

WVCBAPP  
1400A Ohio Avenue  
Dunbar, WV 25064  
304-768-2942  
304-768-1562 FAX

Application Form  
Continuing Education Approval  
Approved Provider Status  
For Use to Become a 3-Year Approved Provider

DATE of APPLICATION \_\_\_\_\_

AGENCY/BUSINESS NAME \_\_\_\_\_

APPLICATION/CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

\_\_\_\_\_ Enclosed is a \$300 non-refundable application fee.

NAME AND CERTIFICATION NUMBER OF CAC OR CPSII REVIEWING TRAINING

\_\_\_\_\_

ADDRESS OF CAC OR CPSII REVIEWING TRAINING IF DIFFERENT FROM ADDRESS ABOVE

\_\_\_\_\_

\_\_\_\_\_

\*\*\*CERTIFICATES OF ATTENDANCE MUST BE PROVIDED TO ALL PARTICIPANTS FREE OF  
CHARGE\*\*\*

I hereby attest that all information provided in this application is true and valid to the best of my knowledge.

\_\_\_\_\_  
Supervising CAC or CPSII Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

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Event Description Form

(To be used to report training events to WVCBAPP  
after Approved Provider Status has been obtained.)

1. Approved provider agency, program or individual name: \_\_\_\_\_

\_\_\_\_\_

2. Title of Training Event: \_\_\_\_\_

\_\_\_\_\_

3. Date and location of training: \_\_\_\_\_

\_\_\_\_\_

4. Number of contact hours: (50 minutes = 1 contact hour): \_\_\_\_\_

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CONTINUING EDUCATION APPROVED PROVIDER STATUS POLICY

It is the policy of the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP) that approved provider status shall be conveyed to agencies, programs or individuals who demonstrate the capacity to conduct and provide professional development events that enhance the knowledge, skills and abilities of addiction and prevention professionals. Approved provider status will permit the agency, program or individual to conduct professional development events/training for which professionals are eligible to receive continuing education hours to be applied toward re-certification requirements.

The approved provider status will remain in effect for three (3) years, at which time a new application for approved provider status will be completed. The applicant for approved provider status will do the following:

- [A] Complete and submit the approved provider application form and a fee of \$300 made payable to WVCBAPP.
- [B] On the form, name a Certified Addiction Counselor or Certified Prevention Specialist II who will be charged with reviewing training events to assure adherence to practice consideration, 12 Core Functions, Counselor Skills and Knowledge areas as delineated in the certification manuals and the approved provider application form.
- [C] Submit sample documentation of at least three prior presentations sponsored by the agency, program or individual in the past. The samples would include: agendas, curriculum vitae or professional resumes of presenters, methods of participant evaluation, methods of recording attendance.
- [D] Notify WVCBAPP whenever the named CAC or CPSII reviewing the training changes.
- [E] Complete and submit a description for each sponsored event within 30 days of the event.

WVCBAPP will review completed applications and notify applicants of approved provider status by main within 30 days of application.

Please check mark all which will be addressed by the training

## **12 CORE FUNCTIONS OF ADDICTION COUNSELING**

- ( ) **SCREENING:** The process by which a client is determined appropriate and eligible for admission to a particular program.
- ( ) **INTAKE:** The administrative and initial assessment procedures for admission to a program.
- ( ) **ORIENTATION:** Describing to the client the 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.
- ( ) **ASSESSMENT:** Those procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan.
- ( ) **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.
- ( ) **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.
- ( ) **CASE MANAGEMENT:** Activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.
- ( ) **CRISIS INTERVENTION:** Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.
- ( ) **CLIENT EDUCATION:** Provision of information to individuals and groups concerning alcohol and other drugs abuse and the available services and resources.
- ( ) **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.
- ( ) **REPORTS AND RECORD KEEPING:** Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.
- ( ) **CONSULTATION 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.

Please check mark all which will be addressed by the training

**SKILLS AND KNOWLEDGE AREAS OF ADDICTION COUNSELING**  
**(Please see the Counselor Certification Manual for a Complete List)**

- ( ) Human Behavior
- ( ) Signs and Symptoms of Alcohol and Other Drug Abuse (including pharmacological factors)
- ( ) Behavioral Addictions (including gambling, eating disorders, sexual addiction)
- ( ) Counseling Approaches, Modalities, Philosophies, Techniques, Methods and Objectives
- ( ) Working Therapeutically With Individuals, Groups and Families
- ( ) Communication Skills
- ( ) Establishing Rapport
- ( ) Continuum of Care (including Case Management)
- ( ) DUI Safety and Treatment
- ( ) Federal, State and Local Statutes, Administrative Rules and Regulations
- ( ) Ethics
- ( ) Chemical Dependency Resources at the Federal, State and Local Level (including agencies, organizations, facilities)
- ( ) How to Refer to and utilize 12 Step and Other Support Groups (Attendance at 12 Step meetings is not included)
- ( ) Clinical Supervision
- ( ) Other (please describe and be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_