

Addiction Professionals Certification Board, Inc.
(APCB, INC.)
1200 Tices Lane Suite 104, East Brunswick, NJ 08816
Phone: 732-249-1991
Fax: 732-249-1559/E-Mail: info@certbd.com
Website: www.certbd.com

EDUCATION

MANUAL

Addiction and Disability

Specialist



For Initial Certification

Contents

Page 1:	Provider Approval Application
Page 2:	Educational Provider Requirements
Page 3-4:	Provider Contract
Page 5:	Instructor Information
Page 6:	Outline of Coursework Requirements for ADS
Page 7-17:	ADS Coursework Submission Forms
Page 18:	Required “Sign-In” Sheet

Please note: Copies of the Submission Forms must be made when submitting coursework. Providers must complete the following on each form: Date(s) of course; Key Content; Instructional Methods to be used, and Signature of Facility Representative.

APPROVED EDUCATION PROVIDERS ARE:

- A college or a university (Matriculated or Non-Matriculated).
 - Public and private providers.
- * All Providers must be approved by the Certification Board Education Committee.
- * 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.
- * Providers must offer all six (6) courses for ADS, they do not necessarily have to offer the CADC coursework.
- * Coursework must be advertised and open to the public.

WHAT IS NOT ACCEPTABLE EDUCATION?

- In-service coursework.
- Staff training.
- Supervision.

WHO CAN TEACH ADS COURSEWORK?

ONE OF THE FOLLOWING IS REQUIRED:

- Bachelors and CADC plus 5 years of experience specific to the course being taught;
 - Masters or Doctorate and CADC plus 2 years of experience specific to the course being taught.
- OR
- Masters or Doctorate plus two years of specific, pre-approved experience in the content area.

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.

PLEASE RETURN THIS CONTRACT TO THE BOARD OFFICE

Agreement between Educational Provider and the APCB, Inc.:

1. Educational Providers must meet all of the ADA requirements set forth in the Law.
2. All course registration forms must include a question regarding the need for special accommodations.
3. All training sites must be architecturally barrier free.
4. Educational facilities must provide interpreters for the Deaf, CART, and any other reasonable accommodations as requested by the student.
5. All classes will be alcohol and drug specific and relate to the coursework under the five domains of alcohol and drug counseling or the six domains of prevention
6. The learning objectives listed under each course will be covered in the course
7. Courses will be a minimum of 6 hour blocks of time:
8. "Block will mean up to a one week period (i.e., 2 hours per day over 3 days, etc.)
9. All courses must be completed in a consecutive week's time (i.e., 1 week for a 6 hours course, 2 weeks for a 12 hour course, 3 weeks for an 18 hour course)
10. No credit will be given for lunch or breaks
11. Courses will start and end on time
12. Courses will not be advertised to the public until approval and a Board issued approval number are given to the approved Educational Provider
13. Notification will be given to the Board each time a "pre-approved" course is presented, and will be given a unique approval number.
14. 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.
15. **Courses must be submitted 12 weeks prior to presentation date.**
16. 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.
17. Course applications are to be submitted by the Educational Provider, not the individual instructors.
18. As of September 1, 1999, sign in sheets are to be sent to the Certification Board office after each class.
19. Education Providers will verify that instructors follow the Certification Boards Ethical Standards for publication and copyrighted material.

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".

Authorized Provider Signature _____ Date _____

Executive Director, APCB, Inc. _____ Date _____

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 _____

ADS Coursework _____

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**

ADS COURSEWORK

- 1. Deaf and Hard of Hearing 6 hours**
- 2. Learning Disabilities and Attention Deficit Disorder 6 hours**
- 3. Cognitive and Intellectual limitations, including Traumatic Brain Injury and Mental Retardation 6 hours**
- 4. Physical Disabilities 6 hours**
- 5. Alcohol Related Birth Defects: Fetal Alcohol Syndrome, Fetal Alcohol Effects and Alcohol Related Neurodevelopmental Disorder 6 hours**
- 6. Disabilities, Substance Abuse and Vocational Rehabilitation 6 hours**

AND

- 1. C102 – Biopsychosocial Assessment/Differential Diagnosis 18 hours**
- 2. C201 – Introduction to Counseling 12 hours**
- 3. C203 – Crisis Intervention 6 hours**
- 4. C206 – Family Counseling 6 hours**
- 5. C501 – Ethical Standards 6 hours**
- 6. C502 – Legal Aspects 6 hours**

NON-MATRICULATED COURSE APPROVAL FORM

I. Deaf and Hard of Hearing

Facility Name: _____

of Learning Objectives: 8

Hours: 6

Date(s) of Course: _____

Learning Objectives being addressed:

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

1. Definitions (including deaf and blind).
2. Advocacy, Legal and Ethical considerations, ADA guidelines.
3. Treatment dynamics, psychological considerations, addiction and abuse issues.
4. Technology for treatment, modes of communication, interpreters
5. Physiology of deafness and those who are hard of hearing.
6. Family and social issues, lack of access to mainstream recovering community.
7. Cultural identity, strengths of the D&HH Community.
8. Risk factors, including HIV.

The above learning objective(s) must be specific to this course title.

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 CADC Instructor (please print) _____

Signature of CADC Instructor _____

Name of Content Expert _____

Signature of Content Expert _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
II. Learning Disabilities and Attention Deficit Disorder

Facility Name: _____

of Learning Objectives: 10

Hours: 6

Date(s) of Course: _____

Learning Objectives being addressed:

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

1. Definitions and Diagnosis
2. Risk Factors across the age continuum, including HIV
3. Treatment strategies and considerations, specific learning styles
4. Community Systems
5. Family Issues
6. Advocacy, legal and ethical considerations, ADA guidelines.
7. Medication and pharmacology
8. Current research
9. Psychological and social issues
10. Specific role of substance abuse

The above learning objective(s) must be specific to this course title.

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 CADC Instructor (please print) _____

Signature of CADC Instructor _____

Name of Content Expert _____

Signature of Content Expert _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM

III. Cognitive and Intellectual limitations, including Traumatic Brain Injury and Mental Retardation

Facility Name: _____

of Learning Objectives: 10

Hours: 6

Date(s) of Course: _____

Learning Objectives being addressed:

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

1. Definitions and Diagnosis
2. Risk factors, including HIV, across the age continuum
3. Treatment strategies and considerations, specific learning styles
4. Community Systems
5. Family Issues
6. Advocacy, legal and ethical considerations, ADA guidelines
7. Medication and pharmacology
8. Current research
9. Psychological and social issues
10. Specific role of substance abuse

The above learning objective(s) must be specific to this course title.

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 CADC Instructor (please print) _____

Signature of CADC Instructor _____

Name of Content Expert _____

Signature of Content Expert _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM

IV. Physical Disabilities

Facility Name: _____

of Learning Objectives: 10

Hours: 6

Date(s) of Course: _____

Learning Objectives being addressed:

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

1. Definitions and Diagnosis, including Spinal Cord Injuries, Multiple Sclerosis, Polio, Cerebral Palsy, and Mobility Impairments
2. Risk factors, including HIV, across the age continuum
3. Treatment strategies and considerations, specific learning styles, disability specific assessment tools
4. Community Systems
5. Family Issues
6. Advocacy, legal and ethical considerations, ADA guidelines
7. Medication and pharmacology, chronic pain management
8. Current Research
9. Psychological and social issues
10. Specific role of substance abuse

The above learning objective(s) must be specific to this course title.

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 CADC Instructor (please print) _____

Signature of CADC Instructor _____

Name of Content Expert _____

Signature of Content Expert _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM

V. Alcohol Related Birth Defects: Fetal Alcohol Syndrome, Fetal Alcohol Effects and Alcohol Related Neuro-developmental Disorder

Facility Name: _____

of Learning Objectives: 10 **Hours: 6** _____

Date(s) of Course: _____

Learning Objectives being addressed:

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

1. Definitions and Diagnosis
2. Risk factors, including HIV, across the age continuum
3. Treatment strategies and considerations, specific learning styles
4. Community Systems
5. Family Issues
6. Advocacy, legal and ethical considerations, ADA guidelines
7. Medication and pharmacology
8. Current Research
9. Psychological and social issues
10. Specific role of substance abuse

The above learning objective(s) must be specific to this course title.

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 CADC Instructor (please print) _____

Signature of CADC Instructor _____

Name of Content Expert _____

Signature of Content Expert _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM

VI. Disabilities, Substance Abuse and Vocational Rehabilitation

Facility Name: _____

of Learning Objectives: 10 Hours: 6

Date(s) of Course: _____

Learning Objectives being addressed:

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

1. Definitions and Diagnosis, including blindness, visual impairment and co-occurring disorders
2. Risk factors, including HIV, across the age continuum
3. Treatment strategies and considerations, specific learning styles
4. Community Systems
5. Family Issues
6. Advocacy, legal and ethical considerations, ADA guidelines
7. Medication and pharmacology
8. Current Research
9. Psychological and social issues
10. Specific role of substance abuse

The above learning objective(s) must be specific to this course title.

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 CADC Instructor (please print) _____

Signature of CADC Instructor _____

Name of Content Expert _____

Signature of Content Expert _____

Board Representative _____ Course Approved Until _____

NON-MATRICULATED COURSE APPROVAL FORM
VII. C102 Biopsychosocial Assessment/Differential Diagnosis

Facility Name: _____

Domain Number : C102

of Learning Objectives: 6

Hours: 18

Date(s) of Course: _____

Learning Objectives being addressed:

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

1. Using interviewing techniques, gather relevant information from the client in order to obtain current status and history.
2. Gather and evaluate information from sources other than the client, utilizing client-consented interviews and/or written reports, to validate his/her reports and provide a more complete history.
3. Observe and document psychological, social, and physiological signs and symptoms of alcohol and other drug abuse, including nicotine dependence in the client to make an accurate diagnosis and formulate a treatment plan.
4. Determine the client's appropriateness and eligibility for admission or referral to a range of programs by assessing the match between the client's needs and program target populations and services.
5. Request from the client appropriately signed releases when soliciting from or providing information to outside sources to protect client confidentiality.
6. Recognize signs and symptoms that indicate a need to refer the client for additional professional assessment services when such assessment is outside the areas of the counselor's expertise.

The above learning objective(s) must be specific to this course title.

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

VIII. C203 Crisis Intervention

Facility Name: _____

Domain Number : C203

of Learning Objectives: 1

Hours: 6

Date(s) of Course: _____

Learning Objectives being addressed:

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

1. Intervene in life crisis situations with client or significant others in order to prevent or cope with that crisis by utilizing needed resources and identifying and teaching new skills.

The above learning objective(s) must be specific to this course title.

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

IX. C206 Family Counseling

Facility Name: _____

Domain Number : C206

of Learning Objectives: 7

Hours: 6

Date(s) of Course: _____

Learning Objectives being addressed:

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

1. Provide family therapy with client and/or significant others within a conducive setting to promote individual and family growth.
2. Assist clients, family members, and significant other in establishing and maintaining new behaviors or changes in behavior in order to minimize relapse through teaching, modeling, and other counseling techniques.
3. Provide care and follow-up appropriate to the client's needs after the initial phase is completed utilizing a variety of approaches.
4. Assess ongoing issues and related progress with clients, family, and significant others in order to promote growth through periodic review of goals and accomplishments.
5. Provide current and accurate information and education to the client, family members, and significant others through written materials and other educational forums in order to prevent initiation or progression of the disease of alcoholism and drug dependency.
6. Acknowledge and respect cultural and lifestyle diversities as they relate to emotional, spiritual, and physical health with all clients, family members, and significant others to affirm differences through accepting attitudes and behaviors.
7. Assist clients, family, and significant others in the recognition of the role of defense mechanisms (especially denial and minimization) through confrontation, teaching, and eliciting feedback, in order to further the recovery process.

The above learning objective(s) must be specific to this course title.

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

X. C501 Ethical Standards

Facility Name: _____

Domain Number : C501

of Learning Objectives: 1

Hours: 6

Date(s) of Course: _____

Learning Objectives being addressed:

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

1. Demonstrate ethical behaviors by adhering to established professional codes of ethics in order to maintain professional standards and safeguard the best interests of the client.

The above learning objective(s) must be specific to this course title.

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

XI. C502 Legal Aspects

Facility Name: _____

Domain Number : C502

of Learning Objectives: 1

Hours: 6

Date(s) of Course: _____

Learning Objectives being addressed:

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

1. Adhere to federal, state, and agency regulations regarding alcohol and other drug abuse treatment by following appropriate procedures to protect client rights.

The above learning objective(s) must be specific to this course title.

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 _____