The ACBHC has defined Traditional Counselors as, “Individuals who are Alaska Native and/or who have been raised with traditional native values and who lived in harmony with these values, who have long years of voluntary service earning them the recognition of their people as a source of traditional knowledge and wisdom as a positive force in resolving community substance abuse issues.”

GUIDELINES FOR NOMINATION:

Persons nominated for recognition as Traditional Counselors shall be reviewed with respect to the following. The nominee should be:

A caring and empathic individual
An active member of village organizations that deal with substance abuse problems
Identified as a village and regional resource person
Credible and respected in their culture
Seen as a positive role model
Aftercare resource to rural Alaska programs
Outreach and Prevention worker in their community
A volunteer
A requested speaker in other villages
An outspoken advocate of their people
Able to influence others’ behavior through traditional methods and values
An effective speaker

NOMINATION PROCESS:

A person interested in nominating an individual from their community or region should submit the completed nomination form along with letters of recommendation for the nominee from three people to ACBHC at P.O. Box 220109, Anchorage, Alaska 99522-0109. These letters should provide in narration form, a detailed description of how the nominee meets the qualifications listed above in the guidelines.
In addition to letters of recommendation, documentation is required to verify the following activities of the nominee:

Is or has been an active member in community organization dealing with substance abuse problems - Attach a letter from the leader of an appropriate organization.

Is an aftercare resource used by local and regional substance abuse treatment programs - Attach a letter from a local or regional substance abuse program director.

Volunteer activities - Attach a letter from an individual having knowledge of the nominee’s volunteer activity.

Requested speaker - Attach a letter from an appropriate person, outlining the date, location and subject.

CERTIFICATION:

Traditional Counselor recognition is for life, and no renewal is required. The Certification Commission recommends that continuing education be provided for Traditional Counselors. The fee for Traditional Counselor certification is $200.00. Nominations will be processed by the Certification Commission in the same manner as other certification requests are processed.

Please submit forms to:

ACBHC
P.O. Box 220109
Anchorage, AK 99522-0109
ALASKA COMMISSION FOR BEHAVIORAL HEALTH CERTIFICATION

TRADITIONAL COUNSELOR (TC) RECOGNITION

TRADITIONAL COUNSELOR NOMINATION FORM

Name of Nominee: __________________________________________

Address: _________________________________________________

City/State/Zip: ____________________________________________

Number of years in residency: ______________________________

Residency History: ________________________________________

The ACBHC has defined Traditional Counselors as “Individuals who are Native Alaskan and/or who have been raised with traditional native values and who lived in harmony with these values, who have long years of voluntary service earning them the recognition of their people as a source of traditional knowledge and wisdom as a positive force in resolving community substance abuse issues.”

Please submit this form with the letters of recommendation and the verification letters documenting the nominee’s activities in the community as described in the guidelines and process sections above.

Printed Name of Nominator __________________________________

Address of Nominator: ______________________________________

City, State, Zip: __________________________________________

Home Phone Number: ______________________________________

Work Phone Number: ______________________________________

Email: __________________________________________________

Signature of the Nominator: _________________________________

Date: ____________________________________________________

Please submit forms to:

ACBHC
P.O. Box 220109
Anchorage, AK 99522-0109