

ALASKA COMMISSION FOR BEHAVIORAL HEALTH CERTIFICATION

ADMINISTRATOR APPLICATION

REQUIREMENTS & APPLICATION PROCEDURE

Required Experience:

Three (3) years (6,000 hours) full-time experience in administration or management of a chemical dependency program. This includes any program in the continuum of care such as prevention, training, evaluation, treatment and long-term care programs. At least two of the three years of experience must be in a state or federally approved program.

Educational Requirements:

The follow coursework is required for certification as an Administrator:

- Ethics for Supervisors 3 hours
- Ethics for business/health care 3 hours
- Confidentiality 3 hours
- Infectious Diseases & HIV/AIDS 6 hours
- Leadership in Community Development 12 hours
- Principles and Practices in Supervision 30 hours
- Cross Cultural Diversity 8 hours
- Crisis Intervention 8 hours

Documentation and Evaluation of Skills:

The applicant must have affiliates submit at least three (3) letters of reference citing the specific competencies as an administrator in a chemical dependency or behavioral health program. At least one reference must be from a source of direct supervision for the candidate, the remainder must be from individuals who are professionally affiliated with the candidate and are familiar with the candidate's work. The forms for these letters are in the application. The Employer Verification form documents the required experience and is filled out by the supervisor or Human Resources person and mailed to ACBHC by that person. The applicant should include a job description and/or criteria based evaluation for his/her position. The applicant's position in the organizational chart should also be defined. The Administrator Evaluation form is to be completed by a person who is able to supervise and document the applicant's administrator skills, and is sent to ACBHC directly by that person.

Recertification:

Certification is for a period of two (2) 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, addressing organizational management every two years. Continuing education should also include 3 hours each of Confidentiality and Ethics 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.

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APPLICATION PROCEDURE

1. The applicant fills out pages 4-11, and gives pages 12-17 each to the appropriate person to complete and mail directly to ACBHC.
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 Professional Recommendation letters, Employer Verification, Administrator Evaluation, and Supervisor Recommendation. These forms must be mailed directly to ACBHC by the person completing them.

The applicant must have one supervisor and at least two other professional affiliates submit the letters of recommendation, citing the specific competencies as an Administrator in a chemical dependency or behavioral health program. At least one reference must be from a source of direct supervision for the candidate, and the remainder must be from individuals who are professionally affiliated with the candidate, and familiar with the candidate's work. The forms for these letters are in the application.

The Administrator Evaluation form must be completed by the candidate's direct supervisor. Then it should be mailed directly to ACBHC by the person who completed the form.

The Employer Verification form in the application should be completed by the applicant's supervisor or the Human Resources person, in order to verify the candidate's completion of the work experience requirement. The person filling out this form should include a job description and/or criteria based evaluation for the applicant's position, as well as the applicant's position in the agency's organizational chart.

4. The Tally Sheet: Write your name at the top of each tally sheet page. 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, the position defined organizational chart with the candidate's job description and the current resume may be copies or faxes.
6. The initial certification fee is \$245.00, and the re-certification fee is \$230.00, renewable every two years.

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APPLICATION CHECK LIST FOR ADMINISTRATOR (ADM)

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
- _____ Position defined Organizational Chart for the agency with whom applicant is employed
- _____ Job Description or Position Evaluation
- _____ Clear, legible, and current copy of State or other valid picture identification
- _____ Payment in the amount of \$245.00 for initial certification (this may be paid online)

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

- _____ Two (2) Professional Affiliate Recommendation forms addressing Administrator competency
- _____ One Supervisor Recommendation form addressing Administrator competency
- _____ Administrator Evaluation Form completed by applicant's supervisor
- _____ Employer Verification Form completed by either the applicant's supervisor or Human Resources person at the agency where the applicant has gained required experience (3 years as Administrator or Manager of a CD program with at least 2 years in a state or federally approved program)

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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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BACKGROUND DISCLOSURE FORM

[] (For initial certification) In my lifetime, I:

OR

[] (For re-certification) Since the issuance of my last certificate 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 as a result 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

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, explain (dates, case number(s), time and place(s) of incarceration, special dispositions and other related information) on a separate attached sheet of paper.

This form should be turned in with an original background check from the troopers' station. This is an "interested persons report" and is obtained with valid identification and usually at a cost of \$20.00.

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 _____
(Form not complete without signature)

***For the purposes of this application, the term "incarcerated" is defined as being in a jail, halfway house, work release program or any other form of court or corrections-imposed custody (probation, parole, furlough, SIS or deferred sentence).

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ACBHC ETHICAL STANDARDS

Adopted by ACBHC from the NAADAC Code of Ethics

Initial where indicated as you read each section, and sign the document at the end.

Principle 1: Non-Discrimination

Initial _____

I shall affirm diversity among colleagues or clients regardless of age gender, sexual orientation, ethnic/racial background, religious/spiritual beliefs, marital status, political beliefs, or mental/physical disability.

- I shall strive to treat all individuals with impartiality and objectivity relating to all based solely on their personal merits and mindful of the dignity of all human persons. As such, I shall not impose my personal values on my clients.
- I shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, I shall guard the individual rights and personal dignity of my clients.
- I shall relate to all clients with empathy and understanding no matter what their diagnosis or personal history.

Principle 2: Client Welfare

Initial _____

I understand that the ability to do good is based on an underlying concern for the well-being of others. I shall act for the good of others and exercise respect, sensitivity, and insight. I understand that my primary professional responsibility and loyalty is to the welfare of my clients, and I shall work for the client irrespective of who actually pays his/her fees.

- I shall do everything possible to safeguard the privacy and confidentiality of client information except where the client has given specific, written, informed, and limited consent or when the client poses a risk to himself or others.
- I shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client of any areas likely to affect the client's confidentiality.
- I understand and support all that will assist clients to a better quality of life, greater freedom, and true independence.
- I shall not do for others what they can readily do for themselves but rather, facilitate and support the doing. Likewise, I shall not insist on doing what I perceive as good without reference to what the client perceives as good and necessary.
- I understand that suffering is unique to a specific individual and not of some generalized or abstract suffering, such as might be found in the understanding of the disorder. I also understand that the action taken to relieve suffering must be uniquely suited to the suffering individual and not simply some universal prescription.
- I shall provide services without regard to the compensation provided by the client or by a third party and shall render equally appropriate services to individuals whether they are paying a reduced fee or a full fee.

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Principle 3: Client Relationship

Initial _____

I understand and respect the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. I shall be open and clear about the nature, extent, probable effectiveness, and cost of those services to allow each individual to make an informed decision of their care.

- I shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship, such as the Code of Ethics and professional loyalties and responsibilities.
- I shall inform the client and obtain the client's participation including the recording of the interview, the use of interview material for training purposes, and/or observation of an interview by another person.

Principle 4: Trustworthiness

Initial _____

I understand that effectiveness in my profession is largely based on the ability to be worthy of trust, and I shall work to the best of my ability to act consistently within the bounds of a known moral universe, to faithfully fulfill the terms of both personal and professional commitments, to safeguard fiduciary relationships consistently, and to speak the truth as it is known to me.

- I shall never misrepresent my credentials or experience.
- I shall make no unsubstantiated claims for the efficacy of the services I provide and make no statements about the nature and course of addictive disorders that have not been verified by scientific inquiry.
- I shall constantly strive for a better understanding of addictive disorders and refuse to accept supposition and prejudice as if it were the truth.
- I understand that ignorance in those matters that should be known does not excuse me from the ethical fault of misinforming others.
- I understand the effect of impairment on professional performance and shall be willing to seek appropriate treatment for myself or for a colleague. I shall support peer assistance programs in this respect.
- I understand that most property in the healing professions is intellectual property and shall not present the ideas or formulations of others as if they were my own. Rather, I shall give appropriate credit to their originators both in written and spoken communication.
- I regard the use of any copyrighted material without permission or the payment of royalty to be theft.

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Principle 5: Compliance with Law

Initial _____

I understand that laws and regulations exist for the good ordering of society and for the restraint of harm and evil, and I am aware of those laws and regulations that are relevant both personally and professionally and follow them, while reserving the right to commit civil disobedience.

- I understand that the determination that a law or regulation is unjust is not a matter of preference or opinion but a matter of rational investigation, deliberation, and dispute.
- I willingly accept that there may be a penalty for justified civil disobedience, and I must weigh the personal harm of that penalty against the good done by civil protest.

Principle 6: Rights and Duties

Initial _____

I understand that personal and professional commitments and relationships create a network of rights and corresponding duties. I shall work to the best of my ability to safeguard the natural and consensual rights of each individual and fulfill those duties required of me.

- I understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health of my community and profession.
- I shall, to the best of my ability, actively engage in 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.
- I understand that the right of confidentiality cannot always be maintained if it serves to protect abuse, neglect, or exploitation of any person or leaves another at risk of bodily harm.

Principle 7: Dual Relationships

Initial _____

I understand that I must seek to nurture and support the development of a relationship of equals rather than to take unfair advantage of individuals who are vulnerable and exploitable.

- I 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.
- Because a relationship begins with a power differential, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- I shall not under any circumstances engage in sexual behavior with current or former clients.
- I shall not accept substantial gifts from clients, other treatment organizations, or the providers of materials or services used in my practice.

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Principle 8: Preventing Harm

Initial _____

I understand that every decision and action has an ethical implication leading either to benefit or harm, and I shall carefully consider whether any of my decisions or actions has the potential to produce harm of a physical, psychological, financial, legal, or spiritual nature before implementing them.

- I shall refrain from using any methods that could be considered coercive such as threats, negative labeling, and attempts to provoke shame or humiliation.
- I shall make no requests of clients that are not necessary as part of the agreed treatment plan.
- I shall terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.
- I understand an obligation to protect individuals, institutions, and the profession from harm that might be done by others. Consequently, I am aware that the conduct of another individual is an actual or likely source of harm to clients, colleagues, institutions, or the profession, and that I have an ethical obligation to report such conduct to competent authorities.

Principle 9: Duty of Care

Initial _____

I shall operate under the principle of Duty of Care and shall maintain a working/therapeutic environment in which clients, colleagues, and employees can be safe from the threat of physical, emotional or intellectual harm.

- I respect the right of others to hold opinions, beliefs, and values different from my own.
- I shall strive for understanding and the establishment of common ground rather than for the ascendancy of one opinion over another.
- I shall maintain competence in the area of my practice through continuing education, constantly improving my knowledge and skills in those approaches most effective with my specific clients.
- I shall scrupulously avoid practicing in any area outside of my competence.

I have read and I agree to abide by the above nine (9) Principles of Ethical Standards. I understand that violation of any part of these standards may cause an investigation by ACBHC that could result in my certification being denied or revoked.

Printed Name: _____

Signature (Form not complete without signature)

Date

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

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PROFESSIONAL AFFILIATE RECOMMENDATION

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

Development and Maintenance	Developing	Proficient	Exemplary
1. Written Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Local Quality Assurance improvement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Professional Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Administration	Developing	Proficient	Exemplary
1. Provides Staff Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides Staff Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Client Grievances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provides Effective Leadership/Community Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Consulting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Collaboration with Governing Board and Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

Address _____ Phone _____

City/State/Zip _____ E-Mail _____

Only original documents will be accepted, and all errors must be lined through and initialed. The person who completes this form must mail it directly to:

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

Development and Maintenance	Developing	Proficient	Exemplary
1. Written Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Local Quality Assurance improvement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Professional Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Administration	Developing	Proficient	Exemplary
1. Provides Staff Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides Staff Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Client Grievances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provides Effective Leadership/Community Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Consulting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Collaboration with Governing Board and Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

Address _____ Phone _____

City/State/Zip _____ E-Mail _____

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SUPERVISOR RECOMMENDATION

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

Development and Maintenance	Developing	Proficient	Exemplary
1. Written Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Procedure for Program Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Local Quality Assurance improvement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Professional Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Administration			
1. Provides Staff Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides Staff Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Information Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Client Grievances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provides Effective Leadership/Community Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Consulting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaboration with Governing Board and Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Client Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Budget Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

Address _____ Phone _____

City/State/Zip _____ E-Mail _____

Only original documents will be accepted, and all errors must be lined through and initialed. The person who completes this form must mail it directly to:

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EMPLOYER VERIFICATION

Applicant's Name: _____

The applicant is applying to the Alaska Commission for Behavioral Health Certification for certification as a Behavioral Health/Chemical Dependency Administrator. Please fill out this form to document the applicant's employment in your agency and return it directly to ACBHC. **This information must be on file before the applicant's certification can be processed.** Your cooperation is very much appreciated.

EMPLOYER: Please complete the following:

Volunteered or Employed from: _____ to _____
(mo/day/year) (mo/day/year)

Number of hours worked per week: _____

Number of weeks per year: _____

Job Title: _____

* Please attach an official organizational job description to this Verification of Employment/Volunteer Experience.

Agency: _____

Address: _____

City/State/Zip: _____

I certify that all of the above material is true and correct, to the best of my knowledge.

Signature: _____

Print Name: _____

Title: _____ Date: _____

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ADMINISTRATOR EVALUATION FORM

Supervisor's Evaluation of Knowledge, Skills and Attitudes

Applicant's Name: _____

Supervisor: _____

This information is based on my observations from _____ to _____.
(month/day/year) (month/day/year)

I attest or certify that the applicant has demonstrated this knowledge and these skills during the (#) _____ hours (minimum 300) I supervised him/her.

Supervisor's assessment of competency in the following demonstrable skills:

Demonstrable Skill	Rating		
	Developing	Proficient	Exemplary
Development & Maintenance			
1. Written Policy			
2. Procedure for Program Policy			
3. Local Quality Assurance improvement activities			
4. Evaluation of Work Plans & Scope of Practice			
5. Evaluation of Service			
Program Administration			
1. Preparation of budget			
2. Monitoring of budget			
3. Provides Staff Development			
4. Provides Staff Leadership			
5. Information Management			
6. Client Records			
7. Outcome Studies			
8. Planning			
9. Client Grievances			
10. Provides Effective Leadership in Community Development			
11. Collaboration with Governing Board & Committee			

Please continue to second page of evaluation.

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ADMINISTRATOR EVALUATION FORM (Page 2)

Evaluation of Knowledge, Skills and Attitudes

Applicant Name: _____

Comments (please expand, if appropriate, regarding competencies):

I hereby attest or certify that the information provided about this applicant is true and complete to the best of my knowledge.

Evaluator Signature: _____ Date: _____

Please print the following:

Evaluator Name: _____ Title: _____

Name of Agency _____

Evaluator Position in the Agency: _____

Street or Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Only original documents will be accepted, and all errors must be lined through and initialed. The person who completes this form must mail it directly to:

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