



# 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 Applicant:

This is your informational packet for Certified Co-Occurring Disorders Professional (CCDP). You may duplicate forms as necessary. Please consult your informational packet for details on the requirements for documentation and have transcripts from colleges and universities sent directly to the board. You may duplicate this entire packet for distribution to colleagues or other prospective applicants. Please be sure you are using the most current version of this application as indicated by the revised date in the lower, left-hand corner of each page.

**Note that supervisors' and colleagues' recommendations are to be sent directly to the board. If they are given back to the applicant they *must* be placed in a sealed envelope with the evaluator's signature across the back seal of the envelope.**

Please duplicate the respective forms and give them to the appropriate persons.

Once your application is complete and approved you will be notified of eligibility and how to apply for the exam. You must pass the computer based exam to be eligible for certification.

When you have completed your part of the packet, send it to the above address with your application fee of \$150.

Your CCDP certification is valid for two years from the issue date. In order to maintain your certification you must document a total of 40 hours of continuing education every 2 years with a minimum of twenty (20) hours COD specific, 5 hours of which must be in professional ethics and submit a recertification fee of \$150.

Should you have any questions, please feel free to contact the office.  
Email is best at info@adacbga.org

## FEE SCHEDULE

APPLICATION FEE	\$150.00
EXAM FEE CCDP Level	\$180.00
RECERTIFICATION FEE CCDP	\$150.00

ALCOHOL AND DRUG ABUSE CERTIFICATION  
BOARD OF GEORGIA, INC.

MISSION:

The Alcohol and Drug Abuse Certification Board of Georgia, Inc., is an independent, non-governmental, non-profit body.

This board was formed in 1992 to offer certification to Alcohol and Drug Abuse Counselors and to supervisors in alcohol and drug counseling and is based on the standards and methods offered by the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, a multi-state and nation body organized to promote uniform professional standards and quality for the co-occurring disorders counseling profession and to give the profession greater visibility in the U.S. and abroad. As a result of membership in IC&RC/AODA, our certified counselors may relocate to other states, the military services and other countries, and transfer their certification with a minimum of effort and expense. We added “and co-occurring disorders” to our mission statement due to research indicating that many persons in need of treatment also have a co-occurring mental health diagnosis, and require specialized knowledge and skill in integrating a treatment plan to address both diagnoses and promote full recovery.

Our goal is to provide competency-based certification that will assure quality care for those affected by substance abuse and co-occurring mental health diagnoses. Certification is a voluntary process whereby professionals with a special interest in providing treatment to substance abusers with mental health diagnoses and their families may receive recognition for their competency. The purpose is to establish professional standards which enable counselors, allied health professionals, health service providers, third party payers, employers, and the general public to recognize qualified professionals in this field. Certification offers evidence that standards of knowledge, skill, experience, and demonstration of competency have been met.

## INTRODUCTION

This manual describes and outlines the requirements for certification for professionals desiring certification as Co-Occurring Disorders Professionals from the Alcohol and Drug Abuse Certification Board of Georgia, Inc. The credentials offered at the reciprocal level is the Certified Co-Occurring Disorders Professional (CCDP). Those completing the certification process successfully are eligible to receive the international reciprocal credential from IC&RC, ICCDP (Internationally Certified Co-Occurring Disorders Professional).

**ELIGIBILITY FOR CERTIFICATION  
REQUIREMENTS  
Certified Co-Occurring Disorders Professional Diplomat/ Certified Co-Occurring  
Disorders Professional  
CCDP-D/CCDP**

**To be eligible, candidates must live or work in Georgia a minimum of 51% of the time.**

**Certified Co-Occurring Disorders Professional (CCDP)**

**Experience:**

6,000 hours of COD specific work in the last ten years.

**Education/Training:**

A minimum of a Bachelor's degree in co-occurring disorder (COD) or behavioral science with a clinical application from a college or university that is accredited by the U.S. Department of Education or the Council on Higher Education Accreditation or an international equivalent if degree is from an international institution. A minimum of 130 contact hours of Bachelor's level classroom education must be in the domains of Clinical Evaluation, Counseling, and Professional Responsibilities.

140 hours of COD specific training, 30 hours of addiction specific training, 30 hours of mental health specific training, for **200 hours of training total.**

**The total training hours will thus equal 330 hours related to the functions of a co-occurring disorders specialist.**

Education is defined as formal classroom style education (workshops, seminars, institutes, in-services, and college/university work). One clock hour of education is equal to fifty (50) minutes of continuous instruction. For the purpose of certification, clock hours of education must be related to the knowledge and skill base associated with the counselor core functions. A minimum of 6 hours of professional ethics education must be documented as a part of the educational hours required.

**Supervision:**

Total of **200** hours of supervision, with a minimum of 20 hours in each performance domain.

**Examination:**

The applicant must successfully pass the IC&RC International Co-Occurring Disorders Professional examination.

**EXAMINATION:**

The computer based exams administered by the SMT, Inc. are based on the Job Task Analysis for Co-Occurring Disorders Professional conducted by the IC&RC. The tests have been proved valid, reliable, and legally defensible. Once an application is complete,

the candidate must submit a test registration form, along with the test fee, to the board, at which time a candidate guide will be sent.

**CCDP Recertification:**

40 hours of continuing education every 2 years with a minimum of 20 (twenty) hours COD specific and 5 hours of which must be in professional ethics. All documentation is due for submission by the certification expiration. Professionals will be notified of certificate expiration via email approximately eight (8) weeks prior to certification expiration, however it is your responsibility to keep your certification in effect. The “Recertification Packet” is available for downloading at any time under the “Certification/ Applications” page of the website.

Once a certification’s expiration date has been reached, recertification packets postmarked past that date will be assessed a \$35 late fee for reinstatement. Each month past the due date an additional \$10 will be assessed for reinstatement. Continuing education requirements of 20 contact hours per year must be documented. Due to most workplace requirements it is strongly recommended you submit your recertification packet at least 30 days prior to the expiration date. There is no longer a 30 day grace period after the date of your certification expiration.

If, after all attempts to contact the certificant have failed, portfolios will be discarded once the certificate has expired for 3 years. A new application must be submitted and testing taken again

**DIRECTIONS FOR COMPLETING THE APPLICATION**

**TYPE OR PRINT USING BLACK INK ON ALL FORMS.**

Complete the application process STEP BY STEP. Do one section at a time.

Photocopy blank forms before making entries.

Photocopy completed material before sending them to the Certification Board so that you will have a complete copy of your own portfolio. **The Certification Board will not return completed applications, even if you are denied certification.** A photocopy of your application is available from the Board for a \$35.00 service fee.

Applications for certification will be reviewed when all the above materials have been received by the Certification office.

Do not send your application materials until all sections are completed and signed where required.

**NOTIFY THE CERTIFICATION BOARD OF ANY CHANGE OF MAILING ADDRESS.**

### **POLICIES FOR CERTIFICATION**

- 1) Exams are given at computer based testing centers throughout the year.
- 2) **\*APPLICATIONS WILL BE KEPT OPEN FOR TWO (2) YEARS. IF ALL REQUIREMENTS ARE NOT MET WITHIN TWO (2) YEARS, THAT APPLICATION WILL EXPIRE AND THE APPLICANT WILL BE REQUIRED TO RESUBMIT A NEW PORTFOLIO & FEE TO GO THROUGH THE WHOLE PROCESS AGAIN. ALL FEES SUBMITTED WILL BE FORFEITED.**
- 3) Applicants with incomplete portfolios who do not complete the process within one year after initial submission, must reapply.
- 4) **Applicants who fail the exam twice within TWO (2) YEARS may be required to reapply.**
- 5) Applicants who submit a complete portfolio and get approved but do not sit for the exam within one year may be required to reapply.
- 6) The date a portfolio is received will be recorded on that portfolio.
- 7) Applicants that apply for certification must either live or work in Georgia 51% of their time.
- 8) Official Transcripts must be sent directly to the board office.
- 9) Colleague evaluations, supervisors' evaluations and statements and the supervised practical experience forms must be sent directly to the board office. If they are given back to the applicant they *must* be placed in a *sealed envelope* with the evaluator's signature across the back seal.

## **CODE OF PROFESSIONAL ETHICS**

Modeled after the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Ethical Standards.

### **Principle 1: Non-Discrimination**

The co-occurring disorders professional should not discriminate against clients or professionals based on race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic condition.

### **Principle 2: Responsibility**

The co-occurring disorders professional should espouse objectivity and integrity and maintain the highest standards in the services the counselor offers.

- a. The co-occurring disorders professional, as teacher, should recognize the counselor's primary obligation to help others acquire the knowledge and skill in dealing with co-occurring disorders.
- b. The co-occurring disorders professional, as practitioner, should accept the professional challenge and responsibility deriving from the counselor's work.

### **Principle 3: Competence**

The co-occurring disorders professional should recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client and of the profession as a whole. The counselor should recognize the need for ongoing education as a component of professional competency.

- a. The co-occurring disorders professional should prevent the practice of co-occurring disorders counseling by unqualified and unauthorized persons.
- b. The co-occurring disorders professional who is aware of unethical conduct or of unprofessional modes of practice should report such violations to the appropriate certifying authority.
- c. The co-occurring disorders professional should recognize boundaries and limitations of the counselor's competencies and not offer services or use techniques outside of these professional competencies.
- d. The co-occurring disorders professional should recognize the effect of professional impairment on professional performance and should be willing to seek appropriate treatment for oneself or for a colleague. The counselor should support peer assistance programs in this respect.

### **Principle 4: Legal Standards and Moral Standards**

The co-occurring disorders professional should uphold the legal and accepted moral codes which pertain to professional conduct.

- a. The co-occurring disorders professional should not claim either directly or by implication, professional qualifications/affiliations that the counselor does not possess.
- b. The co-occurring disorders professional should not use the affiliation with the ADACBGA. for purposes that are not consistent with the stated purposes of the board.
- c. The co-occurring disorders professional should not associate with or permit the counselor's name to be used in connection with any services or products in a way that is incorrect or misleading.
- d. The co-occurring disorders professional associated with the development or promotion of books or other products offered for commercial sale should be responsible for ensuring that such books or products are presented in a professional and factual way.



### **Principle 5: Public Statements**

The co-occurring disorders professional should respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction as well as mental health problems..

- a. The co-occurring disorders professional who represents the field of co-occurring disorders counseling to clients, other professionals or to the general public should report fairly and accurately the appropriate information.
- b. The co-occurring disorders professional should acknowledge and document materials and techniques used.
- c. The co-occurring disorders professional who conducts training in co-occurring disorders counseling, alcoholism or drug abuse counseling skills or techniques should indicate to the audience the requisite training/qualifications required to properly perform these skills and techniques.

### **Principle 6: Publication Credit**

The co-occurring disorders professional should assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The co-occurring disorders professional should recognize joint authorship, major contributions of a professional character, made by several persons to a common project. The author who has made the principle contribution to a publication should be identified as first listed.
- b. The co-occurring disorders professional should acknowledge in footnotes or an introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- c. The co-occurring disorders professional should acknowledge, through specific citations, unpublished, as well as published material, that has directly influenced the research or writing.
- d. The co-occurring disorders professional who compiles and edits for publication the contributions of others should list oneself as editor, along with the names of those others who have contributed.

### **Principle 7: Client Welfare**

The co-occurring disorders professional should respect the integrity and protect the welfare of the person or group with whom the counselor is working.

- a. The co-occurring disorders professional should define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- b. The co-occurring disorders professional, in the presence of professional conflict should be concerned primarily with the welfare of the client.
- c. The co-occurring disorders professional should terminate a counseling or consulting relationship when it is reasonably clear to the counselor that the client is not benefiting from it.
- d. The co-occurring disorders professional, in referral cases, should assume the responsibility for the client's welfare either by termination by mutual agreement and/or by the client becoming engaged with another professional. In situations when a client refuses treatment, referral or recommendations, the co-occurring disorders professional should carefully consider the welfare of the client by weighing the benefits of continued treatment or termination and should act in the best interests of the client.
- e. The co-occurring disorders professional who asks a client to reveal personal information from other professionals or allows information to be divulged should inform the client of the nature of such transactions. The information released or obtained with informed consent should be used for express purposes only.

- f. The co-occurring disorders professional should not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.
- g. The co-occurring disorders professional should ensure the presence of an appropriate setting for clinical work to protect the client from harm and the counselor and the profession from censure.
- h. The co-occurring disorders professional should collaborate with other health care professionals in providing a supportive environment for the client who is receiving prescribed medications.

**Principle 8: Confidentiality**

The co-occurring disorders professional should embrace, as a primary obligation, the duty of protecting the privacy of clients and should not disclose confidential information acquired, in teaching, practice or investigation.

- a. The co-occurring disorders professional should inform the client and obtain agreement in areas likely to affect the client’s participation including the recording of an interview, the use of interview material for training purposes and observation of an interview by another person.
- b. The co-occurring disorders professional should make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
- c. The co-occurring disorders professional should reveal information received in confidence only when there is clear and imminent danger to the client or to other persons and then only to appropriate professional workers or public authorities.
- d. The co-occurring disorders professional should discuss the information obtained in clinical or consulting relationships only in appropriate settings and only for professional purposes clearly concerned with the case. Written and oral reports should present only data germane to the purpose of the evaluation and every effort should be made to avoid undue invasion of privacy.
- e. The co-occurring disorders professional should use clinical and other material in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

**Principle 9: Client Relationships**

The co-occurring disorders professional should inform the prospective client of the important aspects of the potential relationship.

- a. The co-occurring disorders professional should inform the client and obtain the client’s agreement in areas likely to affect the client’s participation including the recording of an interview, the use of interview material for training purposes and/or observation of an interview by another person.
- b. The co-occurring disorders professional should inform the designated guardian or responsible person of the circumstances which may influence the relationship, when the client is a minor or incompetent.
- c. The co-occurring disorders professional should not enter into a professional relationship with members of one’s own family, intimate friends or close associates or others whose welfare might be jeopardized by such a dual relationship.
- d. The co-occurring disorders professional should not engage in any type of sexual activity with a client.

**Principle 10: Interprofessional Relationships**

The co-occurring disorders professional should treat colleagues with respect, courtesy and fairness and should afford the same professional courtesy to other professionals.

- a. The co-occurring disorders professional should not offer professional services to a client in counseling with another professional except with the knowledge of the other

professional or after the termination of the client's relationship with the other professional.

b. The co-occurring disorders professional should cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

### **Principle 11: Remuneration**

The co-occurring disorders professional should establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client, of the counselor and of the profession.

a. The co-occurring disorders professional should consider carefully the ability of the client to meet the financial cost in establishing rates for professional services.

b. The co-occurring disorders professional should not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services. The counselor should not engage in fee splitting.

c. The co-occurring disorders professional in clinical or counseling practice should not use one's relationship with clients to promote personal gain or the profit of an agency or commercial enterprise of any kind.

d. The co-occurring disorders professional should not accept a private fee or any other gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. The policy of a particular agency may make explicit provisions for private work with its clients by members of its staff and in such instances the client must be fully apprised of all policies affecting the client.

### **Principle 12: Societal Obligations**

The co-occurring disorders professional should advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by co-occurring disorders, the disease of alcoholism or other forms of drug addiction. The counselor should inform the public through active civic and professional participation in community affairs of the effects of co-occurring disorders, alcoholism and drug addiction and should act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. The co-occurring disorders professional should adopt a personal and professional stance which promotes the well-being of all human beings.



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Atlanta, GA 30325

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

## APPLICATION & BIOGRAPHICAL DATA

Please type or print legibly:

Name: \_\_\_\_\_

Any other or previous name(s) used: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State County Zip

Work Site and address: \_\_\_\_\_

\_\_\_\_\_  
City State County Zip

e-mail: \_\_\_\_\_ Gender: \_\_\_\_\_

\*Would you like to receive our bi-monthly email newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

Phone: Home (\_\_\_\_)-\_\_\_\_-\_\_\_\_ 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: \_\_\_\_\_ Last 4 digits of Social Security no.: XXX-XX-\_\_\_\_\_

Ethnic Affiliation: \_\_\_\_\_

Highest Education level: 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

Certification Level Co-Occurring Disorders Professional _____
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**ASSURANCE AND RELEASE  
ETHICS STATEMENT**

**(Please Initial Where Requested as Indication You Have Read and Understand Each Section)**

\_\_\_\_\_(Initial) 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

\_\_\_\_\_(Initial) 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.

\_\_\_\_\_(Initial) I acknowledge the right of ADACBGA to verify the information in this application or to seek further information from employers, schools or persons mentioned herein.

\_\_\_\_\_(Initial) I further understand that that it is my responsibility to maintain my certification by renewing prior to my expiration date. I understand that it is an ethical violation to provide services if my certification has expired.

\_\_\_\_\_(Initial) I agree to have my current valid certificate from ADACBGA on display or easily accessible if I am treating clients.

\_\_\_\_\_(Initial) I will hold ADACBGA, 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.

\_\_\_\_\_(Initial) I further understand that ADACBGA will post on our website and 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

\*Remember to include your fee of \$150 or make an online payment with a credit card under the "Payment" page of our website.

**SUPERVISED DIRECT WORK EXPERIENCE  
PAID OR VOLUNTEER**

List in order, with last location first. Listing must demonstrate 2,000 hours for those candidates with a master's degree or above degree in a human service area and 6,000 hours for those with a bachelor's degree in co-occurring disorder (COD) or behavioral science with a clinical application

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates and hours of service: \_\_\_\_\_

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Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates and hours of service: \_\_\_\_\_

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Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates and hours of service: \_\_\_\_\_

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NAME: \_\_\_\_\_

**TRAINING AND EDUCATION RESUME**

CCDP:

- 140 hours of COD specific training which must include a focus on both substance use and mental disorders and consider the interactive relationship between the disorders

**TABLE I**

**A. Co-Occurring Disorder trainings: CCDP**

#	TRAINING	DATE ATTENDED	CLOCK HOURS
1	Ethics		6
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

**TOTAL HOURS** \_\_\_\_\_

PLEASE ATTACH COPIES OF CERTIFICATES OR REPORTS OF INSERVICE HOURS TO THIS COVER SHEET

DO NOT SEND ORIGINALS- THEY WILL NOT BE RETURNED

**Number each certificate, list them in order on this sheet, and attach to the cover sheet. Duplicate this sheet as needed.**

NAME: \_\_\_\_\_

**TABLE II**

**TRAINING AND EDUCATION RESUME**

**B. CCDP- REQUIRED – 30 hours Addiction Specific Training**

<b>#</b>	<b>TRAINING</b>	<b>DATE ATTENDED</b>	<b>CLOCK HOURS</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
			<b>TOTAL HOURS</b> _____

PLEASE ATTACH COPIES OF CERTIFICATES OR REPORTS OF INSERVICE HOURS TO THIS  
COVER SHEET  
DO NOT SEND ORIGINALS- THEY WILL NOT BE RETURNED



NAME: \_\_\_\_\_

**TABLE III**

**TRAINING AND EDUCATION RESUME**

**B. CCDP: REQUIRED- 30 hours Mental Health Specific Training:**

#	TRAINING	DATE ATTENDED	CLOCK HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

**TOTAL HOURS** \_\_\_\_\_

PLEASE ATTACH COPIES OF CERTIFICATES OR REPORTS OF INSERVICE HOURS TO THIS COVER SHEET

DO NOT SEND ORIGINALS- THEY WILL NOT BE RETURNED

Number each certificate, list them in order on this sheet, and attach to the cover sheet. Duplicate this sheet as needed.

**CLINICAL SUPERVISOR'S EVALUATION FORMS:**

I have given the Clinical Supervisor's Evaluation Form to the following Clinical Supervisors.

Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**COLLEAGUE EVALUATIONS:**

I have requested the following individuals to forward their recommendations to ADACBGA. (Please list 2 people, **other than your supervisors**, who know you PROFESSIONALLY and can attest to your PROFESSIONAL SKILLS). Provide your references with a copy of the colleague evaluation pages. Enclose an envelope addressed to ADACBGA..

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**PLEASE NOTE:** The ADACBGA. reserves the right to request further information from all employers and other persons listed on the application form. The ADACBGA. and its review committees reserve the option to request an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of a counselor and will be kept confidential by ADACBGA. Further information may be requested in order to verify training, employment, etc. This information is not available to other persons without the written consent of the applicant.

## SUPERVISOR EVALUATION

APPLICANT \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_

Professional licenses and/or certificates held \_\_\_\_\_

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

The items below represent skills needed by addictions counselors in the core functions. Please evaluate the applicant's abilities in each area. Acceptable scores are fair (2) or above.

No	Skills and Knowledges	Rating
1	Common sense in dealing with client	
2	Spontaneity with client	
3	Capacity for confrontation with client	
4	Capacity for appropriate self-disclosure	
5	Concreteness	
6	Ability to communicate effectively with client and co-workers	
7	Ability to treat client information in accordance with state and federal regulations	
8	Knowledge of addictions field	
9	Capacity for acting in an ethical manner	
10	Ability to set limits with client	
11	Ability to facilitate appropriate change in client regarding chemical use	
12	Ability to apply knowledge of physical, behavioral, attitudinal, and effective manifestations of addictions to determine its existence and degree of progression	

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

PLEASE RETURN THIS FORM DIRECTLY TO:  
ALCOHOL AND DRUG ABUSE CERTIFICATION BOARD OF GEORGIA  
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'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 FIRSHAND KNOWLEDGE OF THIS APPLICANT'S WORK AND THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE

Signature \_\_\_\_\_ date \_\_\_\_\_

**PLEASE RETURN DIRECTLY TO  
Alcohol and Drug Abuse Certification Board of Georgia, Inc.  
P.O BOX 250449  
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**Do not give to applicant unless placed in a sealed envelope with your signature across the back.**

**SUPERVISED PRACTICAL EXPERIENCE IN  
PERFORMANCE DOMAINS & CLINICAL SUPERVISION RECEIVED**

**Applicant name:** \_\_\_\_\_

**"NOTE: A minimum of 20 hours is required in each Performance Domain for CCDP, or 10 for CCDP-D. However, the total accumulated hours must be 200 for CCDP, and 100 for CCDP-D."**

**Screening & Assessment:**

- Engage client and establish rapport
- Gather and document client information
- Recognize signs and symptoms of substance use disorders
- Recognize signs & symptoms of psychiatric disorders
- Recognize interactions between co-existing mental, substance-related, and medical disorders
- Utilize relevant assessment instruments
- Develop diagnostic impressions and communicate results

\_\_\_\_\_  
**Hours Supervised**  
**TOTAL HOURS:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Signature/Date**

**Crisis Prevention & Management**

- Conduct and immediate risk assessment to determine the existence of an emergency or crisis situation
- Evaluate the nature and level of risk in a client's crisis situation by analyzing the elements of the crisis in order to implement and provide an appropriate intervention.
- Implement an immediate course of action appropriate to the crisis
- Conduct an ostentation debriefing with all parties involved with the crisis
- Develop and implement an individualized follow-up plan

\_\_\_\_\_  
**Hours Supervised**  
**TOTAL HOURS:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Signature/Date**

**Treatment & Recovery Planning**

- Interpret and evaluate clinically relevant data received from individual, significant others, assessments, and prior treatment sources to determine treatment needs
- Engage the individual and others in a comprehensive treatment planning process
- Review data with the individual and others to collaboratively identify and prioritize treatment needs
- Develop integrated treatment goals and measurable objectives with the individual and others
- Identify specific and measurable steps to achieve goals, utilizing the individual's strengths and resources
- Monitor and document individual's progress in achieving treatment goals, and modifying the treatment plan as necessary

\_\_\_\_\_  
**Hours Supervised**  
**TOTAL HOURS:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Signature/Date**

**Counseling**

- Provide a safe, empathetic environment in order to facilitate a collaborative relationship with the person and significant other
- Develop an ongoing therapeutic alliance
- Utilize appropriate integrated counseling strategies and techniques
- Evaluate the effectiveness of counseling intervention strategies
- Develop integrative discharge and aftercare plans

\_\_\_\_\_  
**Hours Supervised**  
**TOTAL HOURS:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Signature/Date**

**PERFORMANCE DOMAIN & CLINICAL SUPERVISION RECEIVED**  
**CONTINUED (Page 2)**

**Management and Coordination of Care**

- Collaborate with the individual and others to identify and prioritize strengths and needs and match to appropriate services
- Develop treatment and service options in a collaborative manner
- Access, coordinate, and facilitate referrals, community, peer and natural support systems to maximize treatment and recovery opportunities as identified in the comprehensive, integrated treatment plan
- Monitor and evaluate the delivery and coordination of services

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<b>Hours Supervised</b>	<b>Supervisor's</b>
<b>Signature/Date TOTAL HOURS: _____</b>	

**Education of the Person, their Support System and the Community**

- Educate the person and family about the symptoms of specific disorders, their interactive effects, and the relationship between symptoms and stressors
- Educate the person and family about the recovery process
- Educate the person and family about self-help and peer groups in the recovery process
- Educate the person and family about self-advocacy
- Educate the community about co-occurring disorders, the impact on the individual, family, and community and the efficacy of treatment

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<b>Hours Supervised</b>	<b>Supervisor's</b>
<b>Signature/Date TOTAL HOURS: _____</b>	

**Professional Responsibility**

- Behave in an ethical manner by adhering to multi-disciplinary codes of ethics and standards of practice
- Follow appropriate policies and procedures by adhering to federal, state, and agency regulations regarding substance use and mental health treatment as they relate to integrated care
- Recognize and maintain professional and personal boundaries
- Engage in continuing professional development based on an ongoing assessment of needs
- Participate in clinical and administrative supervision and consultation
- Advocate for public policy and resource development in support of quality services

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<b>Hours Supervised</b>	<b>Supervisor's</b>
<b>Signature/Date TOTAL HOURS: _____</b>	

**TOTAL HOURS, ALL DOMAINS: \_\_\_\_\_**  
(must total 200 for CCDP applicants and 100 for CCDP-D)

**PLEASE RETURN THIS FORM DIRECTLY TO:  
ALCOHOL AND DRUG ABUSE CERTIFICATION BOARD OF  
GEORGIA  
P.O BOX 250449  
Atlanta, GA 30325**

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

COLLEAGUE EVALUATION FORM (page 1 of 2)

Applicant name \_\_\_\_\_

Name, title of evaluator \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

Relationship to applicant? \_\_\_\_\_

I HEREBY CERTIFY THAT THIS RATING IS, TO THE BEST OF MY KNOWLEDGE, TRUTHFUL, AND REFLECTS AS ACCURATELY AS POSSIBLE MY KNOWLEDGE OF THE APPLICANT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

PLEASE RETURN THIS FORM DIRECTLY TO:

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GEORGIA  
P.O BOX 250449  
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**COLLEAGUE EVALUATION FORM CONT. (page 2 of 2)**

APPLICANT'S NAME \_\_\_\_\_

EVALUATOR'S NAME \_\_\_\_\_

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

The items below represent skills needed by addictions counselors in the core functions. Please evaluate the applicant's abilities in each area. Acceptable scores are fair (2) or above.

No	Skills and Knowledges	Rating
1	Common sense in dealing with client	
2	Respect for client	
3	Care and concern for client	
4	Empathy with client	
5	Flexibility with client	
6	Spontaneity with client	
7	Capacity for confrontation with client	
8	Capacity for appropriate self-disclosure	
9	Concreteness	
10	Ability to communicate effectively with client and co-workers	
11	Ability to treat client information in accordance with state and federal regulations	
12	Knowledge of co-occurring disorders field	
13	Capacity for acting in an ethical manner	
14	Ability to set limits with client	
15	Ability to facilitate appropriate change in client regarding co-occurring disorders	
16	Ability to apply knowledge of physical, behavioral, attitudinal, and effective manifestations of addictions to determine its existence and degree of progression	

GENERAL REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHECKLIST FOR APPLICATION**

1. Complete pages 13-20
2. Include your application fee of \$150. Acceptable forms of payment are check or money order made out to ADACBGA or online payment with a credit card under the “Contact Us” page of our website.
3. Make a copy for your records.
4. Submit forms pages 13-20 along with your application fee to the board.
5. Attach certificates of completion to education tables.
6. Have OFFICIAL transcripts sent directly to the board.
7. Give supervisors forms on pages 21-24 to all necessary supervisors and have them mail forms directly to the board. Copy forms as needed
8. Give colleague forms on pages 26-27 to colleagues and have them mail forms directly to the board
9. **SEND YOUR MATERIALS BY REGULAR MAIL ONLY!** Registered or certified mail may be delayed in delivery, as staff is not always available to sign for such mail.

**PLEASE MAIL ALL ITEMS TO:  
ADACBGA  
PO Box 250449  
Atlanta, GA 30325**

**EDUCATION HOURS:**

Education hours are defined as 50 continuous minutes spent in a formal classroom type of setting (college/university, workshop, seminar).

<p><b>COLLEGE/UNIVERSITY EDUCATION:</b> Semester Hours x 15 = Contact hours Quarter Hours x 10 = Contact Hours</p>	<p><b>OTHER EDUCATION:</b> CEU's x 10 = contact hours Actual hours spent in workshop or seminar = contact hours Inservices, etc. at the workplace will count if related to the core functions of addiction counseling</p>
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**NOTE: 6 CONTACT HOURS OF ETHICS EDUCATION MUST BE DOCUMENTED!**

Please list all applicable education on the following page. You may duplicate the page if you need more space. You must document at least 300 hours of classroom/workshop style education related to the 12 core functions of addiction counseling.

Transcripts: Documentation in the form of official college/university transcripts for all courses claimed must be sent directly from the college/university to the address listed above.