WEST VIRGINIA CERTIFICATION BOARD

 FOR ADDICTION AND PREVENTION PROFESSIONALS

 436 12th Street, Suite C

 DUNBAR, WV 25064

 (304) 768-2942

 (304) 768-1562 FAX

**APPLICATION FOR ADVANCED ALCOHOL & DRUG COUNSELOR**

**THE ENTIRE APPLICATION MUST BE TYPED AND THE ORIGINAL AND ONE COPY MUST BE SUBMITTED.**

 Guidelines and Procedures for Completing

 The Certification Process

Please carefully read these application materials and the Counselor Certification Manual in their entirety **BEFORE** you complete any portion of the application. It is the responsibility of the applicant to meet all deadlines. If a deadline for submission of documentation is missed, a late fee may be assessed. **TIMELY SUBMISSION OF ALL FEES AND MATERIALS** is of utmost importance. Fees are non-refundable.

Payment of fees is best made by Paypal, Postal Money Order or Cashier’s Check, since personal checks that are returned for insufficient funds will cause you to be assessed a penalty fee of $20 beyond the bank charge for such.

THIS APPLICATION PACKET CONTAINS:

1. Certification Procedures and Guidelines (Page 2)

2. Application (Pages 3 - 16)

 3. Demographic Data Form (Page 4) You must submit a photocopy of a government-issued photo

 ID with this application. This same photo ID must be brought to the testing center. You will not be

 admitted to test unless the name by which you were pre-registered by WVCBAPP matches the name on

 the ID.

Some individuals find questions of age or race to be offensive. This information is requested so that the Board can respond to national surveys by NAADAC and IC&RC. Leave blank race or age questions which offend you. Complete all other demographic data questions.

4. Fee Schedule (Page 3)

5. Certification of Truth - Notary Page (Page 16) All applications must be notarized.

6. Submission check list (Page 17). Be sure to use the check list to assure that your application is complete.

7. Optional Workforce Survey

**The WVCBAPP Code of Ethics is located**

 **In Appendix B of the Certification Manual.** WEST VIRGINIA CERTIFICATION BOARD

 FOR ADDICTION AND PREVENTION PROFESSIONALS

ADVANCED ALCOHOL & DRUG COUNSELOR

CERTIFICATION PROCEDURES AND GUIDELINES

**1. Application/portfolio must be received and complete before your test will be scheduled.**

**2. Notification of the Results of the Application/Portfolio Review**

Applicants will be notified by the WVCBAPP regarding the status of the application, missing or deficient items, and approval to sit for the test, etc., in a timely manner. The application packet and documentation of qualifications must be complete in order for the applicant to be eligible to take the IC&RC AADC test.

**3. Exam**

The IC&RC AADC Computer Based Test (CBT) date will be arranged once the application is received and has been reviewed and found to be complete.

WEST VIRGINIA CERTIFICATION BOARD

 FOR ADDICTION AND PREVENTION PROFESSIONALS

 APPLICATION FOR ADVANCED ALCOHOL & DRUG COUNSELOR CERTIFICATION

 **THE ENTIRE APPLICATION MUST BE TYPED**

**A. FEES:**

I understand that the application process requires pre-payment of the **NON-REFUNDABLE** application fee. I have enclosed a check, postal money order or cashier’s check, or I have paid via Paypal. I wish to be considered as an applicant for certification as:

 ( ) Advanced Alcohol and Drug Counselor (AADC) $75.00

 (Requires a Masters Degree)

 (IC&RC Reciprocal Credential)

( ) I am an ADC and wish to become an AADC $25.00

 (Indicate your Certificate Number below)

MY CERTIFICATE NUMBER: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE SOCIAL SECURITY NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT YOUR NAME HERE

 WEST VIRGINIA CERTIFICATION BOARD

 FOR ADDICTION AND PREVENTION PROFESSIONALS

 APPLICATION FOR ADVANCED ADDICTION COUNSELOR CERTIFICATION

AN EMAIL ADDRESS IS MANDATORY

B. DEMOGRAPHIC DATA- You must **submit a photocopy of a government-issued photo ID** with this application. This same photo ID must be brought to the testing center. You will not be admitted to test unless the name by which you were pre-registered by WVCBAPP matches the name on the ID.

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST MIDDLE FIRST Maiden or Nickname

PREFERRED ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET, P.O. BOX APT. NUMBER/SUITE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY STATE ZIP CODE

ALTERNATE ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET, P.O. BOX APT. NUMBER/SUITE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY STATE ZIP CODE

WORK PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS NAME OR AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF BUSINESS OR AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER: ( )FEMALE ( )MALE BIRTH

RACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(OPTIONAL. USED FOR STATISTICAL PURPOSES ONLY)

ARE YOU IN PRIVATE PRACTICE? ( )YES ( )NO

HIGHEST ACADEMIC DEGREE: \_\_\_\_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LICENSES: ( )SOCIAL WORK ( )COUNSELING ( )MEDICINE

( )PSYCHOLOGY ( )NURSING

( )OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST YEAR OF EMPLOYMENT IN THE ADDICTION FIELD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 APPLICATION FOR ADVANCED ALCOHOL & DRUG COUNSELOR

**PHOTOCOPY THIS PAGE AS NEEDED TO DOCUMENT**

**ALL OF YOUR ADDICTION-SPECIFIC WORK EXPERIENCES**

**THE AADC CREDENTIAL REQUIRES 36 MONTHS (6000 HOURS) OF ADDICTION SPECIFIC WORK EXPERIENCE, ONE YEAR (2000 HOURS) OF WHICH MUST BE POST-MASTERS. DOCUMENT THAT YEAR ON PAGE 7.**

C. QUALIFYING WORK EXPERIENCE: **ADDICTION - SPECIFIC**

Please refer to the Certification Manual for specific criteria for each level of certification and definition of terms. The point of this portion of the application is to provide accurate information regarding the amount of time you have spent doing **addiction-specific work.**

List your most recent employment first. Then, from your past employment, select **ONLY** those work experiences which you feel **BEST** fit the description of **QUALIFYING WORK EXPERIENCE** as defined in the Certification Manual. "Full-time Equivalent Work" means that you spent at least 35 hours per week in work-related activities. One **MAY NOT** earn more than one year's experience in one 12-month period.

1. **WORK EXPERIENCE SPECIFIC TO ADDICTION:**

If addiction-specific counseling experience represents only a portion or percentage of a full-time job, report **ONLY** the addiction-related work in this category. You may report the remaining portion under general work experience (later in the application) if applicable. Example: You have a full-time job that is 20% administrative, 20% addiction counseling, and 60% counseling other populations. **Only the addiction counseling should be reported here.** The other 80% can be reported under "General Work Experience". Please read the Certification Manual definition carefully before filling out this part.

EMPLOYER/AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 YOUR JOB TITLE

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was this a ( ) Paid or ( ) Volunteer Position?

BRIEFLY DESCRIBE JOB DUTIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATES: Beginning \_\_\_\_/\_\_\_\_ /\_\_\_\_\_ Ending \_\_\_\_/\_\_\_\_ /\_\_\_\_

 Month day year month day year (Enter a date.

 Don’t enter “present”)

Was this a full-time addiction-specific job? (At least 35 hours/week) ( ) Yes ( ) No

If not full-time addiction-specific, how many addiction-specific hours a week did you work? \_\_\_\_\_\_\_\_\_

**For Board Use:**

**A. # of months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **B. % of full-time (35/week = 100%, 7/week = 20%, etc.)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. Actual months worked (# Months x % of full-time)**

**D. # months of addiction specific work \_ \_\_\_\_**

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C. QUALIFYING EXPERIENCE, Contd. **ATTACH ADDITIONAL SHEETS IF NECESSARY**

 See Counselor Certification Manual for Definitions

2. **POST GRADUATE WORK EXPERIENCE -** This phrase is used to mean responsible supervised employment or supervised volunteer work providing counseling services to persons with the primary problem of alcoholism/drug addiction/dependency. This experience must begin after attaining the Master’s Degree. One year (2000 hours) required.

ON WHAT DATE WAS YOUR MASTERS DEGREE AWARDED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER/AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 YOUR JOB TITLE

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Paid Position ( ) Volunteer Position

BRIEFLY DESCRIBE JOB DUTIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATES: Beginning \_\_\_\_/\_\_\_\_ /\_\_\_\_\_ Ending \_\_\_\_/\_\_\_\_ /\_\_\_\_

 Month day year month day year (Enter a date.

 Don’t enter “present”)

Was this a full-time job? (At least 35 hours/week) ( ) Yes ( ) No

If not fulltime, how many hours a week did you work? \_\_\_\_\_\_\_\_\_

**For Board Use:**

**A. # of months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **B. % of full-time (35/week = 100%, 7/week = 20%, etc.)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. Actual months worked (# Months x % of full-time)**

 **D. # months of addiction specific work \_\_\_\_\_**

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APPLICATION FOR ADVANCED ALCOHOL & DRUG COUNSELOR

**D. SUPERVISED PRACTICAL EXPERIENCE - SPE**

(A college practicum/internship may be used but is not required - see Certification Manual)

The SUPERVISED PRACTICAL EXPERIENCE consists of work during which the applicant receives no less than 50 percent of the supervision hours required from an ADC-S, AADC, or AADC-S. An ADC who does NOT have the CS credential may not supervise the SPE. Others whom may perform supervision must be licensed or credentialed in a human service field. The amount of supervision required varies, depending on how much education you have:

|  |  |
| --- | --- |
| **AMOUNT OF EDUCATION** | **AMOUNT OF SUPERVISION REQUIRED** |
|  |  |
| High School Diploma or Jurisdictional Equivalent | 300 Hours of Supervision |
| Associate’s Degree in a Related Field | 250 Hours of Supervision |
| Bachelor’s Degree in a Related Field | 200 Hours of Supervision |
| Master’s Degree or Higher in a Related Field | 100 Hours of Supervision |

**YOU MUST DOCUMENT THE FOLLOWING:**

1. Beginning and ending dates of the work experience

2. Number of hours completed and the credentials of the supervisor (ADC-S, AADC, AADC-S).

3. Defined Learning Goals.

Those goals must give evidence that the practicum covered at least ten (10) hours of experience in each of the four Domains. The goals must be specific to the knowledge areas of addiction, listed under “performance domains: tasks and knowledge” in the Certification Manual. The intent of this section of the application is that you communicate what you were learning during the SPE. These learning goals may be developed by the applicant alone, or with the help of the supervisor. The form must be signed by both. Letters of reference from the work supervisor do not replace the documentation of the Supervised Practical Experience, which must be presented according to the format on the forms provided.

4. Methods (specific things you did) during the practicum in each Domain.

You must document **TASKS AND BEHAVIORS THAT YOU PERFORMED**. Do not indicate topics that you and your supervisor discussed, books you read or classes you took. The intent of this section of the application is that you communicate the professional behaviors and activities that you performed during your SPE.

**THE ATTACHED SAMPLE GRID MAY BE USED AS AN OUTLINE FOR THE SUPERVISED PRACTICAL EXPERIENCE DOCUMENTATION OR YOU MAY ORGANIZE YOUR OWN FORM. BUT IT MUST DOCUMENT GOALS & METHODS IN EACH OF THE 4 DOMAINS**

 YOU MAY LIST AS MANY GOALS AND METHODS AS YOU WISH,

 BUT AT A MINIMUM LIST TWO GOALS FOR EACH DOMAIN AND TWO METHODS FOR EACH GOAL.

YOU MAY PHOTOCOPY THE ATTACHED FORMS OR RE-TYPE OR RE-DESIGN THEM TO ACCOMMODATE YOUR NEEDS FOR DOCUMENTING YOUR SUPERVISED PRACTICAL EXPERIENCE.

**PLEASE NOTE:** There are **THREE** ways of completing and documenting a supervised practical experience:

* 1. **PROSPECTIVE**

Before actually beginning the SPE, you meet with your clinical supervisor and write up the SPE outline, specifying what your goals are for each Domain or Core Functions, and what you will do (Methods) to achieve these goals. Then you do your Supervised Practical Experience, completing the tasks (methods) for each Domain. You document your supervision sessions on the Supervision Log on the following page.

2. **CURRENT**

You may already be working under supervision and may have completed some of your SPE, but perhaps have not written out the outline yet. Complete the Goals portion of the SPE outline and then document professional activities you have already completed, and additional activities that you will complete, which fit with those goals, in the Methods section of the outline. You document your supervision sessions on the Supervision Log on the following page.

3. **RETROSPECTIVE**

In the past you worked under supervision and completed a variety of tasks in all of the four Domains but are no longer at that agency or in that job. Complete the outline by writing up goals (that detail the things you learned to do) and describing those professional activities (Methods) you completed in order to meet those goals. If you use the “retrospective” method of completing your SPE, you must have it signed **by the individual who supervised you at the time of that employment.** That individual must be an AADC-S, AADC, or ADC-S. Your present clinical supervisor can only sign off on this if he/she had direct knowledge of your work during the time that you did it. If you document a SPE retrospectively you do not have to complete the supervision log, but you should note on it, in BIG letters, “This SPE was documented retrospectively.”

D. SUPERVISED PRACTICAL EXPERIENCE, contd**.**

**SUPERVISED PRACTICAL EXPERIENCE DOCUMENTATION FORM**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPE SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***(Must be an ADC-S, AADC, or AADC-S)***

CERTIFICATION NUMBER OF THE SPE SUPERVISOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION/AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES OF SPE: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_TO\_\_\_\_/\_\_\_\_/\_\_\_\_ (Give a date. Don’t put “present”)

**SAMPLE GRID FOR DOCUMENTING THE**

**SUPERVISED PRACTICAL EXPERIENCE**

**(Complete for all Domains)**

|  |  |  |
| --- | --- | --- |
| **DOMAIN**  | **GOALS** | **METHODS** |
|  |  |  |
| 1. SCREENING, ASSESSMENT
 | 1. | A. |
| AND ENGAGEMENT |  | B. |
|  | 2. | A. |
|  |  | B. |
| 1. TREATMENT PLANNING,
 | 1. | A. |
| COLLABORATION & REFERRAL |  | B. |
|  | 2. | A. |
|  |  | B. |
| 1. COUNSELING
 | 1. | A. |
|  |  | B. |
|  | 2. | A. |
| (Complete for all 4 domains) |  | B. |

**FOR SUPERVISOR TO COMPLETE:**

Did the applicant have at least 10 hours in each of the four Domains? ( ) Yes ( ) No

PERFORMANCE EVALUATION, COMMENTS AND RECOMMENDATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SPE SUPERVISOR SIGN HERE APPLICANT SIGN HERE

(Indicate your credentials)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPE SUPERVISOR PRINT NAME HERE DATE

And Indicate your Credential(s)

***(Must be an ADC-S, AADC, or AADC-S)***

SUPERVISED PRACTICAL EXPERIENCE

SUPERVISION LOG

(This page may be reproduced if additional pages are needed)

(Instructions for completing this form are on the previous page.)

APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL NUMBER HOURS SUPERVISION: \_\_\_\_\_\_\_

SUPERVISOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must be ADC-S, AADC-S, OR AN AADC). Please indicate your credentials

The Supervision Log is to be completed using the form provided. It may be copied if more than one page is needed to document the SPE.

1. The applicant’s name and supervisor’s name should be printed at the top.
2. The “Date of Supervision should be completed by writing the date on which supervision took place.
3. The “Time & Place of Supervision” column should be completed listing the time of day and physical location where the supervision took place.
4. The “Total Hours Worked” column should be completed by filling in the total number of hours worked under supervision since the last supervisory session. The first time the log is filled in you should indicate the total number of hours worked under supervision, since supervision began.
5. The “Goals & Methods” column should be completed by recording the Domain and numbers of the goals and methods as spelled out on the Supervised Practical Experience Goal & Method Form. For example: Intake, Goal 2, Methods B&C.
6. The applicant and supervisor should each initial in the last column.
7. The applicant and supervisor should sign at the bottom of the page, where indicated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE OF SUPER-VISION | TIME & PLACE OF SUPERVISION | Amount of Time | GOALS & METHODS(Refer to SPE Goal & Method Form) | INITIALS OF APPLICANT & SUPERVISOR |
|  |  |  |  |  |
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Signature of Applicant Signature of Supervisor Date Signed

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 See the Certification Manual for definitions. Attach additional pages if necessary

**E. EDUCATION/TRAINING:**

YOU MUST ATTACH DOCUMENTATION, IN THE FORM OF TRANSCRIPTS OR CERTIFICATES OF ATTENDANCE, FOR ALL HOURS LISTED. 300 CONTACT HOURS OF TRAINING ARE REQUIRED, OF WHICH 180 MUST BE SPECIFIC TO ADDICTION. OF THE 180 HOURS OF ADDICTION SPECIFIC TRAINING, 6 MUST BE IN THE AREA OF ETHICS **SPECIFIC TO ADDICTION.**

**1. ADDICTION TRAINING/EDUCATION:**

Attach documentation for all training listed. One 3-hour college semester course = 45 contact hours.

COURSE TITLE PROVIDER DATE # CONTACT HOURS

 TOTAL # HOURS OF ADDICTION SPECIFIC TRAINING: \_\_\_\_\_\_\_\_\_

 **WEST VIRGINIA CERTIFICATION BOARD**

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 See the Certification Manual for definitions. Attach additional pages if necessary

**2. GENERAL TRAINING/EDUCATION:**

Attach documentation for all training listed. One 3-hour college semester course = 45 contact hours.

COURSE TITLE PROVIDER DATE # CONTACT HOURS

 TOTAL # HOURS OF GENERAL TRAINING: \_\_\_\_\_\_\_\_\_

 **WEST VIRGINIA CERTIFICATION BOARD**

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 See the Certification Manual for definitions. Attach additional pages if necessary

**3. ACCREDITED DEGREE WORK: (Accredited means the school is recognized by the U.S. Secretary of Education.)**

Official transcripts must be sent in a sealed envelope from the institution, but you may attach copies to this application.

One 3-hour college semester course = 45 contact hours.

The AADC requires a Masters Degree

**You may only list hours for which you received a passing grade.**

College/University Name Degree Date Hours Earned

and Address

 TOTAL # SEMESTER HOURS EARNED: \_\_\_\_\_\_\_\_\_\_\_\_

**FOR CERTIFICATION BOARD USE ONLY:**

TOTAL # ADDICTION HOURS: \_\_\_\_\_\_\_\_

TOTAL # HOURS GENERAL TRAINING: \_\_\_\_\_\_\_\_\_

MINIMUM 6 HOURS TRAINING IN ADDICTION ETHICS: ( ) YES ( ) NO

**F. RESUME**

Please attach a complete, typewritten resume.

 **WEST VIRGINIA CERTIFICATION BOARD**

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**G. CERTIFICATION OF TRUTH**

**1. APPLICANT**

**MUST BE NOTARIZED**

I hereby certify that the statements contained in this application and supporting documents, given for consideration of my application for certification as an Advanced Alcohol and Drug Counselor are, to the best of my knowledge, true and correct. I acknowledge that fees are non-refundable.

I further certify that I have read and subscribe to and abide by the WVCBAPP Code of Ethics. I authorize the Board to conduct inquiries or interviews as they deem necessary.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant**

**STATE OF WEST VIRGINIA,**

**COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, TO-WIT:**

**Subscribed and signed this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Public**

**2. SUPERVISOR**

**MUST BE NOTARIZED**

I hereby certify that the statements contained in this application and supporting documents, given for consideration of my supervisee’s application for certification as an Advanced Alcohol and Drug Counselor are, to the best of my knowledge, true and correct.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Supervisor (Include Your Certification)**

**STATE OF WEST VIRGINIA,**

**COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, TO-WIT:**

**Subscribed and signed this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary Public**

**WEST VIRGINIA CERTIFICATION BOARD**

**FOR ADDICTION AND PREVENTION PROFESSIONAL**

**ADVANCED ALCOHOL & DRUG COUNSELOR APPLICATION CHECKLIST**

**Be sure all items are included with your application.**

( ) Payment

( ) Original ***and one copy*** of your application. Enclose an additional 25.00 copying fee if two copies are not enclosed. Keep a separate copy for yourself.

( ) Documentation of addiction-specific work experience for at least the equivalent of 36 months (6000 hours) of experience, one year (2000 hours) of which must be completed post-masters.

( ) Documentation of 300 contact hours of training/education, of which 180 contact hours must be addiction-specific training/education. 6 hours must be addiction-specific ethics training.

All hours must be documented with official certificates of attendance that indicate date of training, sponsoring body and number of hours awarded.

( ) Documentation of a Masters Degree in a relevant field. This must be an official transcript sent to the WVCBAPP in an un-opened envelope.

( ) Documentation of a Supervised Practical Experience. The SPE work must be performed under supervision. At least ten hours are to be performed in each of the 4 Domains. The supervisor must be certified as an Alcohol & Drug Counselor with the Supervision credential (ADC-S) or as an Advanced Alcohol & Drug Counselor (AADC) or Advanced Alcohol and Drug Counselor (AADC).

( ) Signatures of applicant and supervisor where indicated on the application.

( ) Resume

( ) Certification of Truth - Notary page

( ) Submit a photocopy of a government-issued photo ID with this application. This same photo ID must be brought to the testing center. You will not be admitted to test unless the name by which you were pre-registered by WVCBAPP matches the name on the ID.

WVCBAPP Certification Professionals

**Education &Training**

**1. What is the highest degree or level of education you have completed?**

O High school or GED

O Associate’s degree or trade school

O Bachelor’s degree

O Master’s degree

O Doctoral degree

O Prefer not to say

**2. What year did you complete your highest level of education? \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**3. In what state did you complete your highest level of education? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**School/Program Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Do you have a National Provider Identification (NPI) number?**

O Yes (write-in number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O No

O Prefer not to say

**5. Please mark any counseling certifications you currently hold:**

**Certification:**

O Certified Alcohol and Drug Counselor

O Certified Advanced Alcohol and Drug Counselor

O Certified Clinical Supervisor

O Certified Prevention Specialist

O Certified Criminal Justice Addictions Professional

O National Certified Counselor

O National Certified Addiction Counselor I

O National Certified Addiction Counselor II

O Master Addictions Counselor

O Certified Clinical Mental Health Counselor

O National Certified School Counselor

**Year obtained:**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_**

O Other (please specify; include state-specific and non-reciprocal credentials):

**6. Please mark any professional licenses you currently hold:**

O Social Worker
O Psychologist

O School Psychologist

O Licensed Professional Counselor

O Marriage and Family Therapist

O Physician Assistant

O MD or DO

O CNA or LPN

O Registered Nurse or APRN

O Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Are you a clinical supervisor?**

O Yes

O No

**7a If yes, about how many people do you supervise currently? \_\_\_\_\_\_\_\_\_\_**

**Practice Characteristics**

**8. What best describes your current employment status?**

O Full-time
O Part-time

O Per diem/casual

O Volunteer

O Not currently working
O Retired

O Prefer not to say

\*\*\*If not currently working or retired, skip to Demographics—Question 24\*\*\*

**9. What best describes your PRIMARY employment position?**

O Actively working in a substance use disorder services and/or prevention position that requires a WVCBAPP certification

O Actively working in a substance use disorder services and/or prevention position that does not require a WVCBAPP certification

O Actively working in a position other than substance use disorder services

O Prefer not to say

\*\*\*If working a substance use disorder services and/or prevention position, please answer questions 10 - 15 ; if NOT please skip to question 16\*\*\*

**10. Which of the following best describes your PRIMARY position arrangement?**

O Self-employed
O Salaried employment
O Hourly employment
O Temporary
O Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O Prefer not to say

**11. What is the address where you spend most of your time for your PRIMARY position?**

|  |  |  |
| --- | --- | --- |
| Number  | Street |  |
| City |  State |  Zip Code |

**12. About how many people are usually on your caseload? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**13. Which type of setting most closely describes to your PRIMARY practice location?**

O Specialized substance use disorder

outpatient treatment facility

O Community health center

O Mental health clinic

O Methadone clinic

O Primary or specialist medical care

O Child welfare

O Criminal justice

O Hospital Federal Government hospital

O Non-federal hospital: Inpatient

O Non-federal hospital: General Medical

O Non-federal hospital: Psychiatric

O Non-federal hospital: Other - e.g.

nursing home unit

O Private practice

O Rehabilitation

O Detox

O Residential setting

O Recovery support services

O School health service

O Faith-based setting

O Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14. What best describes your employment plans for the next 12 months?**

O Increase hours
O Decrease hours
O Seek another position in substance use disorder

O Seek a position in another field

O Retire
O Continue as you are

O Unknown

O Prefer not to say

**15. Do you ever use telehealth in your primary position? i.e. remote support of persons in recovery or prevention by means of telecommunications**

O Yes

O No

**15a. If yes, about what percentage of your time with a client is delivered by telehealth in your primary position?**

O Less than 25%
O 25%-50%
O 50%-75%
O More than 75%

**15b. If yes, which best describes the population you see using telehealth in your primary position?**

O All are located in West Virginia
O Most are located in West Virginia
O About half are located in West Virginia and about half are out of state
O Most are located out of the state of West Virginia
O All are located out of the state of West Virginia

**\*\*\*16. Do you have a SECONDARY employment position?**

O Yes

O No

\*\*\*If no, please skip to Demographics—Question 24 \*\*\*

**17. What best describes your SECONDARY employment position?**

O Actively working in a substance use disorder services and/or prevention position that requires a WVCBAPP certification

O Actively working in a substance use disorder service and/or prevention position that does not require a WVCBAPP certification

O Actively working in a field other than substance use disorder services

O Prefer not to say

\*\*\*If working a substance use disorder services and/or prevention position, please answer questions 18 - 23; if NOT please skip to question 24\*\*\*

**18. Which of the following best describes your SECONDARY position arrangement?**

O Self-employed
O Salaried employment
O Hourly employment
O Locum tenens / temporary
O Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O Prefer not to say

**19. What is the address where you spend most time for your SECONDARY position?**

|  |  |  |
| --- | --- | --- |
| Number  | Street |  |
| City |  State |  Zip Code |

**20. About how many people are usually on your caseload? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**21. Which type of setting most closely describes to your SECONDARY practice location?**

O Specialized substance use disorder

outpatient treatment facility

O Community health center

O Mental health clinic

O Methadone clinic

O Primary or specialist medical care

O Child welfare

O Criminal justice

O Hospital Federal Government hospital

O Non-federal hospital: Inpatient

O Non-federal hospital: General Medical

O Non-federal hospital: Psychiatric

O Non-federal hospital: Other - e.g.

nursing home unit

O Private practice

O Rehabilitation

O Detox

O Residential setting

O Recovery support services

O School health service

O Faith-based setting

O Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**22. What best describes your employment plans for the next 12 months?**

O Increase hours
O Decrease hours
O Seek another position in substance

 use disorder/prevention services

O Seek a position in another field

O Retire
O Continue as you are

O Unknown

O Prefer not to say

**23. Do you ever use telehealth in your SECONDARY position? i.e. remote support of persons in recovery or prevention by means of telecommunications**

O Yes

O No

**23a. If yes, about what percentage of your time with a client is delivered by telehealth in your secondary position?**

O Less than 25%
O 25%-50%
O 50%-75%
O More than 75%

**23b. If yes, which best describes the population you see using telehealth in your secondary position?**

O All are located in West Virginia
O Most are located in West Virginia
O About half are located in West Virginia and about half are out of state
O Most are located out of the state of West Virginia
O All are located out of the state of West Virginia

**\*\*\*Demographics**

We are collecting this information to better understand the diversity in our workforce. All of the information that you provide is completely confidential and will be reported in aggregate only.

**24. Year of birth: \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**25. How to do describe yourself:**

O Male

O Female

O I do not describe myself as male or

female

O Prefer not to say

**26. Race: (mark one or more boxes):**

O American Indian or Alaska Native

O Asian

O Black or African American

O Hispanic or Latinx

O Native Hawaiian or Other Pacific Islander

O White

O Prefer not to say

**28. Are you able to communicate with clients in a language other than English?**

O Yes

O No

O Prefer not to say

**27a. If yes, what language(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**