



California Consortium of Addiction Programs and Professionals

Inspiring Excellence, Promoting Change

Certification CADC I/II Handbook

For applications submitted on or after January 1, 2017


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CADC I/II

I. Application & Renewal Procedures

Career Ladder

Level		Fees and Details
Licensed Advanced Alcohol Drug Counselor -S	Master's or other post graduate degree Minimum 300 hours SUD specific education 45 hours clinical supervision education 4,000 hours supervised work experience (2,080 post graduate) IC&RC Advanced Exam (AADC)	New Applicant: \$309 Member; \$618 Non Member Renewal: \$250 Member; \$500 Non Member This is a reciprocal credential 50 hours of CE's (40 from an approved provider & must include 6 hours of Ethics).
Licensed Advanced Alcohol Drug Counselor	Master's or other post graduate degree Minimum 300 hours SUD specific education 4,000 hours supervised work experience IC&RC Advanced Exam (AADC)	New Applicant: \$309 Member; \$618 Non Member Renewal: \$200 Member; \$500 Non Member This is a reciprocal credential This is a reciprocal credential 50 hours of CE's (40 from an approved provider & must include 6 hours of Ethics).
Certified Alcohol Drug Counselor II	Bachelor's Degree With 315 hours SUD Specific Education and 4,000 hours supervised work experience, or 315 hours SUD Specific Education and 6,000 hours supervised work experience IC&RC Exam (ADC)	New Applicant: \$309 Member; \$618 Non Member Renewal: \$150 Member; \$400 Non Member This is a reciprocal credential This is a reciprocal credential 50 hours of CE's (40 from an approved provider & must include 6 hours of Ethics).
Certified Alcohol Drug Counselor I	Associate's Degree With 315 hours SUD Specific Education and 2,080 hours supervised work experience, or 315 hours SUD Specific Education and 3,000 hours supervised work experience IC&RC Exam (ADC)	New Applicant: \$309 Member; \$618 Non Member Renewal: \$100 Member; \$400 Non Member This is a reciprocal credential 50 hours of CE's (40 from an approved provider & must include 6 hours of Ethics).
Registered Alcohol Drug Technician	Complete 9.5 hours of education in confidentiality, ethics, and boundaries and enrolled in SUD coursework and show progress towards certification Requirements	New Applicant: \$50 through CCAPP provider Renewal: \$40 Must complete three hours of ethics and confidentiality every year

APPLICANT QUICK GUIDE

Please print and read this document in its entirety for any questions that you may have about how to complete the application for certification.

1. Once your portfolio has been compiled, you will need to make copies of each document, except your official transcripts, for your records. Please do not open your official transcripts; they will not be considered official if opened and you will then be required to obtain new transcripts for any transcript you have opened. Any documents submitted to the CCAPP office become the property of CCAPP and will not be returned to you.
2. Your portfolio will be reviewed within two to four weeks upon receipt by the CCAPP office and you will be notified via email if you have any missing documents.
3. If your portfolio is approved, you will receive email notification within two to four weeks of receipt of the application by the CCAPP office. Your documents will not be processed prior to this time frame, so please leave adequate time for processing when making career decisions.
4. If your portfolio is incomplete, you will have six months to submit the remainder of any missing documents. If you do not submit all documents within six months, you will be required to submit a new portfolio and will be required to pay the portfolio review fee again.
5. If your application requires an exam, upon approval of your application, you will be pre-registered for the IC&RC ADC Exam. You will receive two emails, one from registrations@isoqualitytesting.com with the information on how to log in and schedule your exam, and one from the CCAPP office with important instructions about taking the exam. Please check your spam email for this information.
6. When you have taken and passed the exam required for your certification, you will be issued your certificate within four to six weeks from the date of the exam completion. If your application does not require an exam, your certificate will be mailed to you within 30 days of application approval.

Disclaimer:

CCAPP Credentialing is an autonomous authority that confers credentials, standards, and requirements for CCAPP. Certification does not imply or allow the individual holder to diagnose disease, as specified under applicable state or federal law. Certification is not issued or mandated by state or federal authority.

CCAPP Credentialing recognizes that equal opportunity is fundamental to equality of in all forms of human endeavor. Therefore, all board, administrative practices and procedures are non-discriminatory.

In accordance with Title VI of the Civil Rights Act of 1964, as amended by the Civil Rights Restoration Act of 1991 (42 USC §1981, 2000e et seq), Section 504 of the Rehabilitation Act of 1973, as amended (29 USC §794), the Age Discrimination Act of 1975, as amended (42 USC §6101 et seq), Title II of the Americans with Disabilities Act of 1990 (42 USC §12101 et seq), and Title IX of the Education Amendments of 1972, neither CCAPP Credentialing officers, employees or volunteers shall discriminate against members, registrants, employees or other professionals on the basis of sex, race, color, national origin, sexual orientation, economic condition, disability, or age in the certification/registration process, or in its programs and activities. Further, they shall comply with the policy of protecting the privacy of clients and may not disclose (without written consent) confidential information acquired in the certification or registration processes.

CCAPP Credentialing Responsibilities:

1. Hire and train staff to review all applications for certification and administer written certification examinations (if applicable per policies as required by IC&RC).
2. Ensure applications meet set requirements.
3. Review appeals and/or requests and direct staff accordingly.
4. Abide by Bylaws, Articles of Incorporation, and Administrative Agreements that govern the corporation.
5. Maintain the integrity of the application process and ensure that deliberations and certification timelines of CCAPP Credentialing are designed to determine whether the applicant meets standards. That determination is the jurisdiction and responsibility of the Credentialing Board.

Applicant Responsibilities:

1. The applicant agrees to abide by the Credentialing Board's procedures and to accept its determinations.
2. Your portfolio will be reviewed within two to four weeks upon receipt by the CCAPP office and you will be notified via email if you have any missing documents.
3. If your portfolio is approved, you will receive email notification within two to four weeks of receipt of the application by the CCAPP office. Your documents will not be processed prior to this time frame, so please leave adequate time for processing when making career decisions.
4. If your portfolio is incomplete, you will have six months to submit the remainder of any missing documents. If you do not submit all documents within six months, you will be required to submit a new portfolio and will be required to pay the portfolio review fee again.
5. If your application requires an exam, upon approval of your application, you will be pre-registered for the IC&RC ADC Exam. You will receive two emails, one from registrations@isoqualitytesting.com with the information on how to log in and schedule your exam, and the other from the CCAPP office with important instructions about taking the exam. Please check your spam email for this information.
6. When you have taken and passed the exam required for your certification, you will be issued your certificate within four to six weeks from the date of the exam completion. If your application does not require an exam, your certificate will be mailed to you within 30 days of application approval.
7. The written examination is offered on demand through SMT throughout the state of California. All test results are kept confidential.
8. Upon passing the written exam, the applicant will be notified with his/her examination results within four to six weeks of completion of the exam.
9. Upon passing the examination, a certificate will be awarded accordingly.
10. If a candidate fails the written exam, the applicant may reapply after 60 days has passed, he/she may reapply to take the examination again. The candidate will not be registered for the examination prior to the 60 days.
11. The applicant will be charged the examination fee for each exam taken.
12. All certificants or candidates have the right to review their own certification records, except as noted by law. Certification complaints may or may not be released to the certificant in order to provide a safe mechanism for consumer protection. All request for file copies require a written request and a hold harmless statement be signed. Additionally, all documents remain the property of the Board and will not be released or shown to any other party unless required by statute, law, policy or regulation. Copy files/document fees may apply.

CRITERIA FOR THE ALCOHOL DRUG COUNSELOR CREDENTIALS

CADC I (Certified Alcohol and Drug Counselor Level I)

- Completion of an Associate's Degree in Behavioral Science or Allied Mental Health Profession must include 315 hours of required SUD education in AA/AS degree (See Section: Required Education for Credentialing)
- 2,080 hours of verified work experience
- Pass IC&RC ADC exam
- OR
- 315 hours of required SUD education (See Section: Required Education for Credentialing)
- And 3,000 hours of verified work experience
- Pass IC&RC ADC exam

CADC II (Certified Alcohol and Drug Counselor Level II)

- Completion of a Bachelor's Degree in Behavioral Science or Allied Mental Health Profession must include 315 hours of required SUD education in BA/BS degree (See Section: Required Education for Credentialing)
- 4,000 hours of verified work experience
- Pass IC&RC ADC exam
- OR
- 315 hours of required SUD education (See Section: Required Education for Credentialing)
- And 6,000 hours of verified work experience
- Pass IC&RC ADC exam

CADC I/II CERTIFICATION CONDITIONS

Certification will be granted for two (2) years, and will expire on the applicant's birthday.

Certification is renewable upon completion of all board requirements for continuing education and submission of fees.

The CCAPP office may refuse to act on the application if there is evidence the individual violated the professional Code of Conduct; there is evidence of falsification of records; or a current suspension/revocation, as evidenced by the review process as required by state regulations is discovered.

Any certification denied, suspended or revoked by CCAPP Credentialing provides the applicant with the ability to request an appeal. Appeal requests must be submitted in writing to the CCAPP office within 30 days. See Disciplinary and Appeals Procedures section for further explanation of this process.

Applicants applying for certification must live and/or work in the state of CA for at least 51% of the time to become certified at the reciprocal level. This is an IC&RC requirement.

Any person who is certified by CCAPP and fails to apply for renewal of certification has a period of one cycle (two years) to renew. Failure to do so will result in a lapsed certification.

CERTIFICATION FEE STRUCTURE

Certification	Non Member Rate	Member Rate*	
Portfolio Processing	\$290.00	\$145.00	Paid when portfolio submitted
Written Exam	\$338.00	\$164.00	Paid when portfolio submitted
TOTAL:	\$618.00	\$409.00	
Advancement	\$645.00	\$175.00	Due when advancing without exam
CCAPP Membership		\$100.00	Due Annually

*\$35.00 CHARGE ON RETURNED CHECKS AND \$10.00 CHARGE ON ALL DECLINED CREDIT CARDS

NOTE: All fees are non-refundable. Applicants for renewal of certification, in order to benefit and qualify for the discount offered in fees, must show membership in CCAPP for the previous two (2) consecutive years. This does not restrict applicants from applying or renewing.

*Registry status does not qualify for member rates. Registrants must also pay membership fees to receive member discount.

CREDENTIAL RENEWAL PROCEDURES:

The purpose of recertification, or renewal of certification, is to enhance the quality of alcoholism and drug abuse counseling delivered to the public and to meet the requirements for recertification by the IC&RC. This is accomplished through continuing education courses; counseling skills (basic courses), including at the Masters level, may not be used for renewal. A total of 50 hours of continuing education must be documented as follows: at least 40 hours (including six hours of counselor ethics) must be completed in workshops and seminars in continuing education units by a CCAPP approved provider and up to 10 hours may be obtained in professional development. Recertification is required every two years to conform to IC&RC requirements and in support of the industry's best practices. The CCAPP Credentialing reviews such policies on a bi-annual basis.

CRITERIA FOR RENEWAL OF CERTIFICATION - EVERY TWO (2) YEARS

The applicant must be credentialed by the California Consortium of Addiction Programs and Professionals (CCAPP). The applicant must submit a renewal application to CCAPP including:

- A. A complete application form for Renewal of Certification.
- B. Documentation on the application form, or attached sheet, of the completion of at least fifty (50) clock hours of education/training significant to the field of chemical dependency counseling. In addition to showing the hours on training on the application form, copies of certificates or transcripts verifying training/education must be attached to the application. Where a question exists about the relevancy of such training/education, the burden of responsibility falls on the applicant to demonstrate to CCAPP through further documentation (i.e., syllabus of course, workshop objectives, agendas, outcomes, letter from instructor, etc.) that such training should be considered valid and relevant toward fulfilling the applicant's renewal of credential requirements. It is essential that the applicant include all copies (not originals) of certificates, further documentation, etc., with his/her application for renewal of certification to CCAPP. Failure to do so may result in CCAPP deferring renewal of certification to the applicant until such requested items have been submitted to the CCAPP office.
- C. A signed and dated Code of Ethics/ Code of Conduct.
- D. A signed and dated "Scope of Practice" form.

CREDENTIALING RENEWAL POLICIES

1. All materials for Renewal of Certification must be received by the CCAPP at the address below thirty (30) days minimum prior to the scheduled date for renewal of certification.
2. Any person who is certified by the CCAPP and fails to apply for renewal of certification has a period of two years to renew his/her certification. Failure to do so will result in the need to apply for original certification. The current certification will not be extended through this period.
3. All materials sent to the CCAPP by the applicant for the portfolio becomes the property of the CCAPP.
4. The applicant must submit the appropriate fees at the time of application (all fees are non-refundable).

Certification	Non Member Rate	Member Rate*	
Renewal of Certification			
CADC I	\$400.00	\$100.00	Paid when application is submitted
CADC II	\$400.00	\$150.00	Paid when application is submitted
LATE FEES	\$138.00	\$70.00	(effective 30 days after expiration date)

5. Advancement may be applied for once an applicant meets the requirements for a higher credential. Applying for an advancement does not affect certification dates. Renewal date remains the same.

MAIL ALL CORRESPONDENCE TO: California Consortium of Addiction Programs and Professionals, PO BOX 214127, Sacramento, CA 95821

CERTIFICATION RENEWAL CLARIFICATION OF HOURS

Total of 50 hours required

60 minutes = 1 CEH

Preparation is 1 hour for 1 hour of presentation

I. CONTINUING EDUCATION: ALCOHOL/DRUG COUNSELING

(CCAPP provider numbers are required: minimum 40 hours)

Minimum of 40 hours (six hours must be completed in counselor ethics every renewal) must be completed in workshops and seminars in the counseling skill, and must be given by approved providers with current CCAPP approved provider numbers. It is the responsibility of the applicant to ensure that workshops have an approved provider number. All documentation must have the approved CCAPP provider number be signed by the trainer, and be in alcohol/drug skills.

Examples include: attendance at a CCAPP conference; online training courses from a CCAPP provider; designing & presenting a training for a CCAPP provider (must be documented in a letter from a supervisor to receive credit); classroom education (school must be issued an approved provider status to be accepted. All hours for renewal may be completed as continuing education from a CCAPP approved provider.

II. PROFESSIONAL DEVELOPMENT HOURS

(CCAPP provider numbers are not required; maximum 10 hours; cannot be counted toward continuing education hours)

Maximum of 10 hours can be used for renewal and are not required to be completed if all hours are completed as continuing education. Professional development hours are trainings that the applicant has attended that enhance professionalism.

Examples Include: presentation of alcohol/drug counseling and related topics (must document in a letter from supervisor to receive credit); trainings attended at a place of employment (sexual harassment, etc); self-improvement workshops and seminars; CCAPP Board of Directors meeting participation; CCAPP District meeting participation; and approved CCAPP committee volunteer work (document by submitting letter or certificate verifying participation).

Not included as professional development:

1. Volunteer 12 step work
2. Volunteer counseling at step houses/service centers
3. 12 step meeting attendance
4. 12 step conference and convention attendance
5. Group or individual counseling or psychotherapy
6. Alcohol Anonymous, AA Retreats

*To find a list of CCAPP approved providers, please see our approved provider's page:

https://www.ccapp.us/education/approved_providers/

CREDENTIAL ADVANCEMENT

\$175 Members, \$645 for Non Members (This fee includes any exams required for your advancement); \$200 for any advancement that requires an exam

Criteria for Advancement of a Credential

1. **Fee, application, code of conduct, scope of practice, hour log and verification of supervised counseling experience form.** If advancing at renewal time, within 60 days of expiration of current credential, submit the 50 hours of continuing education as required above in the renewal section.
2. **Submit a complete advancement 90 days prior to your renewal date**, failure to do so will result in a delay of the credential being updated on the registry for employers to verify, and could result in suspension or termination from employment.
3. Reciprocal (IC&RC) credentials require that the candidate applying for certification live in the state that they are certified for 51% of the year, or have reciprocated the credential to the state of residence.
4. Renewal dates will not change, even if an exam to advance to the next credential has been taken.

To Advance from CADC I to CADC II

- a) Complete advancement application
- b) Submit additional hours 3,000 hours of verified work experience
- c) Submit advancement fee of \$200 (member fee)/ \$645 (non-member fee)

OR

- d) Submit a copy of BA degree in behavioral science or AMHP
- e) Submit an additional 1,000 hours of verified work experience

- f) Submit advancement fee of \$200 (member fee)/ \$645 (non-member fee)

CREDENTIAL LAPSE POLICY

1. A CCAPP credential that has been active for an approved two year period and has not been renewed at the expiration of that two year period.
2. A military or out of state credential that has been granted contingency reciprocity by California and given an expiration date to meet California certification standards and failed to do so by that expiration date will be considered lapsed.
3. A military or out of state credential that has been granted reciprocity and given an expiration date (original certification date) and the counselor fails to provide sufficient documentation for renewal will be considered lapsed.
4. A military or out of state certification that grants certification for more than a two year period will be limited to two years in the state of California. The applicant must renew certification at the assigned date to avoid a lapsed credential.
5. In case of certification sanctions, suspension or revocation, the applicant is responsible for documenting requirements of disciplinary sanctions have been satisfied.

Opportunities to rectify lapsed credentials

Pay all fees and penalties and meet one of the following conditions:

1. Counselor must request in writing to be granted a six month extension from the current certification expiration date if certification renewal documentation will not be provided. An extension does not make the certification active, it is still considered expired, but the individual requesting the extension will not fall into a lapse period which may require submitting of a full application, retaking examinations, etc. The individual will need to provide all required continuing education units (CEU), and professional development hours (PDH) per renewal policy and pay fees per renewal application/policies.
2. If certification lapse is longer than six months, but less than one year, the counselor must request in writing to renew. The board may require additional education or requirements in order to renew certification after lapsing for this period of time.
3. If certification lapse is longer than one year, but less than two years, the counselor must request in writing to sit for the written examination, which must be passed prior to allowing recertification. Note, this certification will be considered a new certification.
4. If certification lapse is longer than two years, the counselor must request in writing to apply for certification as if an original applicant.

It is the counselor's responsibility to follow the renewal guidelines and provide appropriate documentation for renewal or certification in a timely manner.

REQUIRED EDUCATION FOR CREDENTIALING:

Academic Content Areas are required for all applicants as part of the core education and are outlined below.

ACADEMIC CONTENT AREAS: A minimum of 45 hours (three semester units) in each of the following content areas are required.

The courses listed below are consistent with the Four Domains as outlined in the IC&RC Job Task Analysis. The content areas below are not all inclusive. Educational institutes have authority to require additional courses to their program requirements.

Introduction and Overview

- Cultural lifestyle consideration; norms and differences; issues specific to special populations (e.g., ethnic minorities, women, youth, elderly, gender and sexuality, physically disabled or impaired); and the nature and extent of alcoholism/drug dependency problems among target populations
- Human behavior: theories of personality and human development; emotional states (e.g., dependency, resentment, guilt); theories of human needs and motivation; denial process
- Family dynamics: recognition of family roles, modalities of treatment; communication issues; role playing
- Treatment and recovery approaches; treatment and recovery modalities; (e.g., psychiatric, psychosocial, clinical; Alcoholics Anonymous (and other support groups); Aversion Therapy; medical modalities; behavioral modification; social model; drinking driver programs
- Program planning and client education; goals and objectives; program policies and procedures; program strengths and limitations; service delivery planning; client education

Domains met: II, and III

Physiology and Pharmacology of Alcohol and Other Drugs

- Examination of the effects of alcohol and other drugs to the body and behavior; damage to the body and behaviors; damage to the brain, liver and other organs
- Tolerance, cross tolerance, and synergistic effects
- Physiological differences between males and females
- Disease model including signs and symptoms, research, neurobiological, AMA definition, Jellinek's work, ASAM Criteria

Domains met: III

Law and Ethics

- Current legal sanctions; liabilities, auto accidents, state boards, restaurants, liquor stores, traffic laws
- Specific issues regarding employment problems
- Patient rights; professional liability
- Code of conduct or ethical codes
- Legal and regulatory restrictions; federal confidentiality regulations; state regulations; potential hazards resulting from noncompliance with regulations: state and federal agencies
- Community prevention and education: the concepts of prevention, community education and outreach; education and prevention models; effectiveness of prevention strategies and training methods; adult education techniques
- Screening techniques; communication theories and techniques; interviewing techniques; considerations for assessing client needs; resources, strengths, and limitations; identification of appropriateness and eligibility
- Intervention and referral; emphasis on the chronic disease model and recovery process; continuum of care issues, including employee assistance programs; information and referral; detoxification; various treatment modalities
- Crisis counseling techniques and theories; the signs and symptoms of potential suicide, aggression, and other self-destructive behaviors

Domains met: IV

Case Management; Assessment, Orientation, Treatment Planning and Relapse Prevention/Aftercare Planning

- Initial intake and case management; administrative requirements for admission, interpersonal dynamic and potential influence of client behaviors; signs and symptoms of physical disabilities; assessment of potential violence or self-harm; activities that bring agencies, resources and people together within a planned framework of action toward the achievement of established goals; alcohol/drug history; vocational, cultural, and educational background; lifestyle, living situation, medical, and strengths and weaknesses; development of treatment plan
- Orientation: general nature and goals of programs; rules governing conduct; infractions that can lead to disciplinary action or discharge; hours of services, costs, & client's rights
- Treatment/recovery planning; components of a treatment plan; problem solving models and processes; theories and behavioral components of change; techniques used in behavioral contracts; the stages of recovery; identification of problems, & ranking problems, realistic and unrealistic treatment goals at various stages of recovery; the value of participant concurrence or disagreement in the process; how to organize client information for presentation to other professionals; case presentation procedures
- Reports and record keeping; charting the results of the assessments & treatment plans; writing reports, progress notes, discharge summaries, and other client related data (practical application is required)
- Aftercare and follow up; the role of aftercare in the treatment process; the role and importance of client follow up; relapse dynamics; self-help groups and/or support groups (AA, NA, etc.)
- Consultation and referral; alternative resources available to provide treatment and supportive services; roles and functions of individuals & resource agencies, and their position in the decision making process; advocacy techniques; assessing the need for consultation and referral; identifying counselor limits and scope of practice

Domains met: I, and II

Individual, Group and Family Counseling

- Assisting clients in mobilizing resources to resolve his/her problems and/or to modify attitudes and values
- Exploration of problems; ramifications and examination of attitudes and feelings; consideration of alternative solutions; decision making; therapeutic approaches (e.g., Reality Therapy, RET; Brief Therapy; Motivational interviewing; etc.)
- Family counseling; (all family counseling must be relative to substance abuse issues) theories of family codependency; techniques for motivating family involvement in the treatment process; techniques of multifamily group counseling; working with family therapists; selecting therapists for family work; counselor identification of limitations relating to scope of practice
- Group counseling; purpose and function of different types of counseling groups; models of effective group techniques; stages of group; group intervention & group patterns; therapeutic factors in groups; expression, commitment, process groups, and didactic training; role of the counselor; group orientation
- This course must include practical applications in role play settings

Domain met: III

Personal and Professional Growth

- Early warning signs & symptoms of counselor burnout; unique needs of the recovering counselor; prevention techniques
- Personal and professional growth; recognizing personal strengths, limitations and knowledge to promote professional growth; importance of stress management; relaxation techniques; leisure skills & exercise; proper nutrition; time management
- The recovering counselor; "two hats" and limitations and liability; ethical situations
- Professional growth; ethics and professional conduct/standards; consultations, counselor support and performance; the skills of a successful helper; ongoing education and training; translation of the code of ethics into professional behavior
- Certification requirements; outline and review of the CCAPP Credentialing career path; review the State of California Counselor Regulations and Uniform Code of Conduct
- Professional contacts and organizations

Domain met: IV

Field Work Practicum

Course Overview:

This is a 45-hour course offered by the institution in which students receive training or educational units. Students registered in a field practicum course meet on an ongoing basis for seminars, which are supervised and directed by an assigned instructor.

The course instructor will ensure that the student is enrolled in the course and completes 255 hours at an "approved agency setting" where direct supervision is provided by a CCAPP approved supervisor. The instructor shall be available for consultation with the student. The instructor also will be an intermediary with the agency, the student, and the educational institution. The 255 hours begins during the 45 hour course of the practicum class/classes and must be completed within one year of the conclusion of the practicum class.

Supervised Field Work Practicum (Internship)

Course Overview:

The student must be under the direct supervision of a CCAPP approved supervisor and supervision must be provided on a weekly basis. The agency will complete necessary evaluation forms to be sent to the course instructor before credit can be granted for the course.

Practicum Description:

The practicum consists of 300 hours (255 hours field setting and 45 hours classroom setting) of specialized and supervised field work in a selected setting that will afford interns the opportunity to develop and refine knowledge and skills in addiction counseling.

Philosophy and Rationale for the Practicum:

The application of values, knowledge, and skills in the practice setting is essential to professional addiction counseling. The field work practicum, or internship, is the means by which students learn to apply and integrate acquired knowledge and values, and refine the skills that are taught in the classroom. This "learning by doing" approach is the most taxing form of education, but it is essential to adequate preparation for professional practice.

Learning Objectives:

The field work practicum is more than a simple observation, or the assignment of insignificant tasks. It is direct, hands-on experience in all areas of chemical dependency counseling. To complete the internship successfully, the intern must demonstrate knowledge, understanding and beginning competence in the following areas: screening; intake; orientation; assessment; treatment planning; counseling; case management; crisis intervention; client education; referral; report and record keeping; consultation with other professionals in regard to client.

Supervised Field Work Practicum (Internship) Hours Requirements

During the first week of the internship, a minimum of three hours will be devoted to a thorough orientation of the treatment program of the host agency. The subsequent week of the internship will incorporate a variety of assignments that will give interns the opportunity to practice and accomplish the objectives of the program. Weekly agency supervisory meetings to discuss intern/student progress are required. Practicum course instructor will contract with the supervising agency and the student/intern to monitor quality assurance.

During the course of the internship, the intern/student will complete a minimum of twenty-one (21) hours of practice in each of the core function areas. At the completion of the internship, the intern will have documented a minimum of 252 total hours of actual experience in the core functions.

Practicum Hourly Breakdown

I. Supervised Practicum Course = 45 hours

II. Supervised Field Work Practicum: field placement experience that must include a minimum of 21 hours in each of the 12 core functions

A. Core Function Areas = 252 hours

B. Agency Orientation = 3 hours

Total = 300 hours

Resources Materials:

Various books and journal articles directly related to chemical addiction, including new information or direction in the field, will be assigned and reviewed during the course of the internship.

Learning Activities:

The supervisor, in coordination with the practicum instructor, will be responsible for appropriate assignments of learning activities and integrative experiences, including periodic reading assignments. However, the interns are responsible for self-monitoring their progress and for initiating self-learning tasks and readings within the constraints of the host agency.

Evaluation Procedures:

The agency supervisor, the practicum instructor and the intern/student will jointly complete both a written and verbal evaluation of the internship periodically during the practicum experience, and at the conclusion of the 300 hours of internship.

Supervised Field Work Practicum Log

A log of the number of hours for each experience in performing the core function must be documented with the supervisor's signature. There must be a total of at least 21 hours per function area. The original must be submitted with the application packet. These forms may be duplicated if more than one supervisor is documenting the work experience. Your supervisor must sign and date each CORE FUNCTION, and complete the supervisor's information. Your instructor must complete the instructor's information. The supervisor must sign the evaluation form.

II. Exam Procedures

Preparing for the Alcohol Drug Counselor Examination

It is the policy of IC&RC to administer valid, reliable, legally defensible, and psychometrically sound examinations. To assist in this process, IC&RC has contracted with Schroeder Measurement Technologies (SMT) to develop, administer, and score all examinations.

SMT is an established, full-service, international testing company. SMT serves the needs of licensing and credentialing agencies with a wide range of test development and administration services.

Examinations are administered through a division of SMT called ISO-Quality Testing, Inc. (IQT). IQT provides secure, user-friendly, high-quality, examination administration around the world.

You can find out more information at their websites: <http://www.smttest.com> and isoqualitytesting.com

Examination Development

The development of a valid examination begins with a clear and concise definition of the tasks, knowledge, skills, and abilities needed for competent job performance. Using interviews, surveys, observation, and group discussions, IC&RC works with Subject Matter Experts (SMEs) in the field to delineate critical job components. The knowledge and skill bases for the questions in the examination are derived from the actual provision of services in the field.

Examination questions are written by certified individuals or those otherwise deemed as SMEs in the field. SMEs are trained in item writing best practices and assisted by IC&RC's professional testing company when writing questions. All examination questions are written in a multiple choice format with three or four response options. One of these options represents the BEST response and credit is granted only for selection of this response.

Exam Eligibility Requirements and Registration

IC&RC examinations are administered exclusively by IC&RC Member Boards. Eligibility requirements and registration processes are determined by your Member Board. Candidates interested in taking an IC&RC examination must do so through an IC&RC Member Board.

Contact your local board for information. Contact information for all IC&RC Member Boards can be found at our website www.internationalcredentialing.org.

Exam Administration

Examinations are administered via paper and pencil and Computer Based Testing (CBT). Not all forms of administration are offered by all IC&RC Member Boards. Please consult local boards in order to determine your testing options.

Candidates taking CBT examinations will be required to test at a designated IQT center. On the day of testing, candidates are required to bring a valid, government issued photo ID and their Candidate Admission Letter to the testing center. Candidates are highly encouraged to read the Candidate Admission Letter in its entirety to be aware of all IQT testing policies and procedures.

A list of all IQT testing centers can be found at this link: <http://www.isoqualitytesting.com/mlocations.aspx> or by calling IQT toll free at 866-773-1114.

CBT exams begin with a brief tutorial and end with a brief survey. Extra time is allotted to complete the tutorial and survey. A demonstration of the CBT examination format can be found at:

<https://www.iqtesting.com/Default.aspx?Function=SampleExam&Exam=8>.

Examination Dates

Computer Based Testing (CBT) is offered on-demand based on the availability of the desired testing center. Once eligibility requirements of the IC&RC Member Board to sit for the examination are met, the IC&RC Member Board will pre-register the examination through IC&RC's on-line test database. Applicants receive an e-mail with further instructions on scheduling the exam, date, time, and location.

Rescheduling, Cancelling, and Missed Exams

Computer Based Exams:

CBT exams can only be cancelled or rescheduled **5 days or more PRIOR** to a scheduled examination date. Cancelling or rescheduling an exam is done directly through IQT's website at www.iqtesting.com **only after the application for credentialing has been approved.**

Complete instructions for cancelling or rescheduling an examination are listed below. For technical assistance, please contact IQT at (866) 773-1114 (toll free).

User Instructions

1. Visit www.iqtesting.com.
2. Select "**Exam Registration**."
3. Log in using the username and password provided to you in your pre-registration email. If you forgot your password, click the "forgot password" link and it will be emailed to you.
4. Select "**IC&RC**" from the organization drop down menu and click the "**Next**" button.
5. To reschedule an exam, click "**edit**." This will cancel your current exam date and prompt you to immediately select a new date.
6. To cancel an exam, click "**cancel**." Once your exam is cancelled, you can log on to www.iqtesting.com at a later date to select a new examination date. Please note, your designated testing window to take the exam will remain the same.
7. An email confirmation will be automatically sent to you when you cancel or reschedule your examination.

You will be required to pay a rescheduling or cancellation fee to IQT before you are able to reschedule or cancel your exam. Acceptable forms of payment are Visa, MasterCard or American Express.

You are **unable** to reschedule or cancel an examination **less than 5 days PRIOR** to your scheduled examination. Exceptions are made only for the following four reasons: jury duty, death in immediate family [one] within **14 calendar days** of the examination date, illness or medical complication within **14 calendar days** prior to the examination date OR military deployment.

If one of these four reasons prevents you from testing, you must contact IQT directly and provide sufficient documentation of the event that has occurred. Documentation must be submitted to IQT within **14 calendar days** of your missed examination. There will be no additional fee incurred under these circumstances. IQT can be reached toll free at 866-773-1114.

If you fail to arrive for your examination at the scheduled time, do not have the proper identification, or your Candidate Admission Letter, you will not be permitted to sit for your exam. You will be considered a "No-Show," your examination fees will be forfeited, and you will be required to re-register and pay all fees to your IC&RC Member Board prior to sitting for the exam. Candidates who miss their scheduled examinations must reschedule with their IC&RC Member Board.

Examination Rules and Security

Failure to follow candidate instructions or conduct that results in violation of security or disruption of the administration of an examination may result in dismissal from the examination, voided examination scores, and forfeiture of examination fees.

Examples of misconduct include, but are not limited to:

- Writing on anything other than the authorized scratch paper provided at the administration site
- Looking at other candidate's examination
- Discussing examination content before, during, or after administration orally, electronically or in writing with any person or entity
- Copying or removing examination information from the testing area
- Use of cellphones or other electronic devices

Candidates may not attend the examination only to review or audit test materials. No unauthorized persons will be admitted into the testing area. All examination content is strictly confidential. Candidates may only communicate about the examination, using appropriate forms provided within the examination delivery system.

No books, papers, or other reference materials may be taken into the examination room. An area will be provided for storage of such materials.

No questions concerning the content of the examination may be asked during the examination period. The candidate should listen carefully to the directions given by the proctor and read the examination directions carefully.

Special Accommodations

Individuals with disabilities and/or religious obligations that require modifications in test administration may request specific procedure changes, in writing, to the relevant IC&RC Member Board. With the written request, the candidate must provide official documentation of the accommodation requested. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last three years. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous three months. Candidates should contact their IC&RC Member Board to inquire about other necessary documentation. Contact information for all IC&RC Member Boards can be found on our website www.internationalcredentialing.org.

The IC&RC Member Board will offer appropriate modifications to its procedures when documentation supports the need. All requests for special accommodations must be submitted to your IC&RC Member Board prior to scheduling your examination. You will receive further information on scheduling your examination with accommodations once your board has reviewed and approved the accommodation request.

Scoring of Exams

Receiving Scores:

All scores are reported to the designated IC&RC Member Board for distribution. IC&RC does not have the authority to release scores. This process takes approximately four to six weeks for CBT exams. Preliminary computer based exam scores are provided to candidates immediately following completion of the exam. Candidates seeking their official scores should contact their IC&RC Member Board. Contact information for all IC&RC Member Boards can be found on our website www.internationalcredentialing.org.

Reporting Scores

Scores are reported on a scale ranging from 200-800 with a 500 passing. The minimum scaled passing score is 500 for all examinations. Candidates are provided with official score letters that report a final scaled score and the percentages of items answered correctly in each content domain.

Scaled Scores

Scaled scores are created when the number of questions answered correctly is mathematically transformed so that the passing score equals 500 on a scale starting at 200 and ending at 800.

This transformation is very similar to converting inches to centimeters. For example, a 10 inch ribbon is also 25.4 centimeters long. The length of the ribbon has not been changed, only the units of measurement to describe its length.

The use of scaled scores allows for direct comparison of exam scores from one form of the examination to another. For security purposes, IC&RC keeps multiple forms of each examination in circulation at all times. Candidates are randomly assigned a form. The use of scaled scores allows IC&RC to report scores for every form of an examination using the same scale of 200-800 with a 500 passing.

The use of scaled scores does not influence whether a candidate passes or fails an examination. The passing of an IC&RC examination is always incumbent on achieving the minimum passing score as it is determined in the process below.

Determining a Passing Score

Passing scores for IC&RC exams are not based on a percentage of questions answered correctly.

Instead, IC&RC uses a Modified Angoff Study to determine a cut score for each examination. The Angoff method uses a systematic and documented approach to establish accurate, reliable, and legally defensible pass/fail scores.

Cut scores are determined by a panel of Subject Matter Experts (SMEs) that are working in and have demonstrated expertise in the field. SMEs work with our professional testing company to discuss the specific knowledge, skills, and abilities needed to demonstrate minimum competence.

The SMEs evaluate and rate the difficulty of each question. These ratings are then combined to determine the final cut score for the exam. The final cut score is subsequently transformed to an equivalent scaled score. All examination questions are weighted equally.

Use of Multiple Exam Forms

For every IC&RC exam, there are multiple forms of the same examination. Each form will use different questions but test the same content. Examination forms are updated and replaced on a continuous basis to ensure the security and integrity of the examination.

The use of multiple forms for the same exam will not make it easier or more difficult for candidates to pass one form of the examination. IC&RC's testing company uses statistical data on each test question to evaluate the difficulty of each examination form. The examinations are constructed in order to minimize variations in difficulty from one form to another. The passing scores for each examination form are adjusted accordingly to account for any differences in form difficulty.

Use of Pretesting Items

On each IC&RC exam, there are unweighted items that do not influence final scores. Unweighted items are also called pretest items. Pretest items are not identified on exams and appear randomly on all exam forms. Pretest items do not influence final scores or pass/fail status. IC&RC uses pretest items to pilot newly written questions to ensure item quality prior to its addition to an examination as a weighted question.

Pretesting provides verification that the items are relevant to competency, measure proficiency and helps ensure the quality of future examinations. Pretest items do not influence a candidate's score and protect candidates against poorly-performing items.

Failing Scores

Candidates who do not pass their examination are provided with percentages of correctly answered items in each content domain to better focus future study efforts. For security reasons, candidates will not be provided with their raw score (total number of questions answered correctly), total percentage of questions answered correctly, or a copy of the examination to review.

It is important to note that because the number of questions contained within each domain of the examination varies, adding or averaging the percentage correct scores in each domain will NOT be an accurate reflection of a candidate's overall examination score.

Appeals, Examination Grievances, Test Disclosure, and Retakes

Appeals

All examination scores are final. Examination scores cannot be appealed. Candidates may request a second verification of their examination score within 30 calendar days of taking their exam. To initiate this process, complete the Hand Score Request Form found at www.internationalcredentialing.org and return it to IC&RC.

IC&RC's testing company will hand score the examination against the master key and send the results directly to candidates. There is a fee for this service.

Examination Grievances

Candidates who believe an unusual event or condition related to the administration of their examination caused a significant adverse effect on their performance during their examination may submit a grievance regarding the exam administration to IC&RC for investigation.

Grievances must be submitted to IC&RC within 14 calendar days of the examination. Grievance statements must be submitted in writing, dated, and signed. Grievance statements must be accompanied by the IC&RC Exam Administration Grievance Form found at www.internationalcredentialing.org. Information to include in the grievance statement should include, but is not limited to:

- Title of exam
- Examination date
- Name and location of testing center
- Name of proctor on duty (if known)
- Detailed explanation of the situation
- Impact the situation had on exam performance

IC&RC will then investigate the specifics of the testing situation. When warranted, candidates will be offered a free retake. An exam grievance will not challenge the design or content of an examination nor overturn a failing score. There is a fee for this service. Candidates that are offered free retakes will be refunded their grievance fee.

Test Disclosure

Candidates should be aware that IC&RC exam security and item banking procedures do not permit candidates access to exam questions, answer keys, or other secure materials related to the examination. Candidates that have questions or comments about a specific examination question should request a Comment Form from their examination proctor during a paper and pencil exam or click the Comment On This Question button for CBT exams. Candidate comments will be reviewed by IC&RC for consideration. Candidates will not be contacted regarding their comments.

Retakes

Candidates interested in retaking an exam must wait 60 days after their original exam. Effective May 1, 2017, candidates needing to retake an examination must wait 90 days after the original test date. However, some IC&RC Member Boards have chosen to implement the 90-day waiting period prior to May 1, 2017. To schedule a retake and clarify the mandatory waiting period, candidates should contact their local IC&RC Member Board. Contact information for all IC&RC Member Boards can be found on our website www.internationalcredentialing.org.

The mandatory waiting period cannot be waived under any circumstances.

In addition, effective May 1, 2017, after four consecutive failed attempts, IC&RC Member Boards must require candidates to take remedial actions before a subsequent four testing attempts. The required remedial actions are at the discretion of the board, so candidates who fall into this category are urged to contact their IC&RC Member Board for details. A directory of Member Boards can be found on our website www.internationalcredentialing.org.

Examination Content

The 2013 IC&RC Alcohol and Drug Counselor Job Analysis identified **four** performance domains for the IC&RC Alcohol and Drug Counselor Examination. Within each performance domain are several identified tasks that provide the basis for questions in the examination.

Candidates will note that the final 13 questions on the exam all relate to a single case study, which is presented with those questions in the end of the exam.

Domains*	Weight on Exam
Domain I: Screening, Assessment, and Engagement	23%
Domain II: Treatment Planning, Collaboration, and Referral	27%
Domain III: Counseling	28%

Domain IV: Professional and Ethical Responsibilities	22%
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[*See Education Integration section for domain details](#)

III. Education Standards Integration

Education Standards Integration



TWELVE CORE FUNCTIONS

The counselor must be able to demonstrate competence within the practicum portion of the training process. Although the Core Functions may overlap, depending on the nature of the counselor's practice, each represents a specific skill.

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

Global Criteria:

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

- II. **INTAKE:** The administrative and initial assessment procedures for admission to a program.

Global Criteria:

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

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

Global Criteria:

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

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

Global Criteria:

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

- V. **TREATMENT PLANNING:** Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.

Global Criteria:

1. Explain assessment results to client in an understandable manner.
2. Identify and rank problems based on individual client needs in the written treatment plan.
3. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
4. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

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

Global Criteria:

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

VII. **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.

Global Criteria:

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

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

Global Criteria:

1. Recognize the elements of the client crisis.
2. Implement an immediate course of action appropriate to the crisis.
3. Enhance overall treatment by utilizing crisis events.

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

Global Criteria:

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

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

Global Criteria:

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

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

Global Criteria:

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

- XII. **CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT/SERVICES:** Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria:

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

The 4 Domains

Domain I: Screening, Assessment, and Engagement

Task 1: Demonstrate verbal and nonverbal communication to establish rapport and promote engagement.

Knowledge of:

1. Best practices related to interviewing techniques
2. Self-awareness and therapeutic use of self
3. Stages of change
4. How culture affects communication

Skill in:

1. Building trust and establishing rapport with clients
2. Recognizing and understanding verbal and nonverbal behaviors
3. Using stages of change to promote engagement

Task 2: Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.

Knowledge of:

1. Criteria for evaluation of substance use disorders
2. Significance of diagnostic reports from laboratory tests
3. Behavior, patterns, and progressive stages of substance use disorders
4. States of intoxication, stages of withdrawal, psychological and physical effects of psychoactive substances
5. Patterns and methods of misuse and abuse of prescribed and over-the-counter medications
6. Current commonly used substances
7. How blood alcohol content affects behavior
8. Professional ethics and confidentiality

Skill in:

1. Utilizing interview techniques
2. Gathering and assessing information and summarizing data
3. Assessing and determining the severity of client psychoactive substance use

Task 3: Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.

Knowledge of:

1. Current commonly used substances

2. How blood alcohol content affects behavior
3. Legal limits of blood alcohol content
4. Effects and interactions of using substances
5. Withdrawal symptoms
6. Behavioral management of an impaired person
7. Emergency procedures associated with overdose and acute withdrawal symptoms

Skill in:

1. Recognizing signs and symptoms of intoxication and withdrawal
2. Using interview techniques
3. Assessing verbal and nonverbal behavior
4. Referring to appropriate medical personnel

Task 4: Administer appropriate evidence-based screening and assessment instruments specific to clients to determine their strengths and needs.

Knowledge of:

1. The variety of substance use disorder assessment instruments and their limitations and strengths
2. The administration and scoring procedures for substance use disorder instruments
3. Diagnostic criteria for evaluating substance use
4. Behavior patterns and progressive stages of substance use disorders
5. Screening, brief intervention, and referral to treatment (SBIRT)
6. role of the client's culture, demographics, and cognitive functioning in the assessment process

Skill in:

1. Selecting and administering assessment instruments

Task 5: Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.

Knowledge of:

1. Information and resources regarding cultures, sexual orientation, gender and special needs
2. The significance of diagnostic reports from laboratory tests
3. Signs and symptoms of co-occurring mental health disorders
4. Interview processes, including objectives and techniques
5. The use and method of feedback to the client
6. How a client's financial circumstances influence treatment options

Skill in:

1. Identifying and understanding non-verbal behaviors
2. Building trust and establishing rapport
3. Gathering and assessing information
4. Identifying discrepancies in information given by client and/or concerned others
5. Determining the importance of the relationship between the client and concerned others
6. Assessing the appropriateness of involving concerned others in the assessment process
7. Recognizing a need for more in-depth information from other professionals
8. Effective use of open- and closed ended questions and other interview techniques

Task 6: Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.

Knowledge of:

1. Appropriate screening and assessment tools
2. Screening and identification of issues outside the scope of practice of a substance abuse counselor that require referrals
3. Conditions commonly associated with substance use e.g. physical needs, medical conditions and co-occurring mental health disorders
4. Crisis Intervention

Skill in:

1. Applying the use of screening and assessment instruments

2. Using interview techniques
3. Collaborating with multiple disciplinary teams to determine course of action

Task 7: Interpret results of screening and assessment and integrate all available information to formulate diagnostic impression, and determine an appropriate course of action.

Knowledge of:

1. Criteria for diagnosis of substance use disorder
2. Behaviors indicative of other addictive disorders
3. Conditions commonly associated with substance use e.g. physical needs, medical conditions and co-occurring mental health disorders
4. The relationship between substance use and trauma
5. The various manifestations of client ambivalence related to readiness to change
6. Treatment options
7. Detoxification
8. Laboratory data related to substance use disorders

Skill in:

1. Identifying and understanding verbal and nonverbal behaviors
2. Prioritizing the information obtained from the client relative to the assessment
3. Organizing and summarizing client data and clinical impressions
4. Documenting information in a concise, clinically accurate and objective manner
5. Recognizing client needs
6. Communicating treatment options

Task 8: Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.

Knowledge of:

1. Interpretation of results to integrate all available information, formulate diagnostic impressions, and determine an appropriate course of action
2. The elements of a bio psychosocial assessment
3. Appropriate recommendations for treatment planning
4. Diverse communication styles and systems
5. The various manifestations of client ambivalence relative to stages of change
6. Clinically appropriate documentation practices

Skill in:

1. Documenting information in a concise, clinically accurate and objective manner
2. Organizing and summarizing client data, reports from other professionals, and clinical impressions

Domain II: Treatment Planning, Collaboration, and Referral

Task 1: Formulate and discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client's strengths, needs, abilities, and preferences.

Knowledge of:

1. The purpose of the assessment and treatment planning process
2. Client ambivalence encountered during assessment process
3. Criteria for evaluating substance use disorders

Skill in:

1. Building trust and establishing rapport with the client
2. Eliciting feedback to assure understanding of information given
3. Communicating effectively
4. Presenting technical information in a manner appropriate to the client
5. Writing attainable and measureable goals with the client

Task 2: Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.

Knowledge of:

1. How culture, demographics and other client characteristics affect response to treatment
2. Risk factors that relate to suicide, homicide, family violence, self-injury, and other harmful behaviors
3. Methods to respond to client in crisis
4. Circumstances which may necessitate a change in the course of treatment

Skill in:

1. Collaborating with client and, when appropriate, concerned others to negotiate adjustments to the treatment plan
2. Documenting any adjustments to the treatment plan

Task 3: Match client needs with community resources to facilitate positive client outcomes.

Knowledge of:

1. Community resources to meet client needs
2. Appropriate practices regarding case consultation
3. Appropriate practices for handling confidential client information

Skill in:

1. Assessing client's needs for referral
2. Identifying professional and agency limitations
3. Responding to client and/or family in crisis
4. Planning and facilitating referral
5. Developing and maintaining working relationships with other professionals

Task 4: Discuss rationale for a referral with the client.

Knowledge of:

1. Referral rationale for group, individual and family counseling
2. Methods of responding to a client and/or family in crisis
3. Professional scope of practice in substance use disorder counseling
4. Personal/professional strengths and limitations
5. Strengths and limitations of other service providers
6. Philosophies and approaches of outside community resources
7. Rationale, benefits, and modalities of other treatment providers
8. Level of care placement criteria

Skill in:

1. Communicating warmth, respect and acceptance of cultural and individual differences
2. Communicating (oral and written)
3. Collaborating with multidisciplinary team members
4. Coordinating care

Task 5: Communicate with community resources regarding needs of the client.

Knowledge of:

1. Consultation and referral within confidentiality guidelines
2. Oral/written communication
3. Agency's policies regarding case consultation
4. Services available to family and significant others especially as they affect access to treatment and the recovery process

Skill in:

1. Explaining the rationale for decisions affecting confidentiality
2. Making clear and concise oral/written case presentations
3. Gathering, organizing, and interpreting data for case consultation
4. Interpreting written reports of other professionals
5. Seeking and responding to information from other professionals relative to own knowledge of the case
6. Identifying and using sources of supervision and consultation
7. Establishing trust and rapport with colleagues
8. Identifying appropriateness of request for information from consultation source
9. Communicating with community resources

Task 6: Advocate for the client in areas of identified needs to facilitate continuity of care.

Knowledge of:

1. Skills and services provided by other professionals
2. How to maintain working relationships with other professionals
3. Oral/written communication
4. Follow-up process with referral sources
5. Advocacy techniques
6. Eligibility requirements for funding
7. Level of care placement criteria
8. Knowledge of symptoms of substance use disorders

Skill in:

1. Collaborating with outside resources and professionals
2. Preparing comprehensive and relevant documentation in a timely manner
3. client's needs with resources
4. Making clear and concise oral/written case presentations
5. Gathering, organizing, and interpreting data for case consultation
6. Establishing trust and rapport with colleagues

Task 7: Evaluate the effectiveness of case management activities to ensure quality service coordination.

Knowledge of:

1. Skills and services provided by other professionals
2. How to maintain working relationships with other professionals
3. Utilization of consultation results
4. Understanding all aspects of the referral process
5. Understanding importance of service coordination
6. Documentation procedures for referral and follow-up
7. Individual differences (i.e., culture, ethnicity, race, age, gender, sexual orientation, HIV/AIDS status, religion) and how these differences affect all aspects of substance use disorder treatment

Skill in:

1. Communicating warmth, respect, and acceptance of cultural and individual differences
2. Effective verbal and written communication
3. Identifying and addressing personal and organizational limitations
4. Organizing and interpreting relevant information and data
5. Preparing comprehensive and relevant documentation in a timely manner
6. Applying organizational policies and procedures
7. Interpreting written reports of other professionals
8. Identifying and using sources of supervision and consultation
9. Conducting effective service coordination
10. Identifying possible conflicts of interest with outside resources

Task 8: Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.

Knowledge of:

1. Recovery process and relapse dynamics
2. Techniques to interrupt the relapse process
3. Residual effects of substance use as it affects the relapse process
4. External factors (e.g., peers, family, the environment, support groups) that influence recovery and relapse
5. Developmental stages of recovery
6. How to develop an individualized recovery plan that meets the unique needs of the client
7. Integrated service delivery within the continuum of care
8. Confidentiality best practices and administrative rules
9. Treatment planning and discharge criteria
10. Available self-directed support

Skill in:

1. Educating the client and concerned others about the recovery and relapse process

2. Recognizing client manifestations of the relapse process
3. Assessing a client's risk factors for relapse
4. Educating the client in understanding their individual relapse signs and symptoms
5. Assisting the client in intervening in the relapse process
6. Assessing community resources to support recovery
7. Guiding the client through the developmental stages of recovery
8. Collaborating with the client in developing and writing a recovery plan
9. Creating, maintaining, and monitoring effective follow-up with the client
10. Preparing client and concerned others in separation issues inherent in the referral and aftercare process
11. Recognizing addiction substitution
12. Obtaining, updating, and reviewing data related to the client
13. Explaining to the client impressions of progress and problems in the treatment process
14. Providing comprehensive and individualized discharge planning and referral services
15. Feedback procedures (e.g., reflection, reframing, interpretation, clarification)

Task 9: Document treatment progress, outcomes, and continuing care plans.

Knowledge of:

1. Informed consent and limitations of confidentiality
2. Specific rules of the treatment provider related to continuum of care and record keeping formats
3. Basic formats for written documentation in objective/medical charting
4. Components of treatment or continuing care plans according to best practices
5. Documentation standards in clinical record

Skill in:

1. Providing timely record keeping
2. Preparing clear, complete and concise written communication
3. in observable and measurable terms

Task 10: Utilize multiple pathways of recovery in treatment planning and referral.

Knowledge of:

1. Benefits and limitations of the 12 Steps and 12 Traditions
2. Benefits and limitations of other recovery support approaches
3. Benefits and limitations of harm reduction based models of recovery
4. Ways in which medical consultation and treatment may enhance the recovery process

Skill in:

1. Providing unbiased information regarding treatment approaches and assist the client in choosing the best alternative
2. Explaining difficult or contradicting concepts to clients in language that helps them understand differences in approaches to recovery
3. Collaborating with other professionals to maximize support for the recovery process

Domain III: Counseling

Task 1: Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.

Knowledge of:

1. Methods and techniques for client engagement
2. Counseling approaches (e.g., empathy, active listening, authenticity, appropriate self-disclosure)
3. Appropriate use of boundaries
4. Positive reinforcement (e.g., identifying client strengths, instilling hope, identifying client potential)
5. Transference and countertransference

Skill in:

1. Using reinforcing and affirming behaviors
2. Staying consistent in the professional role
3. Demonstrating a non-judgmental attitude
4. Identifying and interpreting verbal and nonverbal behaviors
5. Asking open-ended questions
6. Responding therapeutically

7. Determining relevant therapeutic approaches appropriate to stages of recovery
8. Responding appropriately to ambivalence
9. Identifying and managing transference and countertransference
10. The termination process, techniques, and effects

Task 2: Provide information to the client regarding the structure, expectations, and purpose of the counseling process.

Knowledge of:

1. Counseling and therapeutic process specific to substance use
2. Stages of treatment
3. Methods and techniques for enhancing client engagement
4. Recovery-oriented behavior
5. Feedback procedures (e.g., reflection, reframing, interpretation, clarification)

Skill in:

1. Communicating effectively
2. Responding therapeutically
3. Responding appropriately to ambivalence
4. Identifying and interpreting verbal and nonverbal behavior
5. Explaining the treatment process

Task 3: Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.

Knowledge of:

1. Recovery and relapse process
2. Risk factors associated with relapse
3. Feedback procedures
4. Various forms of reinforcement
5. Defense mechanisms and appropriate counseling approaches
6. Recovery -oriented systems of care (ROSC)
7. Services provided in the community and necessary referral information
8. Crisis Intervention
9. Non-life/life-threatening crises situations and impact on recovery

Skill in:

1. Obtaining, updating, reviewing, and synthesizing data related to the client
2. Communicating clearly and concisely
3. Utilizing counseling techniques
4. Building trust and establishing rapport through various counseling techniques
5. Maintaining a non-judgmental attitude
6. Assessing risk potential and responding appropriately
7. Utilizing crisis intervention techniques and documenting results
8. Utilizing crisis situations to facilitate the recovery process

Task 4: Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.

Knowledge of:

1. Appropriate counseling techniques for client needs
2. Various psychosocial needs and intrinsic motivations
3. Different types of groups, their purposes, function, and parameters
4. Various facilitator roles and techniques
5. Group dynamics and stages of group functioning
6. How differences among various populations (e.g., cultural, ethnicity, race, age, gender, sexual orientation) affect response to treatment
7. How peer influence and the community environment encourages or discourages substance use disorders
8. Family dynamics and theories of family counseling
9. Client resistance strategies and the modalities to assist the client

Skill in:

1. Observing and responding to family interaction
2. Applying different family counseling techniques
3. Assisting family members to differentiate between individual needs and family needs in the treatment process
4. Orienting clients for group counseling
5. Managing membership issues (e.g., turnover, dropout, adding new members)
6. Establishing an environment to support trust among group members
7. Developing cohesiveness and identity among group members
8. group dynamics for individual and group growth
9. Guiding group process appropriate to the developmental stage of the group
10. Terminating the counseling process with the group or an individual member
11. Determining relevant strategies appropriate to different therapeutic stages
12. and implementing appropriate counseling approaches

Task 5: Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.

Knowledge of:

1. Substance use disorder as a primary disease, including symptomatology and pharmacology
2. Behavior patterns and progressive stages of substance use disorder
3. How substance abuse disorders affect society and the family of the substance user
4. Adverse effect of combining various types of psychoactive drugs, as well as over-the-counter medications
5. The potential for cross and multiple dependencies
6. The dynamics of relapse
7. of substance abuse on various body systems (e.g., endocrine, immune, reproductive system, skeletal, neurological, muscular, respiratory, circulatory, digestive)
8. Patterns and methods of misuse and abuse of prescribed and over-the counter medications
9. Learning styles and teaching methods
10. Family dynamics and roles

Skill in:

1. Communicating effectively
2. Conveying respect for personal differences
3. Evaluating the reception of the information provided
4. Time management and organizing information

Task 6: Document counseling activity and progress towards treatment goals and objectives.

Knowledge of:

1. Oral/written communication
2. Acceptable documentation standards
3. Record keeping requirements
4. Skills and services provided by other professionals

Skills in:

1. Making clear and concise oral/written case presentations
2. Gathering and organizing data for case consultation
3. Identifying and using sources of supervision and consultation

Task 7: Provide information on issues of identity, ethnic background, age, sexual orientation, and gender as it relates to substance use, prevention and recovery.

Knowledge of:

1. A variety of cultures
2. Personal biases
3. Diagnoses of substance use disorders, treatment issues, support group and prevention strategies

Skill in:

1. Communicating effectively
2. Conveying respect for individual needs

Task 8: Provide information about the disease of addiction and the related health and psychosocial consequences.

Knowledge of:

1. Health and high-risk behaviors associated with substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted infections, hepatitis, and other infectious diseases
2. Health consequences of substance use and its relationship to other chronic disease such as diabetes, heart disease, cirrhosis and other effects of chemical substances on the body
3. Life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills
4. Emotional, cognitive, and behavioral aspects of substance use
5. Sociological and environmental effect of substance use
6. Continuum of care and resources available to develop an understanding of prevention, intervention, treatment, and recovery

Skill in:

1. Educating the client, family, and concerned others about the disease of addiction and the related health and psychosocial consequences
2. Effective oral and written communication
3. Adapting education style to the specific needs of the client

Domain IV: Professional and Ethical Responsibilities

Task 1: Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.

Knowledge of:

1. Applicable professional codes of ethics
2. Professional standards of practice
3. Client rights
4. Consequences of violating codes of ethics, confidentiality laws, and client rights
5. Jurisdictional specific rules and regulations regarding best practices
6. Grievance processes
7. Agency policies and procedures
8. Confidentiality and privacy laws

Skill in:

1. Applying professional codes of ethics to professional practice
2. Developing professional competencies through continuing education, professional supervision and training
3. Applying best practices regarding client rights

Task 2: Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.

Knowledge of:

1. Differences found in diverse populations
2. Culturally sensitive counseling techniques
3. Different resources to assist in working with clients who are members of a diverse population

Skill in:

1. Advocating for client specific needs
2. Recognizing client feelings and behaviors that result from their respective culture
3. Conveying respect for culture and diversity in the therapeutic process
4. Adapting therapeutic strategies to specific client needs
5. Assessing client substance use in light of client's cultural context
6. Assessing counselor bias

Task 3: Continue professional development through education, self-evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.

Knowledge of:

1. Education and training methods which promote personal/professional growth
2. Current professional literature on substance use
3. Information sources on current trends in the substance use field

4. Personal and professional strengths and limitations
5. Self-evaluation techniques
6. Emerging trends in the treatment of addiction
7. Clinical supervision and consultation utilization

Skill in:

1. Assessing personal training needs
2. Selecting and participating in appropriate training programs
3. Reading, interpreting, and applying professional literature
4. Applying evidence-based practices to the counseling process
5. Developing professional goals and objectives
6. Using self-assessment for personal and professional growth
7. Eliciting and using feedback from colleagues and supervisors
8. Accepting both constructive criticism and positive feedback

Task 4: Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.

Knowledge of:

1. Physical disorders that may complicate treatment of substance use disorders
2. The relationship between psychoactive substance use and trauma
3. The relationship between psychoactive substance use and other mental and emotional disorders
4. Crisis situations that need an immediate response
5. The diversity of services provided within the community and necessary referral information
6. Services available to family and concerned others as they affect treatment and the recovery process
7. The continuum of care
8. Potential conflicts of interest

Skill in:

1. Assessing the need for referral to outside services
2. Protecting and communicating client rights
3. Identifying appropriate resources for specific client needs
4. Collaborating with outside resources
5. Identifying personal and agency limitations
6. Identify legitimacy and legality of requested information

Task 5: Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.

Knowledge of:

1. Best practices for handling confidential client information
2. Essential components of client records and their uses
3. Regulations governing storage and destruction of records
4. Electronic health record utilization

Skill in:

1. Communicating effectively and sharing of client records within the rules and regulations of confidentiality
2. Applying appropriate laws and regulations for the handling of confidential information

Task 6: Obtain written consent to release information from the client and/or legal guardian, according to best practices.

Knowledge of:

1. Best practices for handling confidential client information
2. Essential components of client records and their uses

Skill in:

1. Applying appropriate laws and regulations for the handling of confidential information

Task 7: Prepare concise, clinically accurate, and objective reports and records.

Knowledge of:

1. Significance of presenting symptoms
2. Related physical and behavioral health concerns that could affect treatment
3. Client progress
4. Critical incidents and crisis intervention
5. Factors effecting prognosis development
6. Appropriate and relevant recommendations

Skill in:

1. Summarizing and synthesizing relevant client information
2. Reporting in observable and measurable terms
3. Timely record keeping

Total number of examination questions: 150

Total Number of pretest questions: 25

Total time to complete the examination, Paper & Pencil: 3 ½ hours

Total time to complete the examination, Computer Based: 3 hours

IV. Discipline and Reinstatement Policies

DISCIPLINARY AND APPEALS PROCEDURES

Whenever a registered or certified counselor becomes aware of a potential ethical violation involving a CCAPP Credentialing licensed, certified or registered individual, a complaint **MUST** be filed directly with CCAPP Credentialing (see CCAPP code of Conduct).

COMPLAINT PROCEDURE

Complete ethical complaint form, available online or upon request from the CCAPP Credentialing office.

Completed CCAAP Ethical Violation form must be submitted directly to the CCAPP Credentialing office.

Email – ethicscomplaint@ccapp.us

Fax – 916-338-9468

Mail – Email address that cc to CCAPP and DHCS

PROCESSING COMPLAINTS

Upon receiving a completed CCAPP Credentialing complaint form, the CCAPP Credentialing office will have 24 hours to:

1. Date/Time stamp the complaint form
2. Open an internal ethics investigation file
3. Forward complaint to the CCAPP Credentialing Ethics Committee Chair
4. Notify the State Department of Health Care Services

Within seven (7) business days, via registered mail, CCAPP Credentialing office staff will notify the Licensed, Certified or Registered individual (hereinafter "Respondent" of the pending ethics violation.

Upon review, the CCAPP Credentialing Ethics Chair will open an investigation.

Within seven (7) days of the original complaint date, the CCAPP Credentialing Ethics Chair will appoint an investigation committee that will be comprised of no less than two (2) voting members of the California Consortium of Addiction Programs and Professionals (CCAPP) who are in good standing, and who have no history of ethical violations.

Within 45 days of the original complaint date, the investigation committee will conduct all necessary face-to-face and telephonic interviews with individuals related to the claim, including people named in the claim, employers, and witnesses, and submit their written findings to the Ethics Chair.

Upon receipt of the investigation report, the Ethics Chair will call a telephonic Ethics Committee meeting to discuss the findings of the investigation committee and determine any sanctions according to the established consequence matrix.

Upon Completion of the Ethics Committee Meeting, and **within 60 days** of the original complaint date the Ethics Chair will notify the CCAPP Credentialing Board Chair and the CCAPP Credentialing office of its findings and recommendations.

Within **90 days** from the original complaint date, the CCAPP Credentialing office and/or the Credentialing Board Chair, using a recognized overnight carrier such as UPS or Federal Express, or the United States Post Office Priority Mail with tracking, will notify the Respondent of the investigation findings and the Ethics Committee's decision.

APPEAL PROCESS

The Respondent may appeal the final Ethics Committee decision (as ratified by the CCAPP Credentialing Chair) (hereinafter "the Decision") according to the "Appeal Process" as outlined below. The Respondent who files an appeal is referred to as the "Appellant."

The Appellant must submit a written request for an appeal to the CCAPP Credentialing office **within thirty (30) days** of the date of the decision.

Upon receipt of an appeal request, the CCAPP Credentialing Chair shall appoint an Appeals Panel to review the decision. The members of the Appeals Panel shall be voting members of CCAPP who were not part of the original Ethics Committee.

When hearing the appeal, the Appeals Panel may take any of the following actions:

Uphold the decision of the Ethics Committee's decision as ratified by the Certification Board Chair;

Rule that the Ethics Committee's decision is valid, yet impose a lesser/greater form of censure; or

Overrule the Ethics Committee's decision, while still affirming the validity of the process.

The appeal process is for individuals denied registration/certification, for those denied certification/registration renewal, for individuals whose certification was suspended or revoked, or for any other ruling as made by the Ethics Committee and ratified by the CCAPP Credentialing Chair.

The purpose of appeal is solely to determine if the Ethics Committee has accurately and adequately reviewed the Appellant's complaint as per the aforementioned procedures and rendered a reasonable decision.

Within thirty (30) days, the CCAPP Chair or his/her designate, shall transmit the appeal request to the appointed Appeals Panel, which shall conduct a formal appeals hearing.

The Appeals Panel shall schedule a hearing to occur within **ninety (90) days** of the receipt of the appeal request.

Notification of the time, place and date of the Appeals Panel hearing shall be sent to the Appellant, via any method reasonably calculated to reach the Appellant, including email, fax, postal service, delivery service or other like services, not less than **thirty (30) days** prior to the hearing date.

The Appellant has the right to appear at the hearing; has the right to counsel; and has the right to have witnesses present; legal counsel for the Appellant, if any, is not allowed to speak on behalf of the Appellant, but may be present to advise his/her client.

The Appellant may choose to submit written testimony in lieu of his/her presence at the hearing; written testimony must be submitted at least five days prior to the hearing date. Failure to show up for the hearing or provide timely written testimony will automatically result in the appeal being dismissed and the Ethics Committee's determination being upheld.

The Appeals Panel decision shall be made by majority vote. The Appeals Panel shall have **ninety (90) days** from the date it receives the appeal request to make a final decision. The Appellant shall be notified in writing of the Appeal Panel's decision within **fifteen (15) days** after the final decision. The findings and decision of the Appeals Panel are final.

An individual's certification status (suspension/revocation/sanctions etc.) will be posted on the public database (website registry); and will be posted until all sanctions are satisfactorily completed and submitted in writing and verified if applicable, or until such time is required by state regulation.

In compliance with state regulations and CCAPP Credentialing policies, all complaints filed under these procedures are publicly documented on the database (website) as "pending" until such time the case is resolved and/or decided upon; at such time the status of the certificant/registrant will be listed. Additionally, employers may be contacted per regulations as well. All certificants/registrants are required to cooperate as a condition of certification/registration. Failure to cooperate may result in immediate suspension of certification or registration, with no ability to appeal. Additionally, all registrants and certificants are required to comply with all state regulations including any adopted code of conduct.

EMERGENCY REPORT/ACTION

An "emergency report/action" is identified as an "egregious" act requiring revocation or denial of initial license/certification/registration as per the current California Counselor Certifying Organizations sanctions matrix. "Pending" will be placed on website until resolved, and the licensee/certificant/registrant could only perform non-counseling duties at his/her employment.

DEFINITION OF SUSPEND

To temporarily remove from active status may be returned after completion of reinstatement requirements.

DEFINITION OF REVOKED

Revocation of license/certification/registration is permanent.

The current table of sanctions can be viewed at www.ccapp.us/about/ethics/ or calcco.org/uniform-disciplinary-guidelines.

V. Americans with Disabilities Policies

CCAPP Complies with IC&RC ADA Policy

All reasonable accommodation requests must be filed with the member board in writing, with official documentation attached to verify the disability claimed. It is the decision of the board whether to grant accommodation and the type of reasonable accommodation to provide. As noted earlier, staff remain available to help boards comply with ADA requirements, including reviewing requests and suggesting the most appropriate course of action.

Purpose

These guidelines ensure equitable and fair treatment for candidates with documented needs for reasonable accommodations in taking board-conducted professional licensing and/or certification examinations.

Need for Reasonable Accommodation

Reasonable accommodation shall be made for candidates whose disabilities will otherwise place them at an unfair disadvantage in the examination. Accommodations are considered only to the extent necessary to give the candidate with disabilities a fair and equal opportunity to demonstrate his/her mastery of skills and attainment of knowledge in the examination content. Reasonable accommodations vary according to the type of and degree of disability. Decisions on the accommodations are made on an individual basis and shall depend on the disability, documentation provided, and the nature of the examination.

Definitions of Disabilities

The Americans With Disabilities Act (ADA) defines a person with a disability as “any person who (i) has a physical or mental impairment which substantially limits one or more of such person’s major life activities, (ii) has a record of such impairment, or is regarded as having such an impairment.” This definition includes, but is not limited to, individuals who have been identified as:

- Blind
- Deaf
- Hard of Hearing
- Learning Disabled
- Multiply Disabled
- Orthopedically Impaired
- Visually Impaired
- Other Health Impaired.

Criteria for Reasonable Accommodations

Individuals meeting one or more of the above definitions may be considered disabled and eligible for reasonable accommodations in board-conducted professional licensing and/or certification examinations. Also, individuals classified as disabled in another state, province, or country may be considered disabled by a member board.

A temporary disability (e.g., broken arm) is not considered a disabling condition under the above definition. Nevertheless, candidates having temporary disabilities that will hinder their test performance also may request reasonable accommodations for board-conducted licensing and/or certification examinations.

Documentation

Qualified candidates requesting reasonable accommodations because of disabilities must provide (at their own expense) acceptable documentation of the condition/disability. Documentation must be provided that specifies the extent to which routine testing procedures need to be modified. This will illustrate how these accommodations will prevent candidate’s disabilities from interfering with the opportunity to demonstrate his/her knowledge, skills or abilities on board-conducted professional licensing and/or certification examinations. All candidates requesting reasonable accommodations must complete and submit the Request for Reasonable Accommodations Form. A sample form may be found at the back of this booklet.

In addition to submitting the request form, candidates must provide all medical, psychological, or educational evaluations that were used by professional healthcare providers in determining any reasonable testing accommodations. Candidates that have had reasonable accommodations in their professional program of study also must have either the Department Chairperson of the professional program or the program’s Coordinator for Individuals with Disabilities, provide a letter. This letter shall explain the extent to which the candidate’s disabilities require reasonable testing accommodations, the types of accommodations made for the candidate while in study at the school, and the justifications for those reasonable accommodations.

Candidates requesting reasonable testing accommodations who have developed a disability or have been identified as having a disability subsequent to the completion of his/her professional program of study, or who have completed this professional program more than one year prior to taking the exam, must provide a completed request form as well as current (within the last year) documentation as follows:

- Candidates with newly identified physical and/or medical disabilities must provide detailed letters/reports from appropriate physicians or other licensed professional health-care providers who have diagnosed and/or treated the candidate’s physical/medical disabilities. The letters/ reports must state the nature and extent of the candidates’ disabilities, all

recommendations for reasonable testing accommodations, and provide explanations as to how and why the recommended accommodations are justified and necessitated by the candidates' disabilities.

- Candidates who have newly identified psychological and/or learning disabilities must provide reports of the results of appropriate professional evaluations (e.g., psycho-educational reports). These reports shall provide diagnoses and classifications of the disabilities, all recommendations for reasonable testing accommodations, and provide explanations of how and why the recommended accommodations are justified and necessitated by the candidates' disabilities.
- Reasonable testing accommodations are made to afford candidates with disabilities opportunities equal to those of non-disabled candidates. This allows disabled candidates to demonstrate the required knowledge, skills, or other professional-related requirements. Of primary concern in determining reasonable accommodations is the extent to which candidates' documentation defines the precise limitations imposed by the disabilities. Documentation also demonstrates how proposed reasonable accommodations minimize and overcome these limitations without compromising the integrity of the examination or providing disabled candidates with an advantage over non-disabled candidates.

Documentation provided by candidates with disabilities is confidential, will be kept in secure files for five years, and then securely destroyed. A new request form and additional documentation will be required if candidates request changes in accommodations.

Timelines for Submission of Documentation

The Request for Reasonable Testing Accommodations form and supporting documentation for reasonable accommodations should be submitted at the same time as the application for an examination is made. These materials should be sent with the application to the test administration vendor listed in the application packet.

Reasonable Accommodations for Candidates with Disabilities

The following descriptions identify some of the types of conditions warranting accommodations and provide examples of the nature of possible accommodations.

Visual Impairment

- 1) Blind. This includes candidates without vision or those with unreliable vision who may need to rely on tactile and/or aural means to obtain information (instructions and questions) during the examination. Additionally, modifications in the usual mode of examination response (i.e., paper and pencil recording) may need to be made. This allows candidates to either record their own responses or have responses recorded for them (e.g., by a scribe). The following accommodations may be considered for blind candidates:
 - brailled booklets
 - tape-recorded booklets
 - a reader
 - a scribe
 - recording devices for recording answers
 - manual brail for note taking
 - calculating devices, such as abacus or "talking" calculator
 - a "talking" computer
 - a personal tape recorder for note taking
 - extra time
 - an individual proctor
 - test location accessible by mass transit
- 2) Partially sighted or low vision. Candidates with low or limited vision may be able to perform gross visual tasks but may have difficulty with detailed visual tasks, such as printed materials, graphs, charts, diagrams, etc. A candidate's speed, endurance, and precision also may be detrimentally affected by visual disabilities. Depending upon the degree and type of disability, a candidate may need a reader or other aural means to obtain information (instructions and questions) during the examination. In some cases, modifications in the usual mode of examination response (i.e., paper and pencil recording) need to be made. This allows individuals to record their own answers or have their responses recorded for them by a scribe. The following accommodations may be considered for candidates with partial sight or low vision:
 - brailled booklets
 - tape recorded booklets
 - mechanical enlarging or magnifying equipment
 - a reader

- a scribe
- recording device for recording answers
- manual baler for note taking
- calculating devices, such as abacus or “talking” calculator
- a “talking” computer
- a personal tape recorder for note taking
- “magic marker” or black crayon for note taking
- provisions for special lighting
- extra time
- an individual proctor
- test location accessible by mass transit
- large print exam forms

Hearing Impairment

- 1) Prelingual deafness. (Deafness occurring prior to the development of language.) Candidates who are prelingually deaf may have limited language concepts that cause them difficulty in comprehending some materials in standard English. They may need to receive instructions either in print or through sign language, which may be furnished through an interpreter for the deaf who actually translates Standard English into the language familiar to the candidate. The following accommodations may be considered for pre-lingually deaf candidates:
 - written instructions for all parts of the testing sessions
 - extra time
 - an individual proctor
 - an interpreter
- 2) Post lingual deafness/hearing impairment. These candidates usually function the same as non-disabled candidates with respect to written material, but may require accommodation with respect to oral test instructions. Candidates should be seated where they have a clear view of the examination administrator giving instructions. The following accommodations may be considered for post lingually deaf/hearing impaired candidates:
 - written instructions for all parts of the testing sessions
 - an interpreter
 - special seating

Learning Disabilities

Candidates with learning disabilities may exhibit disorders in one or more of the basic psychological processes involved in understanding or using written or spoken language. Such disabilities may cause difficulties in listening, thinking, speaking, reading, writing, spelling, or performing mathematical calculations. Inability to read because of mental retardation does not fall into this category.

The following accommodations may be considered for candidates with learning disabilities:

- a reader
- tape-recorded booklets
- extra time
- an individual proctor
- a scribe
- typewriter or word processor
- recording devices for recording answers
- a personal tape recorder for note taking

Manipulative/Writing Disabilities

Candidates with manipulative/writing disabilities may be permitted accommodations only in the recording of their responses, not in reading the test questions. The following accommodations may be considered for candidates with manipulative/writing disabilities:

- a scribe
- recording devices for recording answers
- typewriter or word processor
- extra time

- an individual proctor
- “magic marker” or black crayon for note taking

Health Impairment

Health impaired candidates may exhibit medical problems and/or limited physical tolerance. They may require frequent rest periods or breaks during the examination to change position, use the lavatory, or to rest. The following accommodations may be considered for candidates with health impairments:

- special timing (e.g., 10-minute rest periods during each hour plus 30-minute rest periods after three and one-half hours); rest periods not to count toward total test time allowance
- breaks for use of the restroom or lavatory facilities; time not to be counted toward total test time allowance
- an individual proctor
- special seating
- test location near home

Orthopedic Impairment

Candidates with orthopedic impairments may have limited ambulation and/or mobility. The following accommodations may be considered for candidates with orthopedic impairments:

- test facilities accessible to persons with mobility disabilities (e.g., wheelchair accessible)
- arrangements
- bathroom facilities accessible to persons in wheelchairs
- table or desk at appropriate height and with sufficient clearance to permit comfortable work for persons in wheelchairs
- sturdy armchair and table for ambulatory persons with crutches, canes, etc.
- exam center accessible by mass transit
- exam rooms as close as possible to entrance and elevators.

Mental Impairment

Candidates with emotional or mental impairments that substantially limit major life activities may be provided reasonable accommodations for the examination. Such emotional/mental impairments may be exhibited in interpersonal relationships, by inappropriate types of behavior or feelings under normal circumstance, alterations in mood, and/or tendencies to develop physical symptoms or fears associated with personal problems. The following accommodations may be considered for these candidates:

- extra time
- separate or special seating