

APCB, INC.
ADDICTION PROFESSIONALS CERTIFICATION BOARD, INC.

Addiction Professionals Certification Board, Inc.
(APCB, INC.)
1200 Tices Lane Suite 206, East Brunswick, NJ 08816
Phone: 732-249-1991 Fax: 732-249-1559/E-Mail: info@certbd.com
Website: www.certbd.com

EDUCATION

MANUAL

Certified Consumer Mentor



For Initial Certification

6/04

PROVIDER APPROVAL APPLICATION
(Initial Certification Only)

PLEASE RETURN THIS PAGE TO THE BOARD OFFICE

PLEASE PRINT OR TYPE LEGIBLY:

College/University _____

Public Institution _____

Private Agency _____

Address (please include zip code) _____

Day Phone _____ **Fax** _____

Contact _____

PLEASE CHECK ALL THAT APPLY:

\$1000 Flat Fee Attached []

\$100 Fee Attached PLUS []
\$50 per 6 Hour Block

- **If you are submitting the \$100 yearly fee, each course may be taught only one time within the calendar year. Additional fees must be submitted each time that a course is taught.**
- **If you are submitting the \$1,000 yearly fee, each course may be taught as many times as desired within the calendar year.**
- **Under either contract, all pre-approved courses for Recertification credit are included. However, under the \$100 yearly contract, courses for recertification credit being held more than once must be paid for each time the course is held (\$50 up to 6 hours, and thereafter, \$50 per 6 hour block. Recertification courses do not have to be in 6-hour blocks).**
- **Courses for initial certification will have a three-year "shelf life" for that individual instructor and course. After three years, instructors must re-submit course approval forms for each course to be taught.**
- **Please note that educational providers must submit either yearly or "per use" fee's for course approval.**

ACCEPTED EDUCATIONAL PROVIDERS

- A college or a university (Matriculated or Non-Matriculated)
- Public and private providers
- Conferences

*The Certification Board Education Committee must approve all Providers

*All Providers must submit pages 1 and 3 of the education manual.

*Providers may not offer more than 60 hours to employees of their agency

*Coursework must be advertised and open to the public

NOT ACCEPTED FOR INITIAL EDUCATION

- In-service coursework
- Staff training
- Supervision

WHO CAN TEACH CCM COURSEWORK?

ONE OF THE FOLLOWING IS REQUIRED:

- Masters or Doctorate and 2 years experience in applicable Domain.
- Bachelors and 5 years experience in applicable Domain.

WHAT INFORMATION MUST BE SUBMITTED?

- The appropriate page for the course you are submitting (found on pages 7 through 61 in the manual).
- Page 4 of the Education Manual.
- Instructor's resume.

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Agreement between Educational Provider and the APCB, Inc.:

- All classes will be Consumer Mentor specific and relate to the coursework under the five domains of Consumer Mentor counseling.
- The learning objectives listed under each course will be covered in the course
- No credit will be given for lunch or breaks
- Courses will start and end on time
- Courses will not be advertised to the public until approval and a Board issued approval number are given to the approved Educational Provider
- Notification will be given to the Board each time a “pre-approved” course is presented, and will be given a unique approval number.
- The approved Educational Provider will keep on file, for a period of 5 years: the attendance roster; the evaluation tool used for the course; the course outline; the instructor's resume and pre & post tests.
- **Courses must be received 30 days prior to presentation date.**
- A certificate or letter with an approval number must be given to students verifying their attendance at the course. **The Student's name must be written or printed on the certificate by the instructor prior to distribution. Distribution of "blank" certificates will be considered a violation of this contract and will result in its termination.** This verification, which must be signed by the instructor, educational provider, or supervisor, will be submitted with the certification application for approval by the APCB, Inc.
- Course applications are to be submitted by the Educational Provider, not the individual instructors.
- **As of September 1, 1999, sign in sheets are to be sent to the Certification Board office after each class.**

Monitoring

It is hereby understood that the Addiction Professionals Certification Board, Inc. may, at their discretion, monitor the actual administration of the attached program to ascertain adherence to the approved program as submitted. Failure to maintain the program as approved may result in the withdrawal of approval.

Evaluations and Attendance Lists

The Provider is required to maintain the records of evaluations and attendance lists for a period of five years. During that period, it is understood that the APCB, Inc. has the right to request that information pertaining to these evaluations and attendance lists.

PROVIDER NAME: _____

“I hereby attest that all of the information provided in this application is true and valid to the best of my knowledge and is either the instructor’s original property or is properly credited to the original author”.

Authorized Provider Signature _____ Date _____

Executive Director, APCB, Inc. _____ Date _____

Date of expiration _____

INSTRUCTOR INFORMATION

PLEASE RETURN THIS PAGE TO THE BOARD OFFICE

NOTE: THIS PAGE MUST ACCOMPANY EACH COURSE
(Copies of this page may be reproduced)

Provider: Please Complete The Following

Course Title _____

Domain Number _____

Instructor's Name _____

Home Address _____

Day Phone _____

Degree(s)
(if applicable) _____

Certification Type and #
(if applicable) _____

Approved Provider _____

Provider Contact/Phone # _____

The following documentation must be submitted to the Board office:

- **Instructor's Resume**
- **Statement of Work Experience describing instructor's background in the applicable Domains, signed by a Supervisor/Administrator, Colleague, or Educational Provider**
- **A detailed, content outline for each course that will achieve the specific learning objectives**

CCM COURSEWORK
Mental Health Specialty

| | |
|--|---------------------------------|
| <u>CM101: Assessment</u> | <u>(6 hours)</u> |
| <u>CM201: Counseling Skills</u> | <u>(12 hours)</u> |
| <u>CM202: Crisis Intervention and Trauma</u> | <u>(6 hours)</u> |
| <u>CM301: Basic Principles of Consumer Mentor</u> | <u>(6 hours)</u> |
| <u>CM302: Health and Human Services – NJ Systems</u> | <u>(3 hours)</u> |
| <u>CM303: Basics of Treatment Planning</u> | <u>(12 hours)</u> |
| <i><u>CM401: Psycho-Education (specific to the Mental Health Specialty)</u></i> | <i><u>(12 hours)</u></i> |
| <i><u>CM402: Medication Education (specific to the Mental Health Specialty)</u></i> | <i><u>(6 hours)</u></i> |
| <u>CM501: Ethics and Legal Issues</u> | <u>(6 hours)</u> |
| <u>CM502: Advocacy</u> | <u>(3 hours)</u> |
| <u>CM503: How to Utilize Supervision and Professional Development</u> | <u>(6 hours)</u> |
| <u>CM504: Cultural Competency</u> | <u>(6 hours)</u> |
| <u>CM505: SAA and Entitlement</u> | <u>(3 hours)</u> |
| TOTAL | 90 HOURS |

NON-MATRICULATED COURSE APPROVAL FORM
CM101

Facility Name: _____

Domain Number: CM101 **# of Learning Objectives:** 5 **Hours:** 9

Course Name: Assessment

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will understand the basic components of assessment.
2. Participants will be familiarized with different types of assessment and how to utilize them.
3. Understanding and familiarity of utilization and components of DSM, including multi-axis diagnosis.
4. Participants will recognize symptomology.
5. Recognition of role as helper as opposed to diagnostician.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM201

Facility Name: _____

Domain Number: CM201 **# of Learning Objectives:** 8 **Hours:** 12

Course Name: Counseling Skills

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will understand how communication impacts on relationships.
2. Participants will have an understanding of the characteristics in a person that would promote a feeling of empathy and trust.
3. Participants will understand the benefit of communicating with assertiveness and self-confidence.
4. Participants will be able to identify the difference between feeling and content responses in order to understand the ability to choose a communication response.
5. Participants will recognize that listening is an active process, critical to understanding the other person, and will have practiced active listening techniques.
6. Participants will be able to identify roadblocks to effective communication.
7. Participants will learn the basic counseling skills and the 4 stages of helping.
8. Participants will explore the complexities of the helping relationship.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM202

Facility Name: _____

Domain Number: CM201 **# of Learning Objectives:** 6 **Hours:** 6

Course Name: Crisis Intervention and Trauma

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will have an understanding of guidelines to utilize to ensure their personal safety when meeting with clients.
2. Participants will have an understanding of how to use both verbal and non-verbal cues to assess whether they are at risk of harm.
3. Participants will receive tips and techniques on how to manage an agitated client.
4. Participants will be able to define psychological trauma and its causes.
5. Participants will be able to identify symptoms and their consequences.
6. Participants will be able to define emotional resilience and its significance within the context of trauma.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM301

Facility Name: _____

Domain Number: CM301 **# of Learning Objectives:** 3 **Hours:** 6

Course Name: Basic Principles of Consumer Mentor

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will be learning effective record keeping techniques.
2. Participants will learn about various entitlement programs, and the complexity within these systems.
3. Participants will learn about the continuum of available services and how to access them.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM302

Facility Name: _____

Domain Number: CM302 **# of Learning Objectives:** 4 **Hours:** 3

Course Name: Health and Human Services – NJ Systems

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will have an understanding of how the various components that make up the HHS system coordinate.
2. Participants will discover where there are gaps in the service continuum.
3. Participants will gain additional knowledge regarding effective access to these various systems.
4. Participants will have a beginning perception of advocacy on a systems level.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM303

Facility Name: _____

Domain Number: CM303 **# of Learning Objectives:** 4 **Hours:** 12

Course Name: Basics of Treatment Planning

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will understand that all treatment goals need to reflect client choice.
2. Participants will learn about the specific components of a good treatment plan document.
3. Participants will learn how to develop and create Overall Rehabilitation Goals, supporting goals, objectives and interventions.
4. Participants will learn to document client contacts as they relate to treatment planning.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM401

Facility Name: _____

Domain Number: CM401 **# of Learning Objectives:** 7 **Hours:** 12

Course Name: Psycho-education

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will be able to define mental health.
2. Participants will be able to list the classifications and specifics of mental health diagnosis.
3. Participants will understand the definition of MICA.
4. Participants will explore the complexities of co- occurring disorders.
5. Participants will understand the dimensions of wellness.
6. Participants will recognize the proactive role of wellness techniques.
7. Participants will have an understanding of the importance of including families and other signification people in effective treatment.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM402

Facility Name: _____

Domain Number: CM402 **# of Learning Objectives:** 4 **Hours:** 3

Course Name: Medication Education

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will gain knowledge of the categories of psychiatric medications.
2. Participants will explore medication interactions and side effects.
3. Participants will explore issues relating to medication compliance.
4. Participants will understand the importance of utilizing universal precautions.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM501

Facility Name: _____

Domain Number: CM501 **# of Learning Objectives:** 4 **Hours:** 6

Course Name: Ethics and Legal Issues

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will explore boundary and role confusion issues.
2. Participants will have an understanding of the importance of maintaining confidentiality.
3. Participants will learn about ethical implications, such as Duty to Warn/Protect.
4. Participants will learn about the rules governing the Health Insurance Portability and Accountability Act (HIPAA)

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM502

Facility Name: _____

Domain Number: CM502 **# of Learning Objectives:** 2 **Hours:** 3

Course Name: Advocacy

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will have a working definition of the different types of advocacy including personal, peer, and systems.
2. Participants will understand how to advocate within systems effectively.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM503

Facility Name: _____

Domain Number: CM503 **# of Learning Objectives:** 6 **Hours:** 6

Course Name: How to Utilize Supervision and Professional Development

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will have an understanding of types of issues that are appropriate for supervision.
2. Participants will learn how to use criticism as a learning tool.
3. Participants will explore the role of introspection as it relates to supervision.
4. Participants will learn the types of supervision: individual, group, clinical, and administrative.
5. Participants will recognize their own strengths and weaknesses as they relate to specific jobs.
6. Participants will understand the need to master their skill set as a means of preparing for increasingly complex employment opportunities.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM504

Facility Name: _____

Domain Number: CM504 _____ **# of Learning Objectives: 4** _____ **Hours: 12** _____

Course Name: Cultural Competency _____

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will have a beginning understanding of the definition and elements of culture.
2. Participants will learn that all people are influenced by their cultural heritage.
3. Participants will understand that cultural identity can influence the dynamics in communication.
4. Participants will recognize that cultural identity shapes the helping process.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
CM505

Facility Name: _____

Domain Number: CM505 **# of Learning Objectives:** 3 **Hours:** 6

Course Name: Social Security Administration (SSA) and Entitlement Programs

Date(s) of Course: _____

Learning Objectives being addressed:

At the end of this course, the student should be able to:

1. Participants will learn about the various types of entitlement programs, such as SSI, SSDI, VA, welfare, food stamps, and section 8.
2. Participants will learn about the application process of the various programs.
3. Participants will learn how employment will affect these benefits.

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods to be used to cover Key Content:

The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:

Signature of Facility Representative _____

Name of Instructor (please print) _____

Signature of Instructor _____

Board Representative _____ Course Approved Until _____