicant's abilities in each area.

Score	Function
	Screening - the process by which a client is determined appropriate and eligible for admission to a particular program.
	Intake - The administrative and initial assessment procedures for admission to a program
	Orientation - describing to the client the general nature and goals of the program, rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program, the hours and times services are available, treatment costs to be borne by the client if any, and client rights.
	Assessment - those procedures by which a counselor identifies and evaluates an individual's strengths, weaknesses, problems, and needs for the development of the treatment plan.
	Treatment Planning - the process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long term goals, decide on a treatment process and the resources to be utilized.
	Individual Counseling - a one-to-one counselor-client process for the purpose of assessing a client's problems and facilitating appropriate changes.
	Group Counseling - A process involving several clients for the purpose of jointly exploring the client's problems and facilitating appropriate changes.
	Family Counseling - A process of exploring the dynamics of the family system and facilitating appropriate changes.
	Case Management – Activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.
	Crisis Intervention - those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Applicant Name: _____

	Client Education – Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.
	Referral - Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.
	Reports and Record Keeping - charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.
	Consultation - relating with counselors and other professionals in regard to client treatment and services to assure comprehensive, quality care for the client.

Using the same scale, please evaluate the applicant on the following areas of interpersonal relationships with clients, based on your observations:

Score	Relationship Areas
	Respect for the client
	Care and concern for the client
	Genuineness with the client
	Empathy with the client
	Flexibility with the client
	Judgment with the client
	Spontaneity with the client
	Capacity for confrontation with the client
	Capacity for appropriate self-disclosure
	Sense of immediacy
	Concreteness
	Ability to set appropriate boundaries

The Alcohol and Drug Abuse Certification Board of Georgia reserves the right to request further information from you concerning this applicant.

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SUPERVISOR'S STATEMENT

Applicant's name _____

Supervisor's name _____

Program name _____

Address _____

Phone _____ Fax _____

Professional licenses and/or certificates you hold _____

How long have you supervised this applicant?

From (m/y) _____ to (m/y) _____

Size of applicant's caseload in:

Individual counseling _____ Group counseling _____ Family counseling _____

Average number of hours per week the applicant worked in:

Direct services _____ Indirect services _____

Please describe the indirect services:

Please add any comments on an additional sheet of paper.

I HEREBY CERTIFY THAT I HAVE OBSERVED AND HAVE FIRSTHAND KNOWLEDGE OF THIS APPLICANT'S WORK AND THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE

Signature date

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