



MHACBO

2209 Lloyd Ctr, Portland, OR 97232-1315

(503) 231-8164

mhacbo@mhacbo.org

<http://www.mhacbo.org>

Reciprocity Application

The Addiction Counselor Certification Board of Oregon is a direct affiliate of:

- *The National Association of Alcoholism and Drug Abuse Counselors*
- *The International Certification Reciprocity Consortium*
- *The National Council on Problem Gambling*
- *The Oregon Office of Mental Health and Addiction Services*
- *The Northwest Frontier Addiction Technology Transfer Center*

MHACBO offers reciprocal certification to those individuals possessing commensurate certification or licensure where professional psychometric examination was a component of the credentialing process and/or where the issuing board is a member board of the ICRC or NAADAC. Should MHACBO receive notice of any notice of unresolved ethics complaints from your originating certification, your MHACBO certification shall be rescinded.

Please complete this application and submit it through Certemy

To apply for reciprocal certification a certified counselor must complete and submit to MHACBO:

1. The enclosed consent form to allow the original certifying body to provide information to MHACBO to verify your eligibility for certification
2. The Enclosed Application Form
3. Copy of Certificates (Certification, Certificates of Completion you wish to submit, additional supervision trainings, etc..)

Reciprocity Application

Your true legal name - matching your state identification

Name	Last	First	Middle Initial
Date of Application			
Home Address: Street Address <i>(please print if handwriting)</i>			
City	State	Zip	<i>(please print if handwriting)</i>
Work Address: Agency Name			
Street Address <i>(please print if handwriting)</i>			
City	State	Zip	<i>(please print if handwriting)</i>
Home Phone			
Work Phone			
Cell Phone			
Email <i>(please print if handwriting)</i> <input type="checkbox"/> Please include me on the MHACBO Email list			

- Reciprocity cost is \$175, fees can be paid by check, cash, or online at www.mhacbo.org under "Pay Fees"
- Re-certification is every 2 years
- Your certification information can be found in our online registry at www.mhacbo.org

Check one of the following:

_____ I am not recovering from chemical addiction, nor have I ever been diagnosed with a substance-related disorder

_____ I am recovering from chemical addiction

Statement of Alcohol & Drug Abstinence for those who are Recovering

I hereby attest that I have have been in recovery for the _____ years immediately preceding this application.

applicant signature

date

Candidate Statement



I hereby apply for certification in Oregon as an Alcohol & Drug Counselor.

Initial here: _____ Furthermore I attest that the information I have given in this application & all supporting documentation is correct and true. I give MHACBO permission to verify any statements given in any part of this application.

applicant signature

Reciprocal Information

<p style="text-align: center;">List all states where you hold current certification</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>	<p style="text-align: center;">List certifications held in each corresponding state</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>
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Credential Information for Highest Level of Certification Held

<p>Title of highest level of certification held</p>	<p>Examples: MAC, NCAC, ASAM, CDP, CADC</p>
<p>Education Required</p>	<p>Please indicate level of education (Bachelors, Masters, etc...) and Education Hours required for certification</p>
<p>Supervised Experience Required</p>	
<p>Examinations Required for certification (NAADAC/IC&RC)</p>	
<p>Date First Certified</p>	<p>Most credentialing boards use one of two national psychometric examinations for substance abuse professionals: NAADAC and IC&RC</p>
<p>Certification Expiration Date</p>	
<p>Certification Number</p>	
<p>Is your credential in good standing with no ethical complaints or findings?</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> Yes No </div>	

Completion of Jurisprudence Exam

In some cases, those applying for reciprocity may be asked to complete the written MHACBO Jurisprudence Exam before being granted a CADC II or CADC III.

In such an event, the counselor will be granted a CADC I “Upgradeable,” until completion of the written MHACBO Jurisprudence Exam. If a certification is deemed “Upgradeable,” a “U” will be placed at the end of the certification number. A note, stating the counselor is eligible for an upgrade, will also be present under the “View Details” section of the counselor’s entry in the MHACBO Registry at www.mhacbo.org

If a counselor chooses to take the written MHACBO Jurisprudence Exam to upgrade their credential level, the “U” will be removed from their certification number after passing the exam.

Content of the Jurisprudence Exam

Under Division 19 of Oregon Administrative Rule 309, those possessing a CADC II or CADC III *may* meet the qualifications to provide Clinical Supervision in an Addictions Treatment Agency. The MHACBO jurisprudence exam serves as a measurement of aptitude for counselors who may possess such responsibility. The exam consists of 50 questions pertaining to:

- Oregon Administrative Rule 309 & 415
- Client Rights
- ASAM
- Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Fair Housing
- CFR 42 P2, Confidentiality & HIPAA
- Mandatory Reporting
- The Americans with Disabilities Act

For more info on the Jurisprudence Exam and Exam registration info,
please visit the Forms section of www.mhacbo.org

Bypassing the Jurisprudence Exam

Those applying for CADC II or CADC III may potentially bypass the Jurisprudence Exam by showing completion of hours in ASAM, Supervisor Trainings or past Supervisor Experience, or completion of courses pertaining to the topics above.

Overview of Reciprocity

CADC RECIPROCAL CERTIFICATION CONVERSION

MHACBO CADC Levels	Examination Required for Reciprocity
CADC I <ul style="list-style-type: none"> 150 A&D Education Hours 1000 Supervised Experience Hours NAADAC Level 1 Exam 	<p>Those applying for reciprocity must have taken and passed one of the following psychometric exams:</p> <ul style="list-style-type: none"> NAADAC Level I ADC (IC&RC Examination) Other Psychometric Examination
CADC II <ul style="list-style-type: none"> 300 A&D Education Hours 4000 Supervised Experience Hours NAADAC Level 2 Exam NAADAC Case Presentation Bachelor's degree or equivalency 	<p>Those applying for reciprocity must have taken and passed one of the following psychometric exams:</p> <ul style="list-style-type: none"> NAADAC Level II ADC (IC&RC Examination) Other Psychometric Examination
CADC III <ul style="list-style-type: none"> 300 A&D Education Hours 6000 Supervised Experience Hours MAC Exam NAADAC Case Presentation Regionally Accredited Master's Degree in Human Arts 	<p>Those applying for reciprocity must have taken and passed one of the following psychometric exams:</p> <ul style="list-style-type: none"> MAC Exam AADC (Advanced IC&RC Examination) <i>Applicant must also have a master's degree</i>

Neighboring State Credential Conversions

STATE	CERTIFICATION	OREGON RECIPROCITY LEVEL
CALIFORNIA	CCAPP	CADC I CADC I – Eligible to upgrade to CADC II upon passing Jurisprudence Exam CADC I - Eligible to upgrade to CADC III upon passing Jurisprudence Exam
	LAADC	
WASHINGTON	CDP	CADC I – Eligible to upgrade to CADC II upon passing Jurisprudence Exam
IDAHO	CADC	CADC II



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Consent for the release of information

I, _____, authorize to disclose to The Methal Health & Addiction Certification Board of Oregon my original date of certification, my current status, and any history of ethical violations contained therein. I understand the purpose of this disclosure is to verify my eligibility for certification in Oregon through reciprocity.

This consent form expires automatically 6 months after the date this form is signed by me.

Releasing Board Information

Name of certifying body
Address
State
Zip
Phone number (if known)

Instructions:

Complete and return this form to the MHACBO office, MHACBO will make the actual contact with the certifying body

(Signature of Applicant)

(Typed or printed name of Applicant)

(Date Signed)