Alaska Commission for Behavioral Health Certification
Application for CT Certification

CHEMICAL DEPENDENCY COUNSELOR TECHNICIAN REQUIREMENTS

The Chemical Dependency Counselor Technician generally has "limited tools, systems, and models of addiction treatment to use with clients. Most often the Counselor Technician is new to the field of addiction counseling or they have not yet developed a broad information and practice base for working with a range of client needs. They usually need regular professional supervision to practice, and for support." *SAMHSA Tap 21*

Experience:

Since this level of certification is entry level, there is no experience requirement.

Educational Requirements:

The following is a list of the coursework required for the non degreed track for certification:

Ethics within last two years (3)
Confidentiality within last two years (3)
Infectious Diseases & HIV/AIDS (6)
Introduction to Addictive Behavior (8)
Documentation (8)
Crisis Intervention (8)
Introduction to Client Centered Counseling (12)
Introduction to Group Counseling (8)
Working with Diverse Populations (12)
Community Resources Use & Case Management (8)
Recovery, Health, Wellness & Balance (8)

The following is a list of the coursework required for the degreed track for certification:

A Master's, Bachelor's, or Associate's degree from an accredited educational facility, in a relevant field (Social Services, Social Work, Addiction, Human Services, Psychiatric Nursing, Psychology) may be submitted for consideration as a substitute for many of the required courses.
This is considered by the Commission on a case by case basis.

Please note that the degree must be one of the degrees listed above, and understand that the acceptance of the degree and the requirements for certification based on that degree are considered on a case by case basis. The degree must be from an accredited college.

Ethics taken within last two years (3 hours)
Confidentiality taken within last two years (3 hours)
Infectious Diseases & HIV/AIDS (6 hours)
Introduction to Addictive Behavior (8 hours)

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Recertification:

Certification is for a period of two years. Application for re-certification must be made prior to expiration and may be done online at akcertification.org. The applicant should complete at least 40 hours of continuing education in the Behavioral Health field, to include 3 hours each of Ethics and Confidentiality, every two years. The certificates of completion for these classes are not required to be submitted for recertification, but the applicant should keep them and be prepared to submit them if asked.

APPLICATION PROCEDURE

1. The applicant fills out pages 4-11, and gives pages 12-14, the Personal Recommendation forms, to the people chosen by the applicant to complete and mail directly to ACBHC, P.O. Box 220109, Anchorage, AK 99522-0109. **Please do not print application on both sides because it goes into separate parts of the application file.**

2. Send copies of successfully completed trainings and/or have the college mail the original college transcripts directly to ACBHC. Make certain that each completed course is listed on the "Training Hours Tally Sheet" including the syllabus or course description if the class content is not perfectly clear in the transcript or certificate of completion.

3. Use the forms provided for the Personal Recommendation letters. These forms must be mailed directly to ACBHC by the person completing them.

4. Write your name at the top of Each and All tally sheet pages. List all of your training courses on the tally sheet pages. Total the number of training hours on the last page of the tally sheet. Sign and date the last page of the tally sheet. Make copies of your certificates and submit them to ACBHC along with your tally sheet and completed application.

5. All the forms in the application should be completed and submitted in their original form, no copies or faxes will be accepted for these pages. The course work certificates, a copy of candidate's picture ID, and the current resume may be copies or faxes.

6. The initial certification fee is $180.00, and the re-certification fee is $165.00, renewable every two years. **These fees are non-refundable.**

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APPLICATION CHECK LIST FOR CHEMICAL DEPENDENCY COUNSELOR TECH (CT)

The application must include the following, in original form, filled out by the applicant:

_____ Application General Information form

_____ Training Tally Sheet - Please include all relevant trainings in chronological order, documenting dates, titles, and hours completed. Incomplete Tally Sheets will be returned to the applicant for proper completion except in the case of the applicant having taken the classes after submitting the application.

_____ College transcripts if applicable, sent by college or university

_____ Background Disclosure Sheet

_____ ACBHC Ethical Standards - Code of Ethics - Initialed, signed and dated.

_____ Authorization for Data Collection

_____ Current Résumé

_____ Clear, legible, and current copy of State or other valid picture identification

_____ Payment in the amount of $180.00 for initial certification (this may be paid online)

The following will be submitted **directly to ACBHC by the person who completes each one**:

_____ Three (3) Personal Recommendation forms

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APPLICATION FOR CERTIFICATION
GENERAL INFORMATION
(PLEASE PRINT)

Name: _____

Mailing Address: _____

City, State Zip: _____

Home Phone: _____ Cell Phone: _____

Personal E-Mail: _____

Business E-Mail: _____

Employer: _____

Employer Address: _____

City, State Zip: _____

Business Phone: _____ Business Fax: _____

Date/State of past certification: _____

Would you accept a lower level of certification than you applied for?
Yes _____ No_____

I, (print name) _____ have provided accurate and truthful information on all the enclosed application material for certification and acknowledge that omission of the requested information as well as providing false information will result in denial of my certification or removal of my certification at a later date, as it becomes known.

Signature_____ Date _____
(Form not complete without signature)

Mail the completed application to:

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

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CT

Category	Date	Course Title	Hours
Category	Date	Course Title	Hours
.			
		Total Hours	0.00

Category	Date	Course Title	Hours
Confidentiality not more than two years old 3 Hours			
		Total Hours	0.00

Category	Date	Course Title	Hours
Introduction to Addictive Behavior 8 Hours			
		Total Hours	0.00

Category	Date	Course Title	Hours
Infectious Diseases & HIV/AIDS 6 Hours			
		Total Hours	0.00

Category	Date	Course Title	Hours
Documentation 8 Hours			
		Total Hours	0.00

Category	Date	Course Title	Hours
Crisis Intervention 8 Hours			
		Total Hours	0.00

Category	Date	Course Title	Hours
Introduction to Client Centered Counseling 12 Hours			
		Total Hours	0.00

Category	Date	Course Title	Hours
Introduction to Group Counseling 8 Hours			
		Total Hours	0.00

Category	Date	Course Title	Hours
Working w/Diverse			

Populations 12 Hours			
		Total Hours	**0.00**

Category	Date	Course Title	Hours
Community Resources Use & Case Management 8 Hours			
		Total Hours	**0.00**

Category	Date	Course Title	Hours
Recovery, Health & Wellness & Balance 8 Hours			
		Total Hours	**0.00**

Total CEU Hours **0.00**

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BACKGROUND DISCLOSURE FORM FOR APPLICATIONS

☐ **(For initial certification)** In my lifetime, I:_____

OR

☐ **(For recertification)** Since the issuance of my last certification on_____, I

1. Have had my professional certification or licensure revoked? ☐ Yes ☐ No
   State: _____ Date: _____ Type: _____
2. Have been terminated or left from either a paid or volunteer position because of an ethics complaint? ☐ Yes ☐ No
3. Have been arrested or detained for anything other than misdemeanor traffic (not DUI or DWI related) charges? ☐ Yes ☐ No
4. Have been convicted of a misdemeanor or felony? ☐ Yes ☐ No
5. Have been convicted by any disciplinary board, city/state/federal/military/international court of law, of sexual assault, sexual abuse, sexual exploitation, physical abuse, or physical assault to any persons? ☐ Yes ☐ No
6. Have been found by an administrative office or court to have committed fraud related to Medicaid, Medicare, insurance entitlement (social security, temporary assistance, public assistance or other billing fraud)? ☐ Yes ☐ No
7. Have any civil or criminal charges pending? ☐ Yes ☐ No
8. Am currently incarcerated ** for any misdemeanor or felony? ☐ Yes ☐ No
9. Have a 1-year to 10-year or permanent barrier Crime? ☐ Yes ☐ No

* Answering **"Yes"** to any of the above questions does not automatically bar you from certification. **If you have answered "Yes" to any of the above items, please write a letter of explanation stating what happened in each case, what the outcome was in court, what you have done to correct the situation, and what you have done to ensure this will not happen again.** Explain (dates, case number(s), time, and places (s) of incarceration, special dispositions, and other related information) on separate attached sheet of paper.

** **"Incarcerated" is defined as being in jail, halfway house, work release program or other form of court or corrections-imposed custody probation (to include misdemeanor, parole, furlough, SIS or deferred sentence).**

*** **If you have a Barrier Crime, please contact the DHSS Background Check Program via website (http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck/) or in person to request a Variance for work. Once received, please e-mail it to (acbhc@akcertification.org).**

I, (print name) _____ have provided accurate and truthful information on this form and acknowledge that omission of the requested information, as well as providing false information will result in denial of my certification or removal of my certification at a later date as it becomes known.

Signature _____ Date_____

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ACBHC ETHICAL STANDARDS
Adopted by ACBHC from the NAADAC Code of Ethics

AS A PARTNER OF NAADAC, ACBHC ADOPTS AND ABIDES BY THE CURRENT NAADAC CODE OF ETHICS

CLICK ON THIS LINK TO DOWNLOAD THE CURRENT NAADAC CODE OF ETHICS

Acknowledgment of NAADAC Code of Ethics

I acknowledge that I have received, read, and understand the *NAADAC Code of Ethics*. I recognize this document as the ethical framework guiding professional behavior in the field of addiction and behavioral health services.

I agree to conduct myself in a manner consistent with the standards outlined in the Code, and I understand that failure to do so may result in disciplinary action, including potential suspension or revocation of certification, as determined by the Alaska Commission for Behavioral Health Certification (ACBHC).

Name (Printed): _____

Signature: _____

Date: _____

Certification Number (if applicable): _____

Please submit this completed Ethics Acknowledgement with your application.

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AUTHORIZATION FOR DATA COLLECTION

I hereby authorize the Commission for Behavioral Health Certification to collect and maintain my name, application forms and other relevant personal information in the Counselor Registry. I further understand that I have access to my own personal information provided by me and may request and/or correct and/or secure a copy of any portion thereof.

Print Name: _____

Signature: _____ Date: _____
(form not complete without signature)

AUTHORIZATION FOR RELEASE TO STATE AND / OR NATIONAL REGISTERS

Name of Counselor: _____

Employer: _____

Address: _____

City, State Zip: _____

Business Telephone: _____ E-mail: _____

Alcoholism & Drug Abuse Counselor Level/Dates: _____

Highest Academic Degree: _____

Mailing Address: _____

City, State Zip: _____

Home Telephone: _____ E-mail: _____

Signature: _____ Date: _____

Mail the application to: **ACBHC**
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PERSONAL RECOMMENDATION

Applicant Name: _____ is applying for CT certification in Alaska. I have known the applicant since _____.

Recommendation	**Yes**	**No**	
I recommend the applicant for certification as Counselor Technician.	☐	☐	
Comments			

I understand that this form serves as a reference. I have attached _____ additional pages in order to address my knowledge of this applicant's competence and character. I hereby certify that the information provided is true and complete to the best of my knowledge.

Signature: _____ Date: _____
(form not complete without signature)

Printed Name: _____ Title: _____

Agency (if applicable): _____

Address: _____ Phone: _____

City/State/Zip Code: _____

The person who completes this form must mail it directly to:

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Recommendation	**Yes**	**No**	
I recommend the applicant for certification as Counselor Technician.	☐	☐	
Comments			

I understand that this form serves as a reference. I have attached _____ additional pages in order to address my knowledge of this applicant's competence and character. I hereby certify that the information provided is true and complete to the best of my knowledge.

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