



MHACBO

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<http://www.mhacbo.org>

Below are the deadlines for testing in 2018

July 13th for September testing

August 3rd for October testing

September 7th for November testing

October 5th for December testing

November 2nd for January testing

December 7th for February testing

You must have a completed application packet and the appropriate fees **in our office** no later than the above application due date, **regardless of postmark**, for the appropriate test date. You must fill out all forms with your legal name as shown on your driver's license or state ID. Information about scheduling an exam time will be forthcoming. Until we are provided with new testing forms, please continue to use the two page testing application as provided in the back of this packet.

If you are sending packages overnight mail at the last minute, we suggest that you sign the waiver to allow the carrier to leave the package without a signature. Certified mail that requires a signature also can cause your package to arrive late.

The \$50 application fee is non-refundable. The \$220 test fee is **absolutely non-refundable** and your testing period is **non-transferable** after we have paid the testing company for your test.

When you have sent us a completed application, including the test fee you will be automatically enrolled in the next available test date unless you contact us and request otherwise.

FEE SCHEDULE:

Application Fee.....	\$ 50
Objective Exam and Qualifying Review Fee (Level I, II, or III)	\$220
Objective Exam Retake Fee (if you did not pass previously)	\$180
Jurisprudence Exam (Level II & III)	\$100
Jurisprudence Exam Retake Fee (if you did not pass previously)	\$ 80
File Copying (moving to another state, etc.)	\$ 25

If you have any other questions, please feel free to call us at the number above. Our office hours are Monday through Friday 9am to 5pm.

**Mental Health and Addiction
Certification Board of Oregon**

**Application for Addiction
Counselor Credentialing**

The Mental Health and Addiction Certification Board of Oregon is proud to utilize professional psychometric examinations produced by the NCC, National Certification Commission and NAADAC, the National Association of Alcohol & Drug Abuse Counselors. Additionally, NAADAC operates in conjunction with NBCC, the National Board of Certified Counselors to award MAC certification to qualified candidates.

If you currently possess state licensure as a mental health professional (LCSW, LPC, LMFT, etc.), you are eligible to apply for MAC certification directly through NBCC or NAADAC at nbcc.org or naadac.org

**OREGON HEALTH AUTHORITY
ADDICTIONS & MENTAL HEALTH DIVISION
ORS 443.004/OAR 407-007-0277 Crimes**

Public funds may not be used to support, in whole or in part, the employment in any capacity of an individual having contact with a recipient of support services or a resident of a residential facility or an adult foster home, of a mental health or substance abuse treatment provider who has been convicted of the following convictions. **ORS 443.004/OAR 407-007-0277 impacts anyone with this type of employment regardless of hire date.**

“Mental health or substance abuse treatment provider” in ORS 443.004 means:

- A peer support specialist;
- An employee of a residential treatment facility or a residential treatment home that is licensed under ORS 443.415 to provide treatment for individuals with alcohol or drug dependence;
- An individual who provides treatment or services for persons with substance use disorders; or
- An individual who provides mental health treatment or services (including any type of mental health licensed or certified facility or agency).

If the individual has been convicted of any of the crimes listed below (or **attempt, conspiracy, or solicitation** for any of the crimes) regardless of how long ago the conviction occurred, THE INDIVIDUAL IS NOT ELIGIBLE FOR THE POSITION.

- ORS 163.095, Aggravated murder
- ORS 163.115, Murder
- ORS 163.375, Rape I
- ORS 163.405, Sodomy I
- ORS 163.411, Unlawful sexual penetration I
- ORS 163.427, Sexual abuse I

All mental health or substance abuse treatment providers are subject to ORS 443.004 if public funds are involved in the payment of treatment or services. The Background Check Unit (BCU), serving the Department of Human Services and the Oregon Health Authority does not conduct background checks on programs or facilities which are exclusively licensed or certified as an alcohol & drug provider.

If an individual is offered employment as a mental health or substance abuse treatment provider AND the individual is subject to a background check through BCU, submit a background check request. If BCU confirms that the individual has a conviction of one or more of the crimes listed above, BCU will make a determination that of **INELIGIBLE DUE TO ORS 443.004**.

An individual found to be Ineligible Due to ORS 443.004 does not have hearing rights through BCU regarding this determination.

Revised Application, 2017-02-15

MHACBO, Co-Directors
Vanna Burnham, B.A., CRM
Michael Razavi, M.P.H, CADC I, CPS, CRM

MHACBO, Policy and Legislative Liaison
Eric Martin, MAC, CADC III, CPS

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Keith Walker, CADC II, CGAC II, CRM

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Choosing which certification to apply for?

You must evaluate which certification best matches your position of employment and your prerequisite qualifications. You must submit a completed application packet prior to examination, by the stated registration deadlines in the cover letter and calendar. Therefore, you will need to meet all of the prerequisites for the appropriate certification you have chosen to apply for.

CADC I - Associate Proficiency Level Applicant Checklist

A completed application packet must be submitted prior to examination placement. Official transcripts and letter of verification may be received separately.

- _____ Complete the Applicant Registration Form (use your real legal name).
- _____ Photocopy of Valid State Identification
- _____ Complete the Supervised Experience Form(s). Refer to the Supervised Experience Overview if you do not understand how to complete this form(s). If you are documenting experience at more than one agency, photocopy the form so that you will have enough forms to document the total required 1,000 hours of supervised experience. Make sure that your supervisor encodes their qualification to supervise you by writing their credentials after their name (e.g.; CADC II/III, C-CATODSW, NCAC II, MAC, CDS II/III, CDP, ASAM or other state's advanced counseling certifications utilizing professional psychometric examinations are acceptable.)
- _____ Complete the Education Summary Form. If you need more room than what is provided on the form, photocopy it for additional space. Please attach copies of certificates and submit **OFFICIAL TRANSCRIPTS** (unofficial transcripts are not acceptable). You must demonstrate the required 150 Hours of Alcohol & Drug Education, which must include the topical areas of; Basic Counseling Skills, Group Counseling Skills, Alcohol & Drugs of Abuse Pharmacology, HIV/AIDS Risk Assessment Risk Reduction, Counseling Ethics, and Clinical Evaluation (ASAM). All education must be accredited or approved by a recognized accreditation body. (*IMPORTANT NOTE: the CADC I does not require an associates degree. The Board approximates 150 Education [15 college credits], 1,000 hours of Supervised Experience/Practicum, and successful completion of the National Certification Examination as approximating the Associate Proficiency Level.*)
- _____ Sign & Date the MHACBO Ethics Agreement. After you have reviewed the ethics agreement, sign and date the document. Keep a copy for yourself and return the original (with original signature to MHACBO.
- _____ Request a letter of Alcohol & Drug Free Verification from your peers/supervisors, etc. (for those who are recovering).
- _____ Submit the appropriate fees
 Application Fee..... \$50
 Written Examination Fee..... \$220

CADC II - Baccalaureate Proficiency Level Applicant Checklist

A completed application packet must be submitted prior to examination placement. Official transcripts and letter of verification may be received separately.

- _____ Complete the Applicant Registration Form (use your real legal name).
- _____ Photocopy of Valid State Identification
- _____ Complete the Supervised Experience Form(s). Refer to the Supervised Experience Overview if you do not understand how to complete this form(s). If you are documenting experience at more than one agency, photocopy the form so that you will have enough forms to document the total required 4,000 hours of supervised experience. Make sure that your supervisor encodes their qualification to supervise you by writing their credentials after their name (e.g.; CADC II/III, C-CATODSW, NCAC II, MAC, CDS II/III, CDP, ASAM or other state's advanced counseling certifications utilizing professional psychometric examinations are acceptable.)
- _____ Complete the Education Summary Form. If you need more room than what is provided on the form, photocopy it for additional space. Please attach copies of certificates and submit **OFFICIAL TRANSCRIPTS** (unofficial transcripts are not acceptable). You must demonstrate the required Bachelors degree, (or equivalency) with a minimum of 300 Hours of Alcohol & Drug Education, which must include the topical areas of; Basic Counseling Skills, Group Counseling Skills, Alcohol & Drugs of Abuse Pharmacology, HIV/AIDS Risk Assessment Risk Reduction, Counseling Ethics, Counseling Diverse Populations, Clinical Evaluation (ASAM), and Co-occurring Disorders. All education must be regionally accredited, NAADAC accredited or provided by a state licensed university college. (*IMPORTANT NOTE: the CADC II does not require a bachelors degree. The Board approximates 300 A&D Education hours, with approx 90 college credits, 4,000 hours of Supervised Experience/Practicum, and successful completion of the National Certification Examination as approximating the Baccalaureate Proficiency Level.*)
- _____ Sign & Date the MHACBO Ethics Agreement. After you have reviewed the ethics agreement, sign and date the document. Keep a copy for yourself and return the original (with original signature to MHACBO.
- _____ Request a letter of Alcohol & Drug Free Verification from your peers/supervisors, etc. (for those who are recovering).
- _____ Submit the appropriate fees (see the cover letter).
 Application Fee..... \$50
 Written Examination Fee..... \$220
- _____ Written Jurisprudence Ethics Exam. Upon successful completion of the NCAC II Examination, you will be issued CADC I certification along with instructions on how to sign up for the written Jurisprudence Ethics Exam.

CADC III - Graduate Proficiency Level Applicant Checklist

A completed application packet must be submitted prior to examination placement. Official transcripts and letter of verification may be received separately.

- _____ Complete the Applicant Registration Form
(use your real legal name).

- _____ Photocopy of Valid State Identification

- _____ Complete the Supervised Experience Form(s). Refer to the Supervised Experience Overview if you do not understand how to complete this form(s). If you are documenting experience at more than one agency, photocopy the form so that you will have enough forms to document the total required 6,000 hours of supervised experience. Make sure that your supervisor encodes their qualification to supervise you by writing their credentials after their name (e.g.; CADC II/III, C-CATODSW, NCAC II, MAC, CDS II/III, CDP, ASAM or other state's advanced counseling certifications utilizing professional psychometric examinations are acceptable.)

- _____ Complete the Education Summary Form. If you need more room than what is provided on the form, photocopy it for additional space. Please attach copies of certificates and submit **OFFICIAL TRANSCRIPTS** (unofficial transcripts are not acceptable). You must demonstrate the required Masters degree in the Human Arts with a minimum of 300 Hours of Alcohol & Drug Education, which must include the topical areas of; Basic Counseling Skills, Group Counseling Skills, Alcohol & Drugs of Abuse Pharmacology, HIV/AIDS Risk Assessment Risk Reduction, Counseling Ethics, Counseling Diverse Populations, Clinical Evaluation (ASAM), Co-occurring Disorders and Science-based Best Practices. All additional education must be accredited or approved by a recognized accreditation body. Graduate degree must be regionally accredited, or otherwise approved by the Oregon Office of Degree Authorization for new applicants as of April 4, 2008.

- _____ Sign & Date the MHACBO Ethics Agreement. After you have reviewed the ethics agreement, sign and date the document. Keep a copy for yourself and return the original (with original signature to MHACBO).

- _____ Request a letter of Alcohol & Drug Free Verification from your peers/supervisors, etc. (for those who are recovering).

- _____ Submit the appropriate fees (see the cover letter).

- _____ Written Jurisprudence Ethics Exam. Upon successful completion of the MAC Examination, you will be issued CADC I certification along with instructions on how to sign up for the written Jurisprudence Ethics Exam.

- _____ Submit the appropriate fees

Application Fee.....	\$50
Written Examination Fee.....	\$220

Applicant Registration

Your true legal name - matching your state identification

Name	Last	First	Middle Initial
Date of Application			
Home Address: Street Address (please print)			
City	State	Zip	(please print)
Work Address: Agency Name			
Street Address (please print)			
City	State	Zip	(please print)
Home Phone			
Work Phone			
Message Phone			
Personal Email (do not write in cursive - please print) <input type="checkbox"/> Please include me on the MHACBO Email list			
Business Email (do not write in cursive - please print) <input type="checkbox"/> Please include me on the MHACBO Email list			
Certification you are applying for CADIC I, II, or III?			
Do you hold any other certifications, licensures? (LCSW, LPC, LMFT, RN, LPN, etc...)			
Highest Level of Education Completed (HS Diploma, GED, college degree)			

Statement of Alcohol & Drug

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

Abstinence for those who are Recovering

I hereby attest that I have not used alcohol or illicit drugs (or have abused prescription medication) for the _____ years immediately preceding this application.

applicant signature

date

2 years minimum abstinence time required for CADIC I
3 years minimum abstinence time required for CADIC II & III

Candidate Statement

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

Initial here: _____ I understand that the application fee is non-refundable and that the \$220 Objective Examination Fee is non-refundable & non-transferable from one examination date to another. I understand that if for any reason I am unable to attend a pre-arranged National Examination appointment that I will forfeit those fees paid for the National Exam.

Initial here: _____ I understand that I must bring my "Eligibility Notice" to the examination site at the time of my National Exam.

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

Make a photocopy of valid state identification and attach to this form.

Supervised Experience Form

Directions: photocopy as many copies of this form as your will need. You will most likely need one copy for each agency you have been employed/interned with. You must document the minimum pre-requisite hours for the level of certification that you are applying for:

CADC I – Associate Proficiency level

1,000 hours Supervised Experience in Addiction Counseling Competencies (CSAT Technical Assistance Publication number 21, DHHS Publication No. [SMA] 98-3171, 1998

CADC II – Bachelors Proficiency level

4,000 hours Supervised Experience in Addiction Counseling Competencies (CSAT Technical Assistance Publication number 21, DHHS Publication No. [SMA] 98-3171, 1998

CADC III – Graduate Proficiency level

6,000 hours Supervised Experience in Addiction Counseling Competencies (CSAT Technical Assistance Publication number 21, DHHS Publication No. [SMA] 98-3171, 1998

Each category of the Addiction Counseling Competencies carries a minimum number of hours of participation for that category. Please do not confuse those minimums in each category with the overall prerequisite hours you must document.

Candidate Name

Position Title

Dates of experience: FROM - TO (do not write "present")

Employer / Agency

Print: Supervisor name and advanced Addiction Counselor Credentials

Print the name of the Clinical Supervisor and credentials. Must meet OAR 309/ISSR standards for Clinical Supervisor Qualifications in Addiction Treatment and must possess advanced addiction counselor certification.

Check off the certification supervisor maintains:

- ☐ CADC II ☐ NCAC II ☐ CDS II
☐ CADC III ☐ MAC ☐ CDS III
☐ C-CATODSW ☐ CDP ☐ ASAM

Other state's or country's advanced addiction counselor certifications utilizing professional psychometric examinations are acceptable.

There are established minimums in each category, however the total number of hours must be at least 1,000 for CADC I; 4,000 for CADC II; and 6,000 for CADC III. Please estimate the number of hours accrued in each category of the Addiction Counseling Competencies. Total those numbers and sign.

Assessing Experience Hours

1 Full Time year = 2,000 hours

Clinical Supervisor's Statement

Hours Performed	Addiction Counselor Competency Domains, SAMHSA, Technical Assistance Publication 21	Minimum Hours CADC I	Minimum Hours CADC II / III
	DOMAIN ONE		
	Alcohol & Drug Screening	25	100
	Alcohol & Drug Treatment Orientation (including client rights and informed consent)	25	100
	Alcohol & Drug Assessment with DSM-V SUD diagnosis and ASAM level of care placement	50	200
	DOMAIN TWO		
	A&D Treatment Planning	50	200
	DOMAIN THREE		
	Consultation & Referral	10	40
	DOMAIN FOUR		
	A&D Case Management	50	200
	A&D Discharge Planning	50	200
	A&D Relapse Prevention	50	200
	DOMAIN FIVE		
	A&D Individual Counseling	25	100
	A&D Group Counseling	50	100
	A&D Family/Couples		
	Crisis Intervention	10	40
	DOMAIN SIX		
	A&D Client, Family, Community Education	50	200
	DOMAIN SEVEN		
	A&D Documentation	50	200
	DOMAIN EIGHT		
	A&D EBP, Curriculum and Program Development, Fidelity & Quality Assurance, Client Outcome and Satisfaction Monitoring		100

Total Hours

Supervisor's Signature

Date

By signing this form, I attest to the accuracy of the information & that the candidate has completed the addiction treatment specific activities described herein. I understand that any falsification of hours recorded could result in sanctions against both candidates and supervisors.

Do not sign this form verifying applicant's hours unless you meet the criteria and can provide documentation if called upon to do so.

Supervisor's Phone Number for primary source verification

Candidate Signature

Date

Supervised Experience Guidelines

Supervised experience indicates that your employment/practicum hours were supervised by a qualified supervisor who can verify the hours that you worked and the type of work that you did. Supervised experience hours include all working hours (not just face to face client contact hours).

Supervisor Qualifications

All hours must be supervised by an individual(s) who meets the OAR 415/ISSR standards for Clinical Supervisor Qualifications in Addiction Treatment and must possess advanced addiction counselor certification.

Examples of advanced addiction counselor certification include:

CADC II	NCAC II	CDS II
CADC III	MAC	CDS III
C-CATODSW	CDP	

Other state's advanced addiction counselor addiction counseling certifications utilizing professional psychometric examinations are acceptable.

Directions to the Clinical Supervisor

In order to evaluate the counselor's experience and correctly record the approximate number of hours in each of the categories on the Supervised Experience Form, please review the Addiction Counselor Competencies. Any form submitted with "minimums +" or some similarly gross approximations will not be accepted by MHACBO. Please approximate as closely as possible the actual approximate hours spent in each category.

Addiction Counseling Competencies

(CSAT Technical Assistance Publication number 21, DHHS Publication No. [SMA] 98-3171, printed 1998)

A. UNDERSTANDING ADDICTION

1. Understand a variety of models and theories of addiction and other problems related to substance use.
2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.
3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.
4. Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.

B. TREATMENT KNOWLEDGE

1. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and

continuing care for addiction and other substance-related problems.

2. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.
3. Understand the importance of research and outcome data and their application in clinical practice.
4. Understand the value of an interdisciplinary approach to addiction treatment.

C. APPLICATION TO PRACTICE

1. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.
2. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.
3. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.
4. Provide treatment services appropriate to the personal and cultural identity and language of the client.
5. Adapt practice to the range of treatment settings and modalities.
6. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.
7. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.
8. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
9. Understand the need for and the use of methods for measuring treatment outcome.

D. PROFESSIONAL READINESS

1. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
2. Understand the importance of self-awareness in one's personal, professional, and cultural life.
3. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.
4. Understand the importance of ongoing supervision and continuing education in the delivery of client services.
5. Understand the obligation of the addiction professional to participate in prevention as well as treatment.
6. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.

I. CLINICAL EVALUATION

The systematic approach to screening and assessment.

A. SCREENING

The process through which counselor, client and available significant others determine the most appropriate initial course of action, given the client's needs and characteristics, and the available resources within the community.

1. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.
2. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance related treatment history; mental status; and current social, environmental, and/or economic constraints.

3. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and coexisting mental health problems.
4. Assist the client in identifying the impact of substance use on his or her current life problems and the effects of continued harmful use or abuse.
5. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.
6. Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.
7. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
8. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.
9. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.

B. ASSESSMENT

An ongoing process through which the counselor collaborates with the client and others to gather and interpret information necessary for planning treatment and evaluating client progress.

1. Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic cultural issues, and disabilities that includes, but is not limited to:
 - history of alcohol and other drug use;
 - physical health, mental health, and addiction treatment history;
 - family issues;
 - work history and career issues;
 - history of criminality;
 - psychological, emotional, and world-view concerns;
 - current status of physical health, mental health, and substance use;
 - spirituality;
 - education and basic life skills;
 - socio-economic characteristics, lifestyle, and current legal status;
 - use of community resources.
2. Analyze and interpret the data to determine treatment recommendations.
3. Seek appropriate supervision and consultation.
4. Document assessment findings and treatment recommendations.

II. TREATMENT PLANNING

A collaborative process through which the counselor and client develop desired treatment outcomes and identify the strategies for achieving them. At a minimum the treatment plan addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, employment, education, spirituality, health concerns, and legal needs.

1. Obtain and interpret all relevant assessment information.
2. Explain assessment findings to the client and significant others involved in potential treatment.
3. Provide the client and significant others with clarification and further information as needed.
4. Examine treatment implications in collaboration with the client and significant others.
5. Confirm the readiness of the client and significant others to participate in treatment.
6. Prioritize client needs in the order they will be addressed.
7. Formulate mutually agreed upon and measurable treatment outcome statements for each need.
8. Identify appropriate strategies for each outcome.

9. Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria.
10. Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress.
11. Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.
12. Reassess the treatment plan at regular intervals and/or when indicated by changing circumstances.

III. REFERRAL

The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

1. Establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs.
2. Continuously assess and evaluate referral resources to determine their appropriateness.
3. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.
4. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.
5. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.
6. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care.
7. Evaluate the outcome of the referral.

IV. SERVICE COORDINATION

The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan. Service coordination, which includes case management and client advocacy, establishes a framework of action for the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.

A. IMPLEMENTING THE TREATMENT PLAN

1. Initiate collaboration with referral source.
2. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.
3. Confirm the client's eligibility for admission and continued readiness for treatment and change.
4. Complete necessary administrative procedures for admission to treatment.
5. Establish accurate treatment and recovery expectations with the client and involved significant others including, but not limited to:
 - nature of services,
 - program goals,
 - program procedures,
 - rules regarding client conduct,
 - schedule of treatment activities,
 - costs of treatment,

- factors affecting duration of care,
- client rights and responsibilities.

6. Coordinate all treatment activities with services provided to the client by other resources.

B. CONSULTING

1. Summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment.
2. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.
3. Contribute as part of a multidisciplinary treatment team.
4. Apply confidentiality regulations appropriately.
5. Demonstrate respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.

C. CONTINUING ASSESSMENT AND TREATMENT PLANNING

1. Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan.
2. Understand and recognize stages of change and other signs of treatment progress.
3. Assess treatment and recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.
4. Describe and document treatment process, progress, and outcome.
5. Use accepted treatment outcome measures.
6. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.
7. Document service coordination activities throughout the continuum of care.
8. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.

V. COUNSELING

A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. Counseling includes methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built upon an understanding of, appreciation of, and ability to appropriately use the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and significant others.

A. INDIVIDUAL COUNSELING

1. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.
2. Facilitate the client's engagement in the treatment and recovery process.
3. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.
4. Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
5. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
6. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
7. Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.
8. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of human

immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), tuberculosis (TB), sexually transmitted diseases (STDs), and other infectious diseases.

9. Facilitate the development of basic and life skills associated with recovery.
10. Adapt counseling strategies to the individual characteristics of the client, including but not limited to, disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
11. Make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals.
12. Apply crisis management skills.
13. Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

B. GROUP COUNSELING

1. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.
2. Carrying out the actions necessary to form a group, including, but not limited to: determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.
3. Facilitate the entry of new members and the transition of exiting members.
4. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.
5. Understand the concepts of process and content, and shift the focus of the group when such an intervention will help the group move toward its goals.
6. Describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs and issues that may require a modification in the treatment plan.

C. COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS

1. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.
2. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.
3. Facilitate the engagement of selected members of the family, couple, or significant others in the treatment and recovery process.
4. Assist families, couples, and significant others to understand the interaction between the system and substance use behaviors.
5. Assist families, couples, and significant others to adopt strategies and behaviors that sustain recovery and maintain healthy relationships.

VI. CLIENT, FAMILY, AND COMMUNITY EDUCATION

The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment and recovery resources.

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process. 2. Describe factors that increase the likelihood for an individual, community, or group to be at-risk for, or resilient to, psychoactive substance use disorders. 3. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery. 4. Describe warning signs, symptoms, and the course of substance use disorders. 5. Describe how substance use disorders affect families and concerned others. 6. Describe the continuum of care and resources available to family and concerned others. 7. Describe principles and philosophy of prevention, treatment, and recovery. 8. Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, TB, STDs, and other infectious diseases. 9. Teach life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills. | <ol style="list-style-type: none"> 5. Utilize a range of supervisory options to process personal feelings and concerns about clients. 6. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance. 7. Obtain appropriate continuing professional education. 8. Participate in ongoing supervision and consultation. 9. Develop and utilize strategies to maintain one's own physical and mental health. |
|--|--|

VII. DOCUMENTATION

The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.

1. Demonstrate knowledge of accepted principles of client record management.
2. Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.
3. Prepare accurate and concise screening, intake, and assessment reports.
4. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.
5. Record progress of client in relation to treatment goals and objectives.
6. Prepare accurate and concise discharge summaries.
7. Document treatment outcome, using accepted methods and instruments.

VIII. PROFESSIONAL AND ETHICAL RESPONSIBILITIES

The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.

1. Demonstrate ethical behaviors by adhering to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.
2. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.
3. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
4. Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice.

**You must complete these two pages. Do NOT write
"SEE ATTACHED" or "SEE TRANSCRIPT"**

Educational Prerequisites Form

**ATTN: MHACBO will no longer accept education
from AllCEUs.com**

Directions: Photocopy this form as needed. Attach copies of certificates, photocopy of degrees and **OFFICIAL TRANSCRIPTS** (unofficial transcripts are **not** acceptable). You must document the minimum prerequisite education hours for the level of certification that you are applying for. If a class covers more than one requirement, put the course name in each box, but only count the hours once.

CADC I - Associate Proficiency level

150 Hours of Alcohol, Drug, Addictions Education which must include:

- Basic Counseling Skills
- Group Counseling Skills
- A&D Pharmacology
- HIV/AIDS Risk Assessment Risk Reduction
- Counseling Ethics
- Clinical Evaluation (ASAM)

CADC II - Bachelors Proficiency level

Minimum of a Bachelors Degree (or equivalency – 90 college credits plus additional training hours commensurate with education hours towards a baccalaureate degree) which must also include a minimum of 300 Hours of Alcohol, Drug, Addictions Education including the following topical hours:

- Basic Counseling Skills
- Group Counseling Skills
- A&D Pharmacology
- HIV/AIDS Risk Assessment Risk Reduction
- Counseling Ethics
- Clinical Evaluation (ASAM)
- Cultural Diversity
- Co-occurring Disorders

CADC III - Graduate Proficiency level

Minimum of a Masters Degree, including a minimum of 300 Hours of Alcohol, Drug, Addictions Education including the following topical hours:

- Basic Counseling Skills
- Group Counseling Skills
- A&D Pharmacology
- HIV/AIDS Risk Assessment Risk Reduction
- Counseling Ethics
- Clinical Evaluation (ASAM)
- Cultural Diversity
- Co-occurring Disorders
- Addiction Treatment Evidence-Based Practices

You must demonstrate the required degree in the Human Arts and the degree must be regionally accredited, or otherwise approved by the Oregon Office of Degree Authorization as of April 1st, 2008. All other education must be accredited or approved by a recognized accreditation body (Regional Accreditation, MHACBO, AMH, NAADAC, etc.) Any additional training needed to meet the minimum 300 hour requirement must be alcohol & drug specific education.

Conversion Key

1 college credit = 10 hours
1 college semester = 15 hours
1 California Unit = 10 hours
1 CEU = 1 hour

Addictions Education Course

Hours

Write the title of the class that most closely approximates the stated topical area in each space provided below. MHACBO will review all courses for which you are seeking credit for approval in meeting the stated topical requirement. If course content is not apparent from the title, you are encouraged to include a course description.

Course Title or Voc-Code (example AD101)	Hours
Basic Counseling Skills (one class only) (A course where you practiced basic counseling skills such as paraphrasing, identifying feelings, etc. where you were video taped or observed and received feedback on your skills. Distance or online education not accepted for this practice class.) Course:	
Group Counseling Skills (one class only) (A course where you learned and practiced group process/facilitation/counseling. Distance or online education not accepted for this practice class.) Course:	
Alcohol & Drugs of Abuse Pharmacology (A course covering both Alcohol and Drugs of Abuse. Courses covering psychiatric medications or basic physiology courses are not acceptable for this core requirement) Course:	
Infectious Disease Risk Assessment & Risk Reduction (one class only) (A "counseling" course regarding how to evaluate a client's Infectious Disease risk factors and how to work with them over time to reduce those risk factors. Blood borne pathogens or HIV epidemiology courses are not acceptable) Course:	
Counseling Ethics (one class only) A "counseling" course regarding ethics which covers MHACBO, NAADAC, NASW, and/or APA ethical standards) Course:	
Clinical Evaluation (ASAM) (A course covering the American Society of Addiction Medicine Patient Placement Criteria 2 and DSM Substance Abuse Disorders.) Course:	

Ethics Agreement

DIRECTIONS: Please carefully read the following, sign and date. Make a photocopy for your records and return the entire ORIGINAL to MHACBO.

ETHICAL STANDARDS OF ALCOHOLISM AND DRUG ABUSE COUNSELORS

The Mental Health and Addiction Certification Board of Oregon certified counselors are comprised of professional alcoholism and drug abuse counselors who, as responsible health care professionals, believe in the dignity and worth of human beings. In the practice of their profession they assert that the ethical principles of autonomy, beneficence and justice must guide their professional conduct. As professionals dedicated to the treatment of alcohol and drug dependent clients and their families, they believe that they can effectively treat its individual and familial manifestations. MHACBO certified counselors dedicate themselves to promote the best interests of their society, of their clients, of their profession and of their colleagues.

Principle 1: Non-Discrimination

The MHACBO certified counselor shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- a. The MHACBO certified counselor shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the member guards the individual rights and personal dignity of clients.
- b. The MHACBO certified counselor 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.

Principle 2: Responsibility

The MHACBO certified counselor shall espouse objectivity and integrity, and maintain the highest standards in the services the member offers.

- a. The MHACBO certified counselor 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 MHACBO certified counselor, as educator, has a primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.
- c. The MHACBO certified counselor 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 MHACBO certified counselor who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competence

The MHACBO certified counselor shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the member and of the profession as a whole. The MHACBO certified counselor shall recognize the need for ongoing education as a component of professional competency.

- a. The MHACBO certified counselor shall recognize boundaries and limitations of the member's competencies and not offer services or use techniques outside of these professional competencies.
- b. The MHACBO certified counselor shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The member shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards

The MHACBO certified counselor shall uphold the legal and accepted moral codes which pertain to professional conduct.

- a. The MHACBO certified counselor shall be fully cognizant of all federal laws and laws of Oregon governing the practice of alcoholism and drug abuse counseling.
- b. The MHACBO certified counselor shall not claim either directly or by implication, professional qualifications/affiliations that the member does not possess.
- c. The MHACBO certified counselor shall ensure that products or services associated with or provided by the member by means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

Principle 5: Public Statements

The MHACBO certified counselor shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

- a. The MHACBO certified counselor, 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, speculations, and conjecture concerning the nature of alcoholism and drug abuse, its natural history, its treatment or any other matters which touch on the subject of alcoholism and drug abuse shall be represented as less than scientifically validated.
- b. The MHACBO certified counselor shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of alcoholism and drug abuse, its natural history, and its treatment. Such acknowledgment should extend to the source of the information and reliability of the method by which it was derived.

Principle 6: Publication Credit

The MHACBO certified counselor shall assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The MHACBO certified counselor 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 MHACBO certified counselor 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 MHACBO certified counselor 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.

Principle 7: Client Welfare

The MHACBO certified counselor shall promote the protection of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all MHACBO members.

- a. The MHACBO certified counselor shall disclose the member's code of ethics, professional loyalties and responsibilities to all clients.
- b. The MHACBO certified counselor shall terminate a counseling or consulting relationship when it is reasonably clear to the member that the client is not benefiting from the relationship.
- c. The MHACBO certified counselor shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
- d. The MHACBO certified counselor shall not use or encourage a client's 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 Principle 9)
- e. The MHACBO certified counselor shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensure the appropriateness of service delivery.

Principle 8: Confidentiality

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

- a. The MHACBO certified counselor shall 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 MHACBO certified counselor shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The member shall ensure 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 MHACBO certified counselor shall adhere to all federal and state laws regarding confidentiality and the member's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- d. The MHACBO certified counselor 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 interest. 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 MHACBO certified counselor shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 9: Client Relationships

It is the responsibility of the MHACBO certified counselor to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The MHACBO certified counselor shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- a. The MHACBO certified counselor shall inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- b. The MHACBO certified counselor 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. The MHACBO certified counselor shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- d. The MHACBO certified counselor shall not under any circumstances engage in sexual behavior with current or former clients.
- e. The MHACBO certified counselor shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

The MHACBO certified counselor shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- a. The MHACBO certified counselor shall refrain from offering professional services to a client 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 MHACBO certified counselor shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
- c. The MHACBO certified counselor shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The MHACBO certified counselor shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client first, and then of the counselor, the agency, and the profession.

- a. The MHACBO certified counselor shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients shall be made fully aware of these policies.
- b. The MHACBO certified counselor shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- c. The MHACBO certified counselor shall not engage in fee splitting. The member shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- d. The MHACBO certified counselor, in the practice of counseling, shall not at any time use one's relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.
- e. The MHACBO certified counselor shall not accept a private fee for professional work with a 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.

Principle 12: Societal Obligations

The MHACBO certified counselor shall to the best of his/her ability actively engage the 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 and drug abuse.

Print Name

Sign Name, pledging adherence to this Ethical Code

Adapted from the NAADAC Code of Ethics.
Revised April 2000.



TESTING APPLICATION



MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.

A B C D E F 1 2 3 4 5 6

Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

<input type="radio"/> Mr.	First Name																					Middle Initial	
<input type="radio"/> Mrs.																							
<input type="radio"/> Ms.																							
<input type="radio"/> Dr.																							
Last Name																						Suffix (Jr., Sr., etc.)	
Address																						Apartment Number	
City												State	Zip/Postal Code										
Home Phone												Work Phone											
Email Address		***THIS IS REQUIRED** (Please enter only ONE email address. Use two lines if necessary)																					
Choice of Examination Language:		Examination Date:										<input type="radio"/> January <input type="radio"/> April <input type="radio"/> July <input type="radio"/> October <input type="radio"/> February <input type="radio"/> May <input type="radio"/> August <input type="radio"/> November <input type="radio"/> March <input type="radio"/> June <input type="radio"/> September <input type="radio"/> December											
<input type="radio"/> English <input type="radio"/> Spanish																							

Background Information

Darken only one choice for each question unless otherwise directed.

FOR WHICH EXAMINATION ARE YOU APPLYING?

☐ CADCI ☐ CADC II ☐ CADC III

HAVE YOU TAKEN THIS EXAMINATION BEFORE?

☐ No ☐ Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): _____

Name: _____

HIGHEST ACADEMIC LEVEL:

☐ Less than high school graduate ☐ Bachelor's degree
☐ High school graduate or equivalent ☐ Master's degree
☐ Vocational or technical school graduate ☐ Doctoral degree
☐ Some college ☐ Other
☐ Associate degree

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Race:

☐ African American ☐ Native American
☐ Asian ☐ White
☐ Hispanic ☐ Other

Age Range:

☐ Under 25 ☐ 40 to 49
☐ 25 to 29 ☐ 50 to 59
☐ 30 to 39 ☐ 60+

Gender:

☐ Male ☐ Other _____
☐ Female
☐ Trans

Candidate Signature

Must be completed by all candidates authorizing release of test results to a state/commonwealth.

OR

I hereby authorize the National Certification Commission for Addiction Professionals (NCC AP) to release the results of my Certification Examination for Addiction Counselors to the state/commonwealth indicated. I understand that these test results will be used only for state/commonwealth certification at this time.

I certify that the information given in this Application is accurate, correct and complete.

CANDIDATE SIGNATURE: _____ DATE: _____



National Certification Commission for Addiction Professionals (NCC AP)
1001 N. Fairfax Street, Suite 201, Alexandria, VA 22314
Tel: 800.548.0497 or 703.741.7686
Fax: 703.741.7698
nccap@naadac.org
www.naadac.org/certification

Special Accommodations Request
35 calendar day notice required

NCC AP is happy to accommodate any special needs you may have for taking your certification examination. Please fill out the following form and return it to us via mail, e-mail or fax. **You must also include a physician's note or other documentation explaining why you need special accommodations.** The form must be received 35 calendar days before your requested testing date. A representative from NCC AP will contact you to register you for the exam. You cannot register online for a special accommodations examination. Questions 1 through 7 are required to be completed below.

1. Test Center Name:

2. Examination Name:

3. Test Taker Name:

4. 1st Requested Date and Time:

5. 2nd Requested Date and Time:

6. 3rd Requested Date and Time:

7. Type of Special Accommodation needed:

☐ Reader

☐ Reader and Recorder

☐ Translator

☐ Sign Language Interpreter

☐ Screen Magnification software

☐ Private Room

☐ Food/Drink/Medical Equipment required during test session - (describe the specific items needed in the additional information section below)

☐ Attendance of Service Animal

☐ Extended Exam Time included

☐ Other - (please describe in the additional information section below)

Additional information:

Test Composition by Level

The NAADAC written test is 200 multiple choice questions and is broken down into the following areas:

Level I

- I. Pharmacology of Psychoactive Substance 30%
- II. Counseling Practice 40%
- III. Theoretical Base of Counseling 15%
- IV. Professional Issues 15%

Level II

- I. Pharmacology of Psychoactive Substance 25%
- II. Counseling Practice 25%
- III. Theoretical Base of Counseling 25%
- IV. Professional Issues 25%

MAC (Level III)

- I. Pharmacology of Psychoactive Substance 28%
- II. Counseling Practice 24%
- III. Professional Issues 28%
- IV. Co-Occurring Disorders 20%

Written Jurisprudence Ethics Exam

This exam is a replacement for the Oral Case Presentation Exam. You cannot schedule this exam until you pass the NCAC II or MAC test.

The Jurisprudence exam consists of 50 questions pertaining to:

- Oregon Admin. Rule 309-018, 309-019, & 415
- Oregon Client Rights
- 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 information go to:

<http://www.mhacbo.com/jurisprudence/>

Failure to Complete the Jurisprudence Exam

Upon successful completion of the NCAC II or MAC exam, applicants will be issued a CADC-I certificate. Failure to complete the Jurisprudence Exam will result in maintaining a CADC-I. This certification will be subject to the standard recertification policy.

Letter of Alcohol & Drug Free Verification

Directions:

Please have a professional colleague or supervisor write a letter of professional alcohol/drug free verification on your behalf.

1. Agency Letterhead.
2. Date.
3. Letter must indicate to the best of the authors knowledge that the recovering candidate has been free of substance abuse for ____ years.

Mail letters of Professional Alcohol & Drug Free Verification directly to MHACBO:

Mental Health and Addiction Certification Board of Oregon
2054 N Vancouver Ave
Portland, Oregon 97227-1917

Questions:

If you have questions please contact MHACBO at:

(503) 231-8164
mhacbo@mhacbo.com
<http://www.mhacbo.com/>
Office Hours: 9am-5pm

Recertification Policy

Certification is granted for a two year period. It may be renewed by Recertification, a process designed to assist the CADC in maintaining and expanding competence. If your certification has lapsed you must file for an extension, otherwise you will be dropped from the CADC roster. In order to file for an extension you must send a detailed letter explaining the cause for lapsed certification.

You will receive a recertification packet from MHACBO 30-60 days prior to the expiration date of your certificate.

1. The recertification applicant must demonstrate 40 clock hours of continuing education.

- * college course work
- * workshops
- * inservices
- * training
- * classes

All CADC's must complete 6 hours of Ethics continuing education and 2 hours of Tobacco Dependence/Prevention as a part of their 40 hours of continuing education, in order to renew their certification. MHACBO will accept virtually all counseling related Ethics courses.

2. The recertification applicant must complete the Record of Training Education and attach all certificates or transcripts. Only recorded training hours accompanied by a certificate will be accepted. Program schedules, syllabuses, flyers will not be accepted.

3. Hours are broken down into two categories:

Category I: Alcohol & Drug Counseling Education -
Minimum 20 hours

A&D Tx, Tx Planning, Dual Diagnosis, Special Populations in A&D Tx, Counseling methodologies focusing on substance abuse, Relapse Prevention, ASAM, etc...

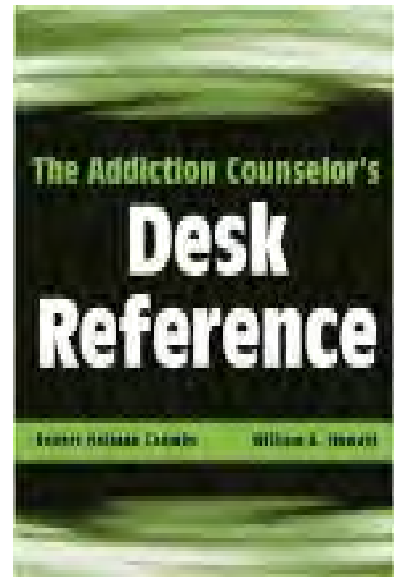
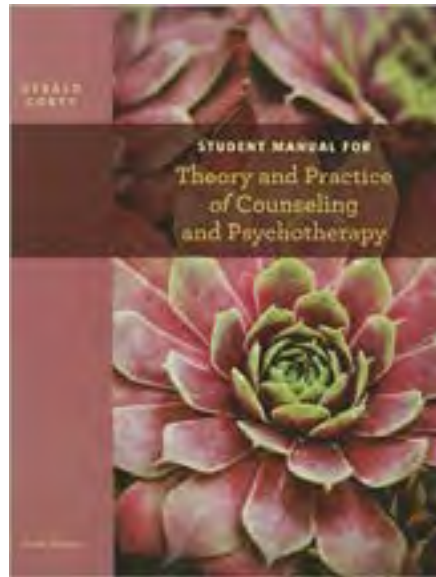
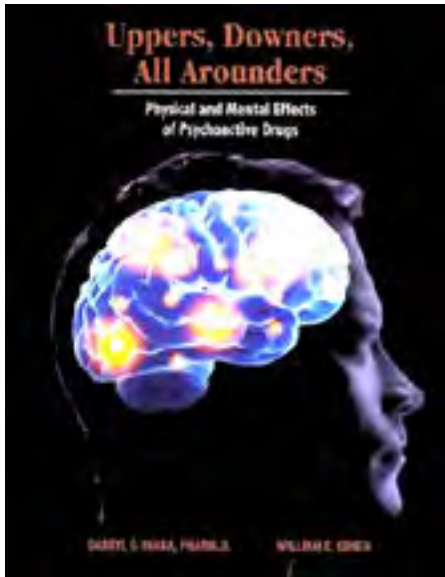
Category II: Counseling Education (non-A&D)-
Maximum 20 hours

Managed Care, JCAHO, Counseling Survivors of Trauma, Psychiatric Disorders, DSM-V, Psychotropic Medications, etc...

4. You must submit the Application page, Training Record, attach copies of all certificates, and the recertification fee to MHACBO by the expiration date of the certificate.

When it is time for you to recertify, please call MHACBO, review the recertification material that will be sent to you approx. 60 days prior to the expiration of your certificate, or review the MHACBO Newsletter, in order to verify the appropriate recertification fee.

RECOMMENDED BOOKS TO STUDY



Covers shown may not represent the latest editions. All images copy right by their respective owners.

The two most failed areas of the test are
PHARMACOLOGY and **THEORIES OF COUNSELING**.

For pharmacology we recommend:

Uppers, Downers, All Arounders

by Darryl S. Inaba Pharm.D. & William Cohen

For theories of counseling we recommend:

Theory and Practice of Counseling and Psychotherapy

by Gerald Corey

For a good overview of the entirety of A&D counseling:

The Addiction Counselor's Desk Reference

by Robert Holman Coombs & William A. Howatt

These can often be found as textbooks at local colleges, or can be ordered either from your local bookstore, or from online book resources.

<http://www.amazon.com>

<http://www.bookfinder.com>

<http://www.cnsproductions.com>