

# Alaska Commission for Behavioral Health Certification Application for CDC I Certification

## CHEMICAL DEPENDENCY COUNSELOR I REQUIREMENTS & APPLICATION PROCEDURE

**The Chemical Dependency Counselor I is “able to apply counseling knowledge, skills and attitudes with consistency and effectiveness in a variety of counseling interactions. They practice in a professional manner, and utilize the clinical supervision they receive to enhance their skills in the field of addictions.” SAMHSA Tap 21**

### **Experience:**

Two (2) years full time work experience in chemical dependency treatment. 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 one (1) year of the two (2) years of required experience. The degree may also allow the applicant to take fewer 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 under “experience,” 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.**

### **Educational Requirements:**

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

Ethics taken within last two years (3 hours)  
Confidentiality taken within last two years (3 hours)  
Infectious Diseases & HIV/AIDS (6 hours)  
Intro to Addictive Behavior (8 hours)  
Documentation (8 hours)  
Crisis Intervention (8 hours)  
Intro to Client Centered Counseling (12 hours)  
Intro to Group Counseling (8 hours)  
Working with Diverse Populations (12 hours)  
Community Resources Use & Case Management (8 hours)  
Recovery, Health, Wellness & Balance (8 hours)  
Psycho-physiology (12 hours)  
Motivational Interviewing (16 hours)  
DSM Practice (12 hours)  
ASAM Practice (12 hours)  
Co-Occurring Disorders (12 hours)

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# Alaska Commission for Behavioral Health Certification

## Application for CDC I Certification

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

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

### **Counselor Competency Practicum:**

Completion of a 100-hour practicum is required for the CDC I, and **must be supervised by a certified chemical dependency counselor who has certification at least one level higher than that of applicant, in accordance with the criteria on the Counselor Competency practicum form.** If needed, the competencies for counselors at each level of certification can be found in the Counselor Competencies document, which can be obtained by emailing ACBHC or off the ACBHC website at [akcertification.org](http://akcertification.org).

### **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](http://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.

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# Alaska Commission for Behavioral Health Certification

## Application for CDC I Certification

### APPLICATION PROCEDURE

1. The applicant fills out pages 5-12, and gives pages 13-18 each to the person indicated on the form, to complete and mail to ACBHC. **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 Professional Affiliate Recommendation letters, Supervisor Recommendation form, Employer Verification, and Counselor Competency Practicum. These forms must be mailed directly to ACBHC by the person completing them. **The Counselor Competency Practicum form must be completed by a person certified at least one level above the applicant’s current certification.** It is the last two pages of the application and 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 for the applicant’s position, if the title is not that of chemical dependency counselor.
4. Write your name at the top of all of the 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 all 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 \$195.00, and the re-certification fee is \$180.00, renewable every two years. **These fees are non-refundable.**

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# Alaska Commission for Behavioral Health Certification Application for CDC I Certification

## APPLICATION CHECK LIST FOR CHEMICAL DEPENDENCY COUNSELOR I (CDC I)

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 \$195.00 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
- \_\_\_\_\_ One Supervisor Recommendation form
- \_\_\_\_\_ Counselor Competency Practicum Form completed by a person certified at least one level above applicant's current certification level
- \_\_\_\_\_ Employer Verification Form completed by either the applicant's supervisor or Human Resources person at the agency where the applicant has gained required experience

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Alaska Commission for Behavioral Health Certification  
Application for CDC I Certification

**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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**CDC I**

<b>Category</b>	<b>Date</b>	<b>Course Title</b>	<b>Hours</b>
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<b>Category</b>	<b>Date</b>	<b>Course Title</b>	<b>Hours</b>
<b>Ethics not more than two years old 3 Hours</b>			
<b>Total Hours</b>			<b>0.00</b>

<b>Category</b>	<b>Date</b>	<b>Course Title</b>	<b>Hours</b>
<b>Confidentiality not more than two years old 3 Hours</b>			
<b>Total Hours</b>			<b>0.00</b>

<b>Category</b>	<b>Date</b>	<b>Course Title</b>	<b>Hours</b>
<b>Introduction to Addictive Behavior 8 Hours</b>			
<b>Total Hours</b>			<b>0.00</b>

<b>Category</b>	<b>Date</b>	<b>Course Title</b>	<b>Hours</b>
<b>Infectious Diseases &amp; HIV/AIDS 6 Hours</b>			

**Total Hours 0.00**

<b>Category</b>	<b>Date</b>	<b>Course Title</b>	<b>Hours</b>
<b>Documentation 8 Hours</b>			
<b>Total Hours</b>			<b>0.00</b>

<b>Category</b>	<b>Date</b>	<b>Course Title</b>	<b>Hours</b>
<b>Crisis Intervention 8 Hours</b>			
<b>Total Hours</b>			<b>0.00</b>

<b>Category</b>	<b>Date</b>	<b>Course Title</b>	<b>Hours</b>
<b>Introduction to Client Centered Counseling 12 Hours</b>			
<b>Total Hours</b>			<b>0.00</b>

<b>Category</b>	<b>Date</b>	<b>Course Title</b>	<b>Hours</b>
<b>Introduction to Group Counseling 8 Hours</b>			
<b>Total Hours</b>			<b>0.00</b>

<b>Category</b>	<b>Date</b>	<b>Course Title</b>	<b>Hours</b>
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## BACKGROUND DISCLOSURE FORM FOR APPLICANTS

(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, 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 place(s) of incarceration, special dispositions and other related information) on a separate attached sheet of paper. **Failure to disclose this information will delay your application, and not disclosing the criminal history on this form may jeopardize your application being approved.**\*\*\*

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 \_\_\_\_\_

\*\*\* "Incarcerated" is defined as being in a jail, halfway house, work release program or any other form of court or corrections-imposed custody (probation to include misdemeanor, 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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# Alaska Commission for Behavioral Health Certification

## Application for CDC I Certification

### 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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# Alaska Commission for Behavioral Health Certification

## Application for CDC I Certification

### 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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Alaska Commission for Behavioral Health Certification  
Application for CDC I Certification

**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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# Alaska Commission for Behavioral Health Certification Application for CDC I Certification

## PROFESSIONAL AFFILIATE RECOMMENDATION

**Applicant Name:** \_\_\_\_\_ **is applying for CDC I certification in Alaska. I have known the applicant since** \_\_\_\_\_.

<b>A. Knowledge and Skills</b>	<b>Developing</b>	<b>Proficient</b>	<b>Exemplary</b>
1. Understanding Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Treatment Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Application to Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Professional Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clinical Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Screening/Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Treatment Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Implementing Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Consulting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Continuing Care (Assessment & Treatment Planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Family & Couple Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Client, Family and Community Education	<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 \_\_\_\_\_

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

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

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**Applicant Name:** \_\_\_\_\_ is applying for CDC I certification in Alaska. I have known the applicant since \_\_\_\_\_.

<b>A. Knowledge and Skills</b>	<b>Developing</b>	<b>Proficient</b>	<b>Exemplary</b>
1. Understanding Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Treatment Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Application to Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Professional Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clinical Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Screening/Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Treatment Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Implementing Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Consulting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Continuing Care (Assessment & Treatment Planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Family & Couple Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Client, Family and Community Education	<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 \_\_\_\_\_

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

**ACBHC  
P.O. Box 220109  
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## SUPERVISOR RECOMMENDATION FORM

For Applicant: \_\_\_\_\_

I, \_\_\_\_\_ have known the candidate for \_\_\_\_\_

years/months and can attest to the following qualifications for certified chemical dependency professional.

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 in each of the twelve foundations and practice dimensions.

1. Understanding Addiction
2. Treatment Knowledge
3. Application to Practice
4. Professional Readiness
5. Clinical Evaluation
6. Treatment Planning
7. Referral
8. Service Coordination
9. Counseling
10. Client, Family, and Community Education
11. Documentation
12. Professional and Ethical Responsibilities

I recommend the applicant for certification as a chemical dependency counselor

Yes

No

If no, explain: \_\_\_\_\_

**I attest that the information provided above and in the attached pages is true and complete to the best of my knowledge.**

\_\_\_\_\_  
Supervisor Signature, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Telephone

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

**ACBHC**

**P.O. Box 220109**

**Anchorage, AK 99522-0109**

**If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted and ALL errors must be initialed.**

# Alaska Commission for Behavioral Health Certification Application for CDC I Certification

## EMPLOYER VERIFICATION OF EXPERIENCE FORM

**Applicant's Name:** \_\_\_\_\_

The applicant is applying to the Alaska Commission for Behavioral Health Certification for certification as a Chemical Dependency Counselor I. 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.

Please complete the following:

Volunteered or Employed from: \_\_\_\_\_ to \_\_\_\_\_  
(mo/day/yr) (mo/day/yr)

Number of hours worked per week \_\_\_\_\_

Number of weeks per year \_\_\_\_\_

Job Title: \_\_\_\_\_

If the employee's position changed, please describe here: \_\_\_\_\_  
\_\_\_\_\_

\* If the job title is not that of a chemical dependency counselor, attach an official organizational job description to this Verification of Employment/Volunteer Experience. Average percentage of the duties that were chemical dependency related (Education, Prevention, Treatment or Aftercare)

\_\_\_\_\_ %

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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Alaska Commission for Behavioral Health Certification  
Application for CDC I Certification

**Chemical Dependency Counselor I  
Competency Practicum Evaluation Form (page 2)**

**Applicant Name:** \_\_\_\_\_

**Comments:** (please be specific regarding competencies)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Certification Title: \_\_\_\_\_ Number: \_\_\_\_\_

Supervisor Name (print): \_\_\_\_\_ Title \_\_\_\_\_

Name of Agency \_\_\_\_\_

Street or Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

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