

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 THE CERTIFIED CRIMINAL JUSTICE
ADDICTION COUNSELOR CREDENTIAL (CCJP)**

**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 CCJP Certification Manual in their entirety **BEFORE** you complete any portion of the application. **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) 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.

The WVCBAPP Code of Ethics is located In Appendix B of the Certification Manual.

**WEST VIRGINIA CERTIFICATION BOARD
FOR ADDICTION AND PREVENTION PROFESSIONALS**

**CERTIFIED CRIMINAL JUSTICE ADDICTION PROFESSIONAL (CCJP)
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 CCJP test. Applicants will have two years from the application postmark date to complete all requirements including the Computer Based Test (CBT).

3. Exam

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

4. ADC/AADC

Applicants for the CCJP must first obtain the ADC or AADC credential before the application can be processed.

WEST VIRGINIA CERTIFICATION BOARD
FOR ADDICTION AND PREVENTION PROFESSIONALS
APPLICATION FOR CERTIFIED CRIMINAL JUSTICE ADDICTION PROFESSIONAL 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:

- () Certified Criminal Justice Addiction Professional (CCJP)
(IC&RC Reciprocal Credential)

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

PRINT YOUR NAME HERE

WEST VIRGINIA CERTIFICATION BOARD
FOR ADDICTION AND PREVENTION PROFESSIONALS
APPLICATION FOR CERTIFIED CRIMINAL JUSTICE ADDICTION PROFESSIONAL CERTIFICATION
AN EMAIL ADDRESS IS MANDATORY

B. DEMOGRAPHIC DATA 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 DATE: _____

RACE: _____
(OPTIONAL. USED FOR STATISTICAL PURPOSES ONLY)

HIGHEST ACADEMIC DEGREE: _____ FIELD OF STUDY: _____

DATE AND CERTIFICATION NUMBER OF ADC/AADC: _____

LICENSES: () SOCIAL WORK () COUNSELING () MEDICINE
 () PSYCHOLOGY () NURSING
 () OTHER _____

FIRST YEAR OF EMPLOYMENT IN THE ADDICTION FIELD: _____

EMPLOYMENT HISTORY

IMPORTANT: To determine eligibility of current and previous employment, the following must be clearly documented by applicant:

You must be a treatment professional providing services in a setting, which provides counseling, service coordination, behavior management, or behavior shaping to drug involved adult or juvenile offenders.

APPLICANT NAME _____
(LAST) (FIRST) (MI)

List your most recent work experience first. BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR MOST CURRENT POSITION. Job description must be signed by applicant and supervisor.

NAME OF CURRENT EMPLOYER: _____

ADDRESS _____

YOUR JOB TITLE _____

HOURS OF WORK PER WEEK _____ DATES EMPLOYED: from _____ to _____
Mo./day/yr. Mo./day/yr.
Give a date, not "present"

IMMEDIATE SUPERVISOR – Please also give supervisor’s credentials:

DESCRIPTION OF YOUR JOB DUTIES: _____

Please reproduce this form as needed to document relevant work experience

NAME OF FORMER EMPLOYER _____

ADDRESS _____

YOUR TITLE _____

HOURS OF WORK PER WEEK _____ DATES EMPLOYED: from _____ to _____
Mo./day/yr. Mo./day/yr.

Give a date, not "present"

IMMEDIATE SUPERVISOR - Please give supervisor's credentials:

YOUR DUTIES AND AREA OF SPECIALTY _____

* * * * *

Please reproduce this form as needed to document relevant work experience

NAME OF **FORMER** EMPLOYER _____

ADDRESS _____

YOUR TITLE _____

HOURS OF WORK PER WEEK _____ DATES EMPLOYED: from _____ to _____
Mo./day/yr. Mo./day/yr.

Give a date, not "present"

IMMEDIATE SUPERVISOR - Please give supervisor's credentials:

YOUR DUTIES AND AREA OF SPECIALTY _____

EDUCATION/TRAINING

Please reproduce this form as needed to record all relevant education. Be sure to attach documentation (i.e. transcripts, certificates) for all hours listed. 300 contact hours of training are required, of which 70 must be specific to addiction 6 must be criminal specific ethics. **Documentation must verify education in all of the 8 Performance Domains for the Addiction Professional operating in a Criminal Justice Setting.**

RECORD OF EDUCATION

DATES ATTENDED _____ CONTACT HRS _____

COURSE/PROGRAM TITLE _____

SPONSORING ORGANIZATION _____

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION _____

ADDICTION SPECIFIC () OR CRIMINAL JUSTICE SPECIFIC ()

RECORD OF EDUCATION

DATES ATTENDED _____ CONTACT HRS _____

COURSE/PROGRAM TITLE _____

SPONSORING ORGANIZATION _____

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION _____

ADDICTION SPECIFIC () OR CRIMINAL JUSTICE SPECIFIC ()

RECORD OF EDUCATION

DATES ATTENDED _____ CONTACT HRS _____

COURSE/PROGRAM TITLE _____

SPONSORING ORGANIZATION _____

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION _____

ADDICTION SPECIFIC () OR CRIMINAL JUSTICE SPECIFIC ()

EDUCATION/TRAINING (Continued)

Please reproduce this form as needed to record all relevant education. Be sure to attach documentation (i.e. transcripts, certificates) for all hours listed. 300 contact hours of training are required, of which 70 must be specific to addiction 6 must be criminal justice specific ethics. **Documentation must verify education in all of the 8 Performance Domains for the Addiction Professional operating in a Criminal Justice Setting.**

RECORD OF EDUCATION

DATES ATTENDED _____ CONTACT HRS _____

COURSE/PROGRAM TITLE _____

SPONSORING ORGANIZATION _____

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION _____

ADDICTION SPECIFIC () OR CRIMINAL JUSTICE SPECIFIC ()

RECORD OF EDUCATION

DATES ATTENDED _____ CONTACT HRS _____

COURSE/PROGRAM TITLE _____

SPONSORING ORGANIZATION _____

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION _____

ADDICTION SPECIFIC () OR CRIMINAL JUSTICE SPECIFIC ()

RECORD OF EDUCATION

DATES ATTENDED _____ CONTACT HRS _____

COURSE/PROGRAM TITLE _____

SPONSORING ORGANIZATION _____

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION _____

ADDICTION SPECIFIC () OR CRIMINAL JUSTICE SPECIFIC ()

EDUCATION/TRAINING (Continued)

Please reproduce this form as needed to record all relevant education. Be sure to attach documentation (i.e. transcripts, certificates) for all hours listed. 300 contact hours of training are required, of which 70 must be specific to addiction 6 must be criminal justice specific ethics. **Documentation must verify education in all of the 8 Performance Domains for the Addiction Professional operating in a Criminal Justice Setting.**

RECORD OF EDUCATION

DATES ATTENDED _____ CONTACT HRS _____

COURSE/PROGRAM TITLE _____

SPONSORING ORGANIZATION _____

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION _____

ADDICTION SPECIFIC () OR CRIMINAL JUSTICE SPECIFIC ()

RECORD OF EDUCATION

DATES ATTENDED _____ CONTACT HRS _____

COURSE/PROGRAM TITLE _____

SPONSORING ORGANIZATION _____

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION _____

ADDICTION SPECIFIC () OR CRIMINAL JUSTICE SPECIFIC ()

RECORD OF EDUCATION

DATES ATTENDED _____ CONTACT HRS _____

COURSE/PROGRAM TITLE _____

SPONSORING ORGANIZATION _____

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION _____

ADDICTION SPECIFIC () OR CRIMINAL JUSTICE SPECIFIC ()

SUPERVISED PRACTICAL EXPERIENCE

To Supervisor: Please complete this form indicating applicant's supervised practical training. This form is not intended to document applicant's total number of hours worked, but rather the hour's supervision you have provided the applicant. **PLEASE RETURN THE FORM DIRECTLY TO: WVCBAPP 436 12th St, Suite C Dunbar, WV**

APPLICANT'S NAME _____
(LAST) (FIRST) (MI)

EDUCATION LEVEL _____

I hereby attest to the fact that the applicant is a treatment professional providing services in a setting which provides counseling, service coordination, behavior management, or behavior shaping to drug involved adult or juvenile offenders, and that I have provided the applicant supervision for the number of hours noted below.

Domain 1: Dynamics of Addiction and Criminal Behavior _____

Domain 2: Legal, ethical, and Professional Responsibility _____

Domain 3: Criminal Justice System and Processes _____

Domain 4: Clinical Evaluation: Screening and Assessment _____

Domain 5: Treatment Planning _____

Domain 6: Case Management, Monitoring, and Client Supervision _____

Domain 7: Counseling _____

Domain 8: Documentation _____

Supervisor's Signature

Date

Supervisor's Name Printed

Title

Agency/Facility

Phone Number

FORMAL EDUCATION

List below all formal education (high school, college, university) you have received. **Attach transcripts for all degree work listed to: WVCBAPP, 436 12th Street Suite C, Dunbar, WV 25064.** Note: All post-secondary education must have come from an accredited college or university.

Formal Education	Name of College or University	Dates Attended	Hours Earned	Degree Earned
High School				
College/University (Undergraduate)				
College/University (Graduate)				

TOTAL SEMESTER HOURS EARNED: _____

FOR CERTIFICATION BOARD USE ONLY;

TOTAL HOURS DOCUMENTED WORK EXPERIENCE _____

TOTAL # OF ADDICTION HOURS _____

TOTAL # OF EDUCATION/TRAINING HOURS _____

TOTAL # SUPERVISED HOURS _____

DEGREE EARNED _____

ETHICS TRAINING _____

ASSURANCE AND RELEASE

The WVCBAPP may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

“I give my permission for the West Virginia Certification Board Addiction and Prevention Professionals to investigate my background as it relates to information contained in this application for certification as a Criminal Justice Addictions Professional. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification.”

“I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the WVCBAPP, to officers, members, and staff of the aforementioned board.”

“I further agree to hold the WVCBAPP, its officers, board members, employees, and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of WVCBAPP to issue certification.”

“I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying.”

Signature _____ **Date** _____

CODE OF ETHICS

It is the policy of the West Virginia Certification Board for Addiction Professionals to promote and safeguard the quality, effectiveness and competence of professional addiction counselors through the insistence of adherence to its Code of Ethics by all WVCBAPP certified professionals.

The ethics committee develops and recommends an ethical code of conduct for adoption by the Board of Directors. Currently, the Board has adopted the code of conduct adhered to by the National Association of Alcohol and Drug Abuse Counselors (NAADAC). The ethics committee has jurisdiction over all matters of violation and misconduct by certified addiction counselors in the state of West Virginia. It immediately and thoroughly investigates such charges and makes recommendations to the Board of Directors for appropriate action.

ETHICAL CODE OF CONDUCT

PRINCIPAL ONE: NON-DISCRIMINATION

The Certified Criminal Justice Professional shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- A. The Certified Criminal Justice Professional shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping in discrimination, the Certified Criminal Justice Professional guards the individual rights and personal dignity of clients.
- B. The Certified Criminal Justice Professional shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory and cognitive accommodations that allow clients with disabilities to receive services.

PRINCIPAL TWO: RESPONSIBILITY

The Certified Criminal Justice Professional shall espouse objectivity and integrity, and maintain the highest standards in the services the Certified Criminal Justice Professional offers.

- A. The Certified Criminal Justice Professional shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.
- B. The Certified Criminal Justice Professional, as educator, has a primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism, drug abuse and behavioral dependency.
- C. The Certified Criminal Justice Professional who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive

consultation.

- D. The Certified Criminal Justice Professional who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

PRINCIPAL THREE: COMPETENCE

The Certified Criminal Justice Professional shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the clients, of the counselor and of the profession as a whole. The counselor shall recognize the need for ongoing education as a component of professional competency.

- A. The Certified Criminal Justice Professional shall recognize boundaries and limitations of his/her competencies and not offer services or use techniques outside of these professional competencies.
- B. The Certified Criminal Justice Professional shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for himself/herself or for a colleague. The counselor shall support peer assistance programs in this respect.

PRINCIPAL FOUR: LEGAL AND MORAL STANDARDS

The Certified Criminal Justice Professional shall uphold legal and accepted moral codes which pertain to professional conduct.

- A. The Certified Criminal Justice Professional shall be fully cognizant of all federal and state laws governing the practice of addiction counseling.
- B. The Certified Criminal Justice Professional shall not claim, either directly or by implication, professional qualifications/affiliations that the Certified Criminal Justice Professional does not possess.
- C. The Certified Criminal Justice Professional shall insure that products or services associated with or provided by the Certified Criminal Justice Professional by means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

PRINCIPAL FIVE: PUBLIC STATEMENTS

The Certified Criminal Justice Professional shall honestly respect limits of present knowledge in public statements concerning alcoholism, drug abuse and behavioral dependencies.

- A. The Certified Criminal Justice Professional, in making statements to clients, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact. All other opinions, speculation, and conjecture concerning the nature of alcoholism and drug abuse, its natural history, its treatment or any other matters which touched on the subject of alcoholism, drug

abuse and behavioral dependency shall be represented as less than scientifically valid.

- B. The Certified Criminal Justice Professional shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of alcoholism, drug abuse, behavioral dependencies, their natural history, and treatment. Such acknowledgment should extend to the source of the information and reliability of the method by which it was derived.

PRINCIPAL SIX: PUBLICATION CREDIT

The Certified Criminal Justice Professional shall assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- A. The Certified Criminal Justice Professional shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The author who has made the principal contribution to a publication must be identified as first author.
- B. The Certified Criminal Justice Professional shall acknowledge in footnotes or in an introductory statement minor contributions of a professional nature, extensive clerical or similar assistance and other minor contributions.
- C. The Certified Criminal Justice Professional shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

PRINCIPAL SEVEN: CLIENT WELFARE

The Certified Criminal Justice Professional shall promote the protection of the public health, safety and welfare and the best interest of the client as a primary guide in determining all conduct.

- A. The Certified Criminal Justice Professional shall disclose the certification board's code of ethics, professional loyalties and responsibilities to all clients.
- B. The Certified Criminal Justice Professional should terminate a counseling or consulting relationship when it is reasonably clear to the Certified Criminal Justice Professional that the client is not benefiting from the relationship.
- C. The Certified Criminal Justice Professional shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
- D. The Certified Criminal Justice Professional shall not use or encourage a clients participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed. (See principal 9).
- E. The Certified Criminal Justice Professional shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and insure the appropriateness of service delivery.

PRINCIPAL EIGHT: CONFIDENTIALITY

The Certified Criminal Justice Professional working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting clients' rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

- A. The Certified Criminal Justice Professional must provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, the use of material for training or observation by another party.
- B. The Certified Criminal Justice Professional shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The member shall insure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.
- C. The Certified Criminal Justice Professional shall adhere to all federal and state laws regarding confidentiality and the counselor's responsibility to report clinical information and specific circumstances to the appropriate authorities.
- D. The Certified Criminal Justice Professional shall discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interests. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be made to avoid undue invasion of privacy.
- E. The Certified Criminal Justice Professional shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

PRINCIPAL NINE: CLIENT RELATIONSHIPS

It is a responsibility of the Certified Criminal Justice Professional to safeguard the integrity of the counseling relationship and to insure that the client has reasonable access to effective treatment. The Certified Criminal Justice Professional shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- A. The Certified Criminal Justice Professional shall inform the client and obtain the client's agreement in areas likely to affect the client's participation including recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- B. The Certified Criminal Justice Professional shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.

- C. Certified Criminal Justice Professional shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- D. The Certified Criminal Justice Professional shall not under any circumstances engage in sexual behavior with current or former clients.
- E. The Certified Criminal Justice Professional shall not accept as clients anyone with whom they have engaged in sexual behavior.

PRINCIPAL 10: INTER-PROFESSIONAL RELATIONSHIPS

The Certified Criminal Justice Professional shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- A. The Certified Criminal Justice Professional shall refrain from offering professional services to a client who is in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- B. The Certified Criminal Justice Professional shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
- C. The Certified Criminal Justice Professional shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

PRINCIPAL 11: REMUNERATION

The Certified Criminal Justice Professional shall establish financial arrangements and professional practice in accord with the professional standards that safeguard the best interests of the client first, and then of the Criminal Justice Professional, the agency, and the profession.

- A. The Certified Criminal Justice Professional shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, the client shall be made fully aware of those policies.
- B. The Certified Criminal Justice Professional shall consider the ability of a client to meet the financial costs in establishing rates for professional services.
- C. The Certified Criminal Justice Professional shall not engage in fee splitting. The addiction counselor shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- D. The Certified Criminal Justice Professional, in the practice of counseling, shall not at any time use his/her relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.
- E. The Certified Criminal Justice Professional shall not accept private fees for professional work with the person who is entitled to such services through an institution or agency unless the client is informed of such services and still requests private services.

PRINCIPAL 12: SOCIETAL OBLIGATIONS

The Certified Criminal Justice Professional shall, to the best of his/her ability, actively engage legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism, drug abuse and behavioral dependencies.

SIGNATURE: _____ DATE: _____
FAILURE TO OBSERVE THIS CODE OF BEHAVIOR MAY RESULT IN REVOCATION OF CERTIFICATION

WVCBAPP Certification Professionals

Education & Training

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

- High school or GED
- Associate's degree or trade school
- Bachelor's degree
- Master's degree
- Doctoral degree
- 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?

- Yes (write-in number) _____
- No
- Prefer not to say

5. Please mark any counseling certifications you currently hold:

Certification:	Year obtained:
<input type="radio"/> Certified Alcohol and Drug Counselor	____ ____ ____ ____
<input type="radio"/> Certified Advanced Alcohol and Drug Counselor	____ ____ ____ ____
<input type="radio"/> Certified Clinical Supervisor	____ ____ ____ ____
<input type="radio"/> Certified Prevention Specialist	____ ____ ____ ____
<input type="radio"/> Certified Criminal Justice Addictions Professional	____ ____ ____ ____
<input type="radio"/> National Certified Counselor	____ ____ ____ ____
<input type="radio"/> National Certified Addiction Counselor I	____ ____ ____ ____
<input type="radio"/> National Certified Addiction Counselor II	____ ____ ____ ____
<input type="radio"/> Master Addictions Counselor	____ ____ ____ ____
<input type="radio"/> Certified Clinical Mental Health Counselor	____ ____ ____ ____
<input type="radio"/> National Certified School Counselor	____ ____ ____ ____
<input type="radio"/> Other (please specify; include state-specific and non-reciprocal credentials):	

6. Please mark any professional licenses you currently hold:

- Social Worker
- Psychologist
- School Psychologist
- Licensed Professional Counselor
- Marriage and Family Therapist
- Physician Assistant
- MD or DO
- CNA or LPN
- Registered Nurse or APRN
- Other _____

7. Are you a clinical supervisor?

Yes

No

7a If yes, about how many people do you supervise currently? _____

Practice Characteristics

8. What best describes your current employment status?

Full-time

Per diem/casual

Part-time

Volunteer

Not currently working

Prefer not to say

Retired

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

9. What best describes your PRIMARY employment position?

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

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

Actively working in a position other than substance use disorder services

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?

Self-employed

Temporary

Salaried employment

Other (specify): _____

Hourly employment

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?

- Specialized substance use disorder outpatient treatment facility
- Community health center
- Mental health clinic
- Methadone clinic
- Primary or specialist medical care
- Child welfare
- Criminal justice
- Hospital Federal Government hospital
- Non-federal hospital: Inpatient
- Non-federal hospital: General Medical
- Non-federal hospital: Psychiatric
- Non-federal hospital: Other - e.g. nursing home unit
- Private practice
- Rehabilitation
- Detox
- Residential setting
- Recovery support services
- School health service
- Faith-based setting
- Other (specify): _____

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

- Increase hours
- Decrease hours
- Seek another position in substance use disorder
- Seek a position in another field
- Retire
- Continue as you are
- Unknown
- 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

- Yes
- No

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

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

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

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

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

Yes

No

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

17. What best describes your SECONDARY employment position?

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

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

Actively working in a field other than substance use disorder services

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?

Self-employed

Locum tenens / temporary

Salaried employment

Other (specify): _____

Hourly employment

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?

- | | |
|--|--|
| <input type="radio"/> Specialized substance use disorder outpatient treatment facility | <input type="radio"/> Non-federal hospital: Psychiatric |
| <input type="radio"/> Community health center | <input type="radio"/> Non-federal hospital: Other - e.g. nursing home unit |
| <input type="radio"/> Mental health clinic | <input type="radio"/> Private practice |
| <input type="radio"/> Methadone clinic | <input type="radio"/> Rehabilitation |
| <input type="radio"/> Primary or specialist medical care | <input type="radio"/> Detox |
| <input type="radio"/> Child welfare | <input type="radio"/> Residential setting |
| <input type="radio"/> Criminal justice | <input type="radio"/> Recovery support services |
| <input type="radio"/> Hospital Federal Government hospital | <input type="radio"/> School health service |
| <input type="radio"/> Non-federal hospital: Inpatient | <input type="radio"/> Faith-based setting |
| <input type="radio"/> Non-federal hospital: General Medical | <input type="radio"/> Other (specify): _____ |

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

- | | |
|---|---|
| <input type="radio"/> Increase hours | <input type="radio"/> Retire |
| <input type="radio"/> Decrease hours | <input type="radio"/> Continue as you are |
| <input type="radio"/> Seek another position in substance use disorder/prevention services | <input type="radio"/> Unknown |
| <input type="radio"/> Seek a position in another field | <input type="radio"/> 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

- Yes No

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

- | | |
|-------------------------------------|-------------------------------------|
| <input type="radio"/> Less than 25% | <input type="radio"/> 50%-75% |
| <input type="radio"/> 25%-50% | <input type="radio"/> More than 75% |

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

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

- | | |
|--|---|
| <input type="radio"/> Male | <input type="radio"/> Female |
| <input type="radio"/> I do not describe myself as male or female | <input type="radio"/> Prefer not to say |

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say

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

- Yes
- No
- Prefer not to

27a. If yes, what language(s)? _____