



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

TRANSFER APPLICATION FOR GEORGIA CERTIFICATION

Georgia Certified Alcohol and Drug Counselor
Levels I, II and III

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 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.

A Georgia-only Counselor certification will be made available to persons who meet the following criteria:

- 1) Have been certified as an alcohol and drug counselor by a recognized national organization and have taken a written examination in the past
- 2) Continuously certified as an alcohol and drug counselor for a period of 2/3 years.
- 3) Meet the standards outlined in the Ga. Code rules posted on the licensing board website:
 - a. Perform the 12 core functions
 - b. Education and training **300** hours
 - c. Supervised practicum 300 hours
 - d. Experience and supervision two/three years
- 4) Complete application and transfer fee
- 5) Proof of Academic Education level

Level I Criteria

- a) High School or GED
- b) Copy of current certification
- c) Verification of original date of certification
- d) Verification of initial and recertification requirements
- e) Verification of 6000 hours of work experience

Level II Criteria

- a) Bachelors Degree
- b) Copy of current certification
- c) Verification of original date of certification
- d) Verification of initial and recertification requirements
- e) Official transcript

Level III Criteria

- a) Masters or above Degree in a Human Services field with a clinical application (i.e. practicum)
- b) Copy of current certification
- c) Verification of original date of certification
- d) Verification of initial and recertification requirements
- e) Official transcript

REQUIREMENTS FOR RECERTIFICATION

GCADC I, II, III certification is for a period of two (2) years. Counselors must apply for recertification before their expiration date.

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. The training must relate to Alcohol and Drug Abuse Counseling and should include training in the development of professional skills described in the 12 core functions.

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.

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.



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GA ONLY APPLICATION & BIOGRAPHICAL DATA

Please type or print legibly:

Name: _____

*A valid state or federally issued photo ID must be submitted with this application

Any other or previous name(s) used: _____

Address: _____

City County State, Zip

Work Site and address: _____

e-mail: _____ Gender: _____

* Would you like to sign up for our newsletter via email? Yes ___ No ___

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 ___

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

Ethnic Affiliation: _____ (For statistical purposes only)

Highest Education level completed: High School or GED ___ 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.

Certification Level

Georgia Alcohol and Drug Counselor – I _____

Georgia Alcohol and Drug Counselor -II _____

Georgia Alcohol and Drug Counselor -III _____

If I do not qualify for the level chosen, I would accept the next level _____

**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 \$225 or make an online payment with a credit card under the “Payment” page of our website.

PRIOR CERTIFICATION

List in order, with last location first. Listing must demonstrate 2 years continuous certification

Agency: _____

Address: _____

City, state, zip: _____

Original dates: _____

Recertification date _____

Agency: _____

Address: _____

City, state, zip: _____

Original dates: _____

Recertification date _____

Agency: _____

Address: _____

City, state, zip: _____

Original dates: _____

Recertification date _____

CHECKLIST FOR APPLICATION

1. Send completed pages 1-3 to:
ADACBGA
P.O BOX 250449
Atlanta, GA 30325
2. Include check or money order for \$225 payable to ADACBGA.
3. Include a copy of your current Certification.
4. If applicable, arrange for official college/university transcripts to be sent to ADACBGA.
5. **SEND MATERIALS REGULAR MAIL ONLY! Staff may not be available to sign, and your material may be returned. Regular mail is most reliable.**