RATIONALE
The Alcohol and Drug Abuse Certification Board of Georgia, Inc. (ADACBGA.) recognizes that alcohol and/or other drug abuse treatment and criminal justice professionals working with the substance abusing criminal offender require much more focused skills. Addiction professionals, navigating within complex federal, state, and county criminal justice systems, develop unique competencies equipping individuals with a broader knowledge base to implement effective systemic treatment modalities.

Research indicates that alcohol and other drug abuse is a factor in most crimes and clearly shows that the provision of substance abuse treatment is effective in the reduction of criminal recidivism and substance abuse. Reductions of this nature present a significant cost benefit to society.

PREFACE
This document defines the role, purpose, functions and responsibilities of criminal justice professionals who work with the substance abusing criminal offender, and establishes a fair methodology for evaluation of competency. The credential defines minimum acceptable standards for counselor knowledge and skills, thereby assuring that criminal justice professionals meet an acceptable standard of competency.

The evidence is conclusive that addiction is highly correlated with criminal behavior and criminal involvement. Therefore, the adult & juvenile justice systems and providers of substance abuse treatment share a responsibility to assist drug-involved offenders in their recovery. It is this shared responsibility which has led to the development of a certification process for Criminal Justice Professionals who work with the substance abusing criminal offender.

There are certain knowledge areas and skills that are required to provide effective treatment and case management services to adult and juvenile drug involved offenders. Certified Criminal Justice Addiction Professionals must demonstrate the ability to provide effective services including assessment, case planning, case management, linking with other treatment, human services and criminal justice providers, monitoring, counseling, and advocacy. In addition, CCJPs must be knowledgeable of the rehabilitative services provided by the treatment and criminal justice systems. Knowledge is required in such diverse areas as pharmacology, treatment theories and modalities, involuntary commitment procedures, criminal case processing, court alternatives, and conditions of probation, to name a few.

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The overlap of roles and responsibilities has resulted in greater communication and interdependence among the courts, adult and juvenile justice professionals, and the alcohol and other drug abuse treatment professional. Many corrections agencies routinely provide substance abuse treatment services. Substance abuse treatment agencies provide court liaison and monitoring services. Case management of drug-involved offenders is provided by substance abuse treatment staff. The development of a credential for Certified Criminal Justice Addiction Professionals is designed to strengthen the supervision and rehabilitative potential provided by the two systems.

**CHECKLIST FOR APPLICATION**

1. Send completed pages 6-10 to ADACBGA.

2. Include check or money order for $150 payable to ADACBGA or pay online using a credit card under the “Contact Us” page of www.adacbga.org. *This fee is non-refundable.*

3. Attach certificates of attendance, inservice reports, and/or other verification of education hours to page 9, numbering the certificates and listing them on the page. Original certificates will not be returned.

4. Arrange for official college/university transcripts to be sent directly to ADACBGA.

5. Have colleagues send forms on pages 11 & 12 to ADACBGA.

6. Have supervisor(s) send supervised practical experience forms for the 300 hour practicum on pages 13 to 14 to ADACBGA.

7. Have supervisor(s) for the two years or 4000 hours of experience send the supervisor’s evaluation on page 15 and the supervisor’s statement on page 16 to ADACBGA.

**EDUCATION HOURS**

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

<table>
<thead>
<tr>
<th>COLLEGE/UNIVERSITY EDUCATION:</th>
<th>OTHER EDUCATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester Hours x 15 = Contact hours</td>
<td>CEU’s x 10 = contact hours</td>
</tr>
<tr>
<td>Quarter Hours x 10 = Contact Hours</td>
<td>Actual hours spent in workshop or seminar = contact hours</td>
</tr>
<tr>
<td></td>
<td>Inservices, etc. at the workplace will count if related to the core functions of addiction counseling</td>
</tr>
</tbody>
</table>

**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 270 hours of classroom/workshop style education related to the 12 core functions of addiction counseling.

Revised 09-2016
Transcripts: Documentation in the form of official college/university transcripts for all courses claimed must be sent directly from the college/university to:
Alcohol and Drug Abuse Certification Board of Georgia, Inc.
P.O BOX 250449, Atlanta, GA 30325

SEND MATERIALS REGULAR MAIL ONLY! Staff may not be available to sign, and your material may be returned. Regular mail is most reliable. ADACBGA is not responsible for lost items.

CERTIFICATION REQUIREMENTS

This manual describes and outlines the requirements for certification for professionals desiring to be credentialed as Certified Criminal Justice Addiction Professionals from the Alcohol and Drug Abuse Certification Board of Georgia, Inc. The credential offered at the reciprocal level is Certified Criminal Justice Addiction Professional (CCJP). Those completing the certification process successfully are eligible to receive the international reciprocal credential from IC&RC, the ICCJP (Internationally Certified Criminal Justice Addiction Professional).

A Criminal Justice Addiction Professional is a person who, by virtue of special knowledge, training and experience, is uniquely able to inform, motivate, guide and assist persons affected by problems related to the use, abuse and/or addiction to alcohol and other drugs in a criminal justice setting. For the purpose of certification, a Criminal Justice Addictions Professional is defined as a person who has primary responsibility for client care with clients having a primary diagnosis of alcohol and/or drug abuse or dependence, prepares and reviews treatment plans, and documents client progress.

The CCJP applicant must have a bachelor’s degree in a behavioral science and must document a minimum of two (2) years or four thousand (4000) hours experience of direct alcohol/drug abuse treatment with individual and/or group counseling. Persons with a Masters or above academic degree in a behavioral science field with a clinical application must document one (1) year or two thousand (2000) hours of direct experience.

The skills necessary to perform the following functions in a variety of treatment settings must be demonstrated to complete certification as Criminal Justice Addictions Professional. The profession of addictions counselors working in criminal justice settings could be broken down into six major content areas, or domains. These domains are:

1. Dynamics of Addiction and Criminal Behavior
2. Legal, Ethical, and Professional Responsibility
3. Criminal Justice System and Processes
4. Clinical Evaluation: Screening and Assessment
5. Treatment Planning
6. Case Management, Monitoring, and Participant Supervision
7. Counseling
8. Documentation

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PORTFOLIO REQUIREMENTS:

Applicants must live and/or work at least 51% of the time within the jurisdiction of the ADACBGA, or be within a nearby jurisdiction that does not offer IC&RC CCJP certification.

1. **Experience:** Defined as supervised, paid or voluntary work experience in which the applicant has direct contact and responsibility for the mandated AODA client. Formal education may be substituted for 2,000 hours of the work experience requirements for those with a masters or doctorate degree in a human service area. For those without a masters or above degree in a human services area, a total of 4,000 such work experience hours must be documented. This experience must be providing direct, supervised experience within the criminal justice setting, and must be within the past 10 years.

2. **Education:** Defined as formal classroom style education (workshops, seminars, institutes, inservices, 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 criminal justice professional performance domains. A minimum of six (6) hours of professional ethics education must be documented as a part of the educational hours required. A total of 300 hours of addiction-specific education must be documented by copies of transcripts, certificates of attendance, inservice reports, etc. All candidates for CCJP certification must have a minimum of a bachelor’s degree in a human service field in order to be eligible. Official transcripts must be sent directly to the board from the college/university.

3. **Supervised Practical Training:** Defined as a supervised criminal justice setting which teaches the knowledge and skills of the criminal justice professional. This training may be part of the eligible work experience or may be completed under more than one supervisor or agency. A recommended minimum ratio is one (1) hour of supervision to ten (10) hours of practical experience. Examples of such training are observation, co-leading a skill area, solo experience, and supervision of process. A total of 300 supervised training hours must be documented, with a minimum of 10 hours in each of the CCJP performance domains.

4. **Evaluations:** The applicant must provide three evaluations (two colleague, one supervisor) with an acceptable score on each one. One reference must be from the latest work experience supervisor; the other two must be from professional colleagues who have had the opportunity to observe the applicant’s skills and competencies. Evaluations must be returned directly to the board by the raters and may only be returned to the applicant if they are placed in a sealed envelope with the evaluator’s signature across the back seal.

5. **Code of Ethics:** The counselor must sign the code of ethics form provided in their application packet.

EXAMINATION

The tests administered by SMT Testing Company are based on the Job Task Analysis for Criminal Justice Addiction Professionals, conducted by the IC&RC in cooperation with ISO Quality Testing. The test used for reciprocal CCJPs in Georgia is the current IC&RC Criminal Justice Addiction Professional Examination. The test has been proved

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valid, reliable, and legally defensible. In order to sit for the test, the applicant must have meet all application requirements and been approved to test by the board. Candidates will then submit a test registration form with the fee of $170, at which time a candidate guide will be sent along with instructions for scheduling the exam.

The examination is given at computer based testing centers throughout the state on an ongoing basis. Once registered candidates may schedule the exam on the date and at the location of their choosing.

Upon successful completion and a passing score on the written examination, the candidate will receive the CCJP certification. The CCJP is the IC&RC, CCJP Reciprocity level.

The 12 Core Functions for a CCJP are:

1. **Screening**: The process by which a client is determined appropriate and eligible for admission to a particular program.
2. **Intake**: The administrative and initial assessment procedures for admission to a program.
3. **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 during which various services are available and the patient schedule, treatment costs to be borne by the client, if any, and the client’s rights.
4. **Assessment**: Those procedures by which a counselor/program identifies and evaluates an individual’s strengths, weaknesses, problems and needs for the development of the treatment plan.
5. **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, and decide on the treatment methods and resources to be used.
6. **Counseling**: 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.
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.
8. **Crisis Intervention**: Those services which respond to an alcohol and/or drug abuser’s needs during acute emotional and/or physical distress.
9. **Client Education**: Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.
10. **Referral**: Identifying 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.
11. **Reports and Record Keeping**: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.
12. **Consultation**: Relating with counselors and other professionals in regard to client treatment and services to assure comprehensive, quality care for the client.

Revised 09-2016
Name: ____________________________________________________________

Any other name used: _____________________________________________________________________

Home address: ________________________________________________________________

City State Zip County

Work address: ________________________________________________________________

City State Zip County

Phone: Home (___)-_______ Work (___)-__________

*As a courtesy to certified counselors we will list your county or employment, work phone number and email in a searchable database on our website. Would you like this information listed for public viewing? Yes ____ No__

E-mail address: ________________________________________________________________

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

Date of Birth: ___________ Last four numbers of Social Security no. XXX-XX-

Gender: _________Ethnic Affiliation: _____________(For statistical purposes only)

Highest Education level completed: 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.

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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 ADACBGGA 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 ADACBGGA on display or easily accessible if I am treating clients.

_______ (Initial) I will hold ADACBGGA, 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 ADACBGGA 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.

Revised 09-2016
SUPERVISED DIRECT WORK EXPERIENCE
PAID OR VOLUNTEER

List in order, with last location first. Listing must demonstrate 4000 hours for those candidates with an appropriate bachelor’s degree. 2,000 hours for those with a master’s degree.

Agency:______________________________________________________________
Address:____________________________________________________________
City, state, zip:_____________________________________________________
Supervisor:__________________________________________________________
Dates and hours of service:____________________________________________

Agency:______________________________________________________________
Address:____________________________________________________________
City, state, zip:_____________________________________________________
Supervisor:__________________________________________________________
Dates and hours of service:____________________________________________

Agency:______________________________________________________________
Address:____________________________________________________________
City, state, zip:_____________________________________________________
Supervisor:__________________________________________________________
Dates and hours of service:____________________________________________

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### EDUCATION (300 hours)

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Dates</th>
<th>Topic</th>
<th>Hours</th>
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<tbody>
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</tbody>
</table>

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

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

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EVALUATIONS

Please list the names, addresses and phone numbers of the supervisor(s) to whom you have given evaluation forms. You must have an evaluation for all hours counted toward supervised work experience. If this is not possible due to external circumstances (e.g. death, supervisor moved and unavailable), please explain.

NAME___________________________________________________________
ADDRESS________________________________________________________
PHONE__________________________________________
******************************************************************
NAME___________________________________________________________
ADDRESS________________________________________________________
PHONE________________________
******************************************************************
NAME____________________________________________________________
ADDRESS________________________________________________________
PHONE________________________
******************************************************************

Please list the names of two individuals to whom you have given colleague evaluation forms. These should be people, other than supervisors, who know you professionally and can attest to your professional skills.

NAME___________________________________________________________
ADDRESS________________________________________________________
PHONE_____________________________________________________
******************************************************************
NAME____________________________________________________________
ADDRESS________________________________________________________
PHONE______________________________________________
******************************************************************
COLLEAGUE EVALUATION FORM

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:

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!

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COLLEAGUE EVALUATION FORM

APPLICANT’S NAME______________________________________________

EVALUATOR’S NAME_____________________________________________

Following are the skills and knowledge needed by Alcohol and Drug Abuse Counselors. Please evaluate the above named applicant based on the abilities you have seen him/her demonstrate. Use the following scale to evaluate the applicant:
   1 = NOT APPLICABLE
   2 = POOR
   3 = AVERAGE
   4 = ABOVE AVERAGE
   5 = EXCELLENT

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

GENERAL REMARKS:____________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

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**SUPERVISED PRACTICAL EXPERIENCE**

**APPLICANT’S NAME______________________________________________**

**SUPERVISOR_____________________________________________________**

**AGENCY________________________________________________________**

**TO THE SUPERVISOR:**

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 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 training must be a minimum of 300 hours.

Please specify the amount of time the applicant spent in performing each of the following activities.

<table>
<thead>
<tr>
<th>CRIMINAL JUSTICE PERFORMANCE DOMAINS</th>
<th>No. Hrs of practice</th>
<th>Type Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dynamics of Addiction and Criminal Behavior: Human growth and development, dynamics of criminal behavior; addiction and related theories; relationship between criminal thinking and the addictive process; and pharmacology.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal, Ethical, and Professional Responsibility: Professional codes of ethics, conduct, and standards of practice; adhering to federal, state, local and agency regulations; nature of treatment, confidentiality rights, requirements for treatment, informed consent; obtaining continuing education; clinical and administrative supervision and consultation; recognizing personal biases, feelings, concerns and other issues; quality improvement and evaluation activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Justice System and Processes: Legal overview; court roles; juvenile and criminal justice continuum; overview of correctional settings; criminal justice theories; models of addictions treatment settings; supervision.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Evaluation: Screening and Assessment: Purpose of the assessment; conducting comprehensive assessments; obtaining and evaluating information from other sources; recognizing the signs and symptoms of intoxication and withdrawal; identifying signs and symptoms of co-existing disorders; assessing the client’s treatment and supervision needs; preparing a written summary; reviewing the results of a comprehensive assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Planning: Use relevant judicial and assessment information to guide the treatment planning process; explain assessment findings and court mandates to the participant and relevant others, examine treatment options in collaboration with the team, participant, and others, consider the readiness of the participant to engage in treatment, formulate mutually agreed-on and measurable treatment goals and objectives, identify appropriate strategies for each goal, monitor and evaluate treatment progress, continually assess the plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management, Monitoring and Participant Supervision: Integrate clinical and criminal justice supervision through continuous communication between systems to ensure accountability and desired outcomes, organize an array of services by identifying and prioritizing appropriate resources to comply with court orders and clinical requirements, assist the participant in obtaining required services to address problem areas and achieve desired outcomes, revise the plan, including a custody/supervision level by evaluating participant behavior and circumstances to achieve desired outcomes.</td>
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<td></td>
</tr>
<tr>
<td>Counseling: Providing effective counseling services; creating a therapeutic relationship; facilitating individual and group counseling; providing appropriate intervention; educating the client; identifying relapse triggers and developing coping skills/techniques; stabilizing clients in crisis; recommending appropriate referrals; developing a comprehensive discharge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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| plan. Documentation: apply accepted principles of participant record management, protect participant rights to privacy and confidentiality, prepare accurate and concise screening, intake and assessment reports, maintain a complete record of each case, report participant status and compliance to the appropriate authority by providing written documentation and/or testimony in order to measure progress and facilitate decision making, provide records to describe services and participant progress. |

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**ALCOHOL AND DRUG ABUSE CERTIFICATION BOARD OF GEORGIA**

P.O BOX 250449

Atlanta, GA 30325

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SUPERVISOR EVALUATION

APPLICANT_____________________________________________________

SUPERVISOR_____________________________________________________

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

1   Not applicable
2   Poor
3   Average
4   Above Average
5   Excellent

<table>
<thead>
<tr>
<th>No</th>
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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 __________

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

Do not give to applicant unless placed in a sealed envelope with your signature across the
back seal!

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REQUIREMENTS FOR RECERTIFICATION

CCJP certification is for a period of two (2) years. CCJPs must apply for recertification before their expiration date. 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.

Candidates for recertification are required to provide documentation to the board that they have completed 40 contact hours of professional education and development during the previous two years, 5 of these hours must be in professional ethics. 20 hours must relate to the Criminal Justice Addiction Profession and should include training in the development of professional skills described in the performance domains for Criminal Justice Addiction Professionals.

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. All fees submitted will be forfeited.

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 substance abuse 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.

Our goal is to provide competency-based certification that will assure quality care for those affected by substance abuse. Certification is a voluntary process whereby professionals with a special interest in providing treatment to substance abusers and their families may receive recognition for their competency. The purpose is to establish

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professional standards which enable counselors, allied health professionals, health service providers, third party payors, 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.

Since our original founding, IC&RC has developed international standards and testing for the addiction professional working in the area of criminal justice. ADACBGA, is offering this internationally recognized certification for professionals in Georgia who meet the standards for this credential.

**PURPOSE**

- *Formally recognize and increase the value of competency skills required of a professional working with the substance abusing criminal justice offender through the creation of a Georgia specific credential.*
- *Establish baseline standards for counselor competencies through a validated testing process.*
- *Maximize the quality of substance abuse treatment delivered to a consumer involved with the criminal justice system.*

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ALCOHOL & DRUG ABUSE CERTIFICATION BOARD OF GEORGIA, INC.
ETHICAL STANDARDS FOR
CERTIFIED CRIMINAL JUSTICE ADDICTION PROFESSIONALS
(CCJP)

The ADACBGA, Inc) wishes to thank the National Association of Alcoholism and Drug Abuse Professionals (NAADAC) for the development of these Ethical Standards and for permission to use this amended version.

Specific Principles

Principle 1: Non-Discrimination
The CCJP shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

A. The CCJP shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the CCJP guards the individual rights and personal dignity of clients.

B. The CCJP shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory and cognitive accommodations that allow clients with disabilities to receive services.

Principle 2: Responsibility
The CCJP shall espouse objectivity and integrity, and maintain the highest standards in the services the member offers.

A. The CCJP shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.

B. The CCJP, as educator, has primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.

C. The CCJP who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.

D. The CCJP who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competency
The CCJP shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the member and of the professional as a whole. The CCJP shall recognize the need for ongoing education as a component of professional competency.

A. The CCJP shall recognize boundaries and limitations of their competencies and not offer services or use techniques outside of these professional competencies.

B. The CCJP shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The CCJP shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards
The CCJP shall uphold the legal and accepted moral codes, which pertain to professional conduct.

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A. The CCJP shall be fully cognizant of all federal and Georgia laws governing the practice of alcoholism and drug abuse counseling.
B. The CCJP shall not claim either directly or by implication, professional qualifications/affiliations that they do not possess.
C. The CCJP shall ensure that products or services associated with or provided by the CCJP or means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

**Principle 5: Public Statements**
The CCJP shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

A. The CCJP, in making statements to clients, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact. All other opinions, speculations, and conjecture concerning the nature of alcoholism and drug abuse, its natural history, its treatment or any other matters which touch on the subject of alcoholism and drug abuse shall be represented as less than scientifically validated.
B. The CCJP shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of alcoholism and drug abuse, its natural history, and its treatment. Such acknowledgement should extend to the source of the information and reliability of the method by which it was derived.

**Principle 6: Publication Credit**
The CCJP shall assign the credit to all who have contributed to the published material and for the work upon which the publication is based.

A. The CCJP shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The author who has made the principal contribution to a publication must be identified as first author.
B. The CCJP shall acknowledge in footnotes or in an introductory statement, minor contributions of a professional nature, extensive clerical or similar assistance and other minor contributions.
C. The CCJP shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

**Principle 7: Client Welfare**
The CCJP shall promote the production of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all CCJP’s.

A. The CCJP shall disclose their code of ethics, professional loyalties and responsibilities to all clients.
B. The CCJP shall terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.
C. The CCJP shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
D. The CCJP shall not use or encourage a client’s participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed.
E. The CCJP shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensure the delivery.

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**Principle 8: Confidentiality**
The CCJP working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client’s rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

A. The CCJP shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client’s confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, the use of material for training or observation by another party.

B. The CCJP shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The CCJP shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.

C. The CCJP shall adhere to all federal and Georgia laws regarding confidentiality and the CCJP’s responsibility to report clinical information in specific circumstances to the appropriate authorities.

D. The CCJP shall discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client’s best interest. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be made to avoid undue invasion of privacy.

E. The CCJP shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

**Principle 9: Client Relationships**
It is the responsibility of the CCJP to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The CCJP shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

A. The CCJP shall 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 CCJP shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.

C. The CCJP shall not exploit relationships with current or former clients for personal gain, including social or business relationships.

D. The CCJP shall not under any circumstances engage in sexual behavior with current or former clients.

E. The CCJP shall not accept as clients anyone with whom they have engaged in sexual behavior.

**Principle 10: Inter-professional Relationships**
The CCJP shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

A. The CCJP shall refrain from offering 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.

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B. The CCJP shall cooperate with the ADACBGA. Ethics Committee and promptly supply necessary information unless constrained by the demands of confidentiality.

C. The CCJP shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

**Principle 11: Remuneration**
The CCJP shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client first, and then of the PROFESSIONAL, the agency, and the profession.

A. The CCJP shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients shall be made fully aware of these policies.

B. The CCJP shall consider the ability of a client to meet the financial cost in establishing rates for professional services.

C. The CCJP shall not engage in fee splitting. The CCJP shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.

D. The CCJP, in the practice of counseling, shall not at any time use one’s relationship with clients for personal gain or for the profit of an agency of any commercial enterprise of any kind.

E. The CCJP shall not accept a private fee for professional work with a person who is entitled to such services and still requests private services.

**Principle 12: Societal Obligations**
The CCJP shall, to the best of their ability, actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.