

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

Application Form
Continuing Education Approval
Individual
Part I

DATE OF APPLICATION _____

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

APPLICANT'S PHONE NUMBER _____

TRAINING/WORKSHOP TITLE _____

SPONSORED BY: NAME _____

ADDRESS _____

PHONE NUMBER _____

_____ Enclosed is a \$10.00 non-refundable application fee.

Part II

EDUCATION TRAINING DESCRIPTION

Please read the enclosed "Knowledge and Skills" and "Counselor Core Functions". Using the material designation (ie. A-4, C-4 etc. for Knowledge & Skills and 4,5 for Counselor Core Functions) indicate which will be emphasized in the training event. If you are applying for approval for an event which has several different sessions and presenters, please make multiple copies of the attached form. Complete one form per session. The Continuing Education Committee requires that you submit with your re-certification application information (certificate, etc.) documenting your attendance at this training. The Committee will respond to the applicant in a minimum of two weeks from receipt of the application.

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

Authorizing Signature

Name Printed

Date

NOTE: This form is for Certified Counselors to utilize in getting approval for training that has not been approved through this Certification Board by the sponsor of the training.

EDUCATION TRAINING DESCRIPTION

NAME OF SESSION _____

DATE(S) OF SESSION _____

OBJECTIVES FOR SESSION _____

KNOWLEDGE & SKILLS EMPHASIZED _____

COUNSELOR CORE FUNCTIONS EMPHASIZED _____

INSTRUCTORS CREDENTIALS _____

OTHER INFORMATION USEFUL IN EVALUATING TRAINING FOR THE PURPOSE OF
WVCBAPP CERTIFICATION BOARD ENDORSEMENT:

NUMBER OF CONTACT HOURS FOR THIS SESSION _____

* ONE CONTACT HOUR EQUALS 50 MINUTES OF CONTINUED STRUCTURED
LEARNING EXPERIENCE.

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) _____

