

ADDICTION PROFESSIONALS CERTIFICATION BOARD, INC.
 1200 Tices Lane / Suite 104/ East Brunswick, New Jersey 08816
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 E-Mail: info@certbd.com Website: www.certbd.com

CHEMICAL DEPENDENCY ASSOCIATE (CDA) REQUIREMENTS AND APPLICATION

Effective December 1, 2008

NOTE: Applicant's work experience must be within two (2) years from the date of submission of this application, and the education within ten (10) years.

Scope of Service: The Chemical Dependency Associate is designed for the entry-level counselor. Courses required for the CDA can count towards a CADC. It is not a clinical practice credential and cannot substitute for the CADC in State regulations. Private practice counselors must have a license approved by the Division of Consumer Affairs to provide independent counseling. The CDA may also be used for those who work in addiction related settings, but do not perform the duties of a CADC.

Required Work Experience

- ◆ Minimum of 2000 hours of work experience in a pre-approved facility
- ◆ Completion of a pre-approved 200 hour Supervised Practicum provided by an LCADC or CCS.

Required Education **To be completed within 10 years of the date of submission of this application**

<u>Outpatient (Regular Route)</u>	<u>MAT - Medication Assisted Treatment</u>	<u>TC/Residential</u>	<u>RM - Recovery Mentor</u>
C101	C101	C101	C101
C201	C201	C201	C201
C304	C304	C304	C304
C401	C401	C401	C401
C501	C501	C501	C501
C503	C503	C503	C503
C102	C102	C102	C301
C204	C104	C202	C305
C206	C105	C204	C306
C303	C403	C205	C307
C403	C408	C408	C308
C507	C409	C409	C309

Recertification Requirements:

- 40 Hours of addiction related continuing education every two years. Hours must fall within the two year period between recertifications.
- \$175 non-refundable renewal fee.

Non-refundable Fees (fees subject to change)

- Application/Review Fee: \$175
- Recertification Fee: \$175 (every 2 years)

CDA Applicant Check Sheet

Please check once the following items have been submitted with your application:

- Application placed in the same order it was received?
- \$175 Non-Refundable Review fee attached to the front page?
- Applicant Information Sheet
- Work Experience Form
- Supervised Practical Training Form
- Job Description – on company letterhead, includes your name, the date, and signed by your supervisor and program director.
- Program Description – if not a formal brochure or flier, on company letterhead and signed by the program director.
- Applicant Resume
- Supervisor Evaluation Form (supervisor must be a LCADC or CCS) – may be mailed in separately
- Certified Counselor Evaluation Form – must be a NJ CADC and may be mailed in separately
- Colleague Evaluation Form – may be mailed in separately
- Cover Letter
- Authorization and Release Form
- Statement of Understanding Form
- Self Help Form
- Ethical Standards

Education Information

- Conversion Grid completed as indicated?
- Copy of degree – high school diploma, associates, bachelors, masters, etc.
- Certificates placed in order?
- One set of original certificates, original letters of verification, and official transcripts submitted?
- One set of copies of the education certificates?
- Self addressed, stamped envelope included? (For those wanting their originals returned to them)

Signature of Applicant

Date

Please Print Name Here

Please note that all applications must be submitted neatly and legible. Any applications that are illegible or disorganized will be returned to the applicant regardless of cut off dates.

CDA APPLICATION

The following forms are included in this application and must be completed:

- ◆ Applicant Information Sheet
- ◆ Supervised Practical Training (Practicum)
- ◆ Work Experience form
- ◆ Coursework Record
- ◆ Three (3) Evaluations (Supervisor, Certified Counselor, Colleague)
- ◆ Applicant Cover Letter
- ◆ Authorization & Release form
- ◆ Statement of Understanding
- ◆ Self-Help Meetings
- ◆ Ethical Standards

The following information must also be submitted with this application:

- ◆ Job Description (signed by your Supervisor and Program Director)
- ◆ Program Description (signed by your Program Director)
- ◆ All Verification of Attendance Sheets or Certificates for Coursework
- ◆ **Please note all originals of certificates must be submitted with the application, as well as a set of photocopies and a self-addressed, stamped envelope. Once the review has been completed, the originals will be returned. If the SASE is not included, the originals will not be returned.**
- ◆ Copy of Diploma
- ◆ Resume
- ◆ \$175 Non-refundable Application and Review Fee (fees are subject to change).

CDA APPLICATION

APPLICANT INFORMATION SHEET

NOTE: In order to be eligible for a CDA, you must submit a high school diploma or G.E.D., or an advanced degree; and live or work In New Jersey 51% of the time.

NOTE: The CDA credential is renewable every two (2) years from the anniversary date of initial certification. The fee for renewal is \$175, along with 40 hours of continuing education.

NAME _____

HOME ADDRESS _____

COUNTY _____

HOME PHONE () _____

SOCIAL SECURITY NUMBER _____

NAME OF AGENCY _____

WORK ADDRESS _____

WORK TELEPHONE () _____

*** = OPTIONAL INFORMATION - DOES NOT AFFECT CERTIFICATION**

***HIGHEST DEGREE OF EDUCATION** _____

***DATE OF BIRTH** _____

***ETHNICITY/RACE** _____

***SEX** _____

YOUR NAME AS IT SHOULD APPEAR ON YOUR CERTIFICATE

**CDA APPLICATION
200 HOUR SUPERVISED PRACTICAL TRAINING FORM**

APPLICANT'S NAME _____

SUPERVISOR'S NAME (must be an LCADC or CCS) _____

AGENCY WHERE PRACTICUM WAS COMPLETED _____

PRACTICUM	HOURS REQ.	MO/YR COMPLETED	SUPERVISOR'S SIGNATURE
Screening	10		
Intake	10		
Orientation	10		
Assessment	10		
Treatment Planning	25		
Individual Counseling	25		
Group Counseling	25		
Family Counseling	20		
Case Management	15		
Crisis Intervention	10		
Client Education	10		
Referral	10		
Consultation	10		
Report/Recordkeeping	10		

APCB, Inc.
CDA APPLICATION

WORK EXPERIENCE FORM

INSTRUCTIONS: List the most current position first. Use one sheet for each position. Additional copies of this page may be reproduced.



Attach a copy of your job description, which is to be signed by your immediate supervisor and program director of the agency. Also attach a copy of the agency's program description, signed by the program director.

NAME OF APPLICANT _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

PROGRAM DIRECTOR _____

IMMEDIATE COUNSELING SUPERVISOR _____

YOUR JOB TITLE _____

DATES EMPLOYED: FROM: _____ TO: _____

 DESCRIBE COUNSELING EXPERIENCE 

A MINIMUM OF 2000 HOURS MUST BE DOCUMENTED WITHIN THE LAST TWO YEARS

of hours of supervised experience in alcohol/drug counseling being documented: _____

SIGNATURE OF APPLICANT _____

SIGNATURE OF SUPERVISOR _____

CDA APPLICATION

EVALUATIONS

On this page, identify the names of the individuals whom you have requested to complete the evaluations included with this application. Evaluations are required for each agency. Copies of the evaluations may be reproduced. Evaluations must be filled out by three separate individuals.

**Name of Supervisor Completing Evaluation Form
(Supervisor must be a LCADC or CCS)**

**Name of Certified Counselor Completing Evaluation Form
(Must be completed by a CADC)**

Name of Colleague Completing Evaluation Form

CDA APPLICATION

SUPERVISOR EVALUATION FORM

NOTE TO SUPERVISOR: The Addiction Professionals Certification Board, Inc. believes that credentialing should be based on input from a variety of sources, including the observations of persons who supervise the applicant. For this reason, each applicant is required to obtain a reference from a direct supervisor. Your evaluation and data furnished by the applicant will be used in determining eligibility for this credential. As this process can only be effective with careful and truthful reporting, all information gathered in the review process is confidential. In the event that you cannot truthfully complete this form, please indicate so and return this form to the APCB, Inc. **Supervisor must include a copy of their LCADC or CCS credential.**

Name of Applicant _____

Name of Supervisor _____

Agency where supervision took place _____

Agency address and phone _____

Dates (month/year) of supervision _____

Length of time you provided direct supervision of this applicant's counseling skills _____

I hereby certify that I have been in a position to supervise and have first-hand knowledge of the above named person's work.

**In my judgment, this applicant's eligibility and professional experience
IS ___ IS NOT ___
consistent with the standards as set forth by the APCB, Inc.**

This information I am giving is the best judgment of the above named person's capabilities to be credentialed as a Chemical Dependency Associate (CDA).

Supervisor's Signature _____

Date _____

Professional Licensure/Certification and Number _____

CDA APPLICATION

CERTIFIED COUNSELOR EVALUATION FORM

NOTE TO THE CERTIFIED COUNSELOR: The Addiction Professionals Certification Board, Inc. believes that credentialing should be based on input from a variety of sources, including the observations of Certified Counselors (CADC/LCADC) who have observed the applicant. For this reason, each applicant is required to obtain a reference from a Certified Counselor (CADC/LCADC). Your evaluation and data furnished by the applicant will be used in determining eligibility for this credential. As this process can only be effective with careful and truthful reporting, all information gathered in the review process is confidential. In the event that you cannot truthfully complete this form, please indicate so and return this form to the APCB, Inc. **Certified Counselor must include a copy of their LCADC with this evaluation.**

Name of Applicant _____

Name and Title of Certified Counselor _____

Name of Agency _____

Agency address and phone _____

Number of months/years you have known the applicant _____

Type of relationship you have had with applicant _____

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named person's work.

**In my judgment, this applicant's eligibility and professional experience
IS ___ IS NOT ___
consistent with the standards as set forth by the APCB, Inc.**

This information I am giving is the best judgment of the above named person's capabilities to be credentialed as a Chemical Dependency Associate (CDA).

Certified Counselor's Signature _____

Date _____

Professional Licensure/Certification _____

CDA APPLICATION

COLLEAGUE EVALUATION FORM

NOTE TO COLLEAGUE: The Addiction Professionals Certification Board, Inc. believes that credentialing should be based on input from a variety of sources, including the observations of persons who know the applicant. For this reason, each applicant is required to obtain a reference from a colleague. Your evaluation and data furnished by the applicant will be used in determining eligibility for this credential. As this process can only be effective with careful and truthful reporting, all information gathered in the review process is confidential. In the event that you cannot truthfully complete this form, please indicate so and return this form to the APCB, Inc.

Name of Applicant _____

Name and Title of Colleague _____

Name of Agency _____

Agency address and phone _____

Number of months/years you have known the applicant _____

Type of relationship you have had with applicant _____

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named person's work.

**In my judgment, this applicant's eligibility and professional experience
IS ___ IS NOT ___
consistent with the standards as set forth by the APCB, Inc.**

This information I am giving is the best judgment of the above named person's capabilities to be credentialed as a Chemical Dependency Associate (CDA).

Colleague's Signature _____

Date _____

Professional Licensure/Certification if any _____

APCB, Inc.
CDA APPLICATION

SELF-HELP MEETING VERIFICATION FORM

It is required that self-documented proof be included for attendance at eight (8) meetings of self-help groups. A minimum of four (4) AA/NA meetings and a minimum of four (4) other (Alanon/Naranon/ACOA/...) Self-help meetings as specified below are required. Self-documented proof will be on an honorary system in accordance with the APCB, Inc. Ethical Standards.

DATE ALCOHOLICS/NARCOTICS ANONYMOUS LOCATION

1. _____
2. _____
3. _____
4. _____

DATE LOCATION OF OTHER SELF-HELP GROUPS

1. _____
2. _____
3. _____
4. _____

As required for this credential in the state of New Jersey, I certify that I have attended the above listed meetings.

Signature of Applicant _____

Signature of Witness _____

APCB, Inc.
ADDICTION PROFESSIONALS CERTIFICATION BOARD, INC. (APCB, INC.)

ETHICAL STANDARDS
FOR
CHEMICAL DEPENDENCY ASSOCIATE

The Addiction Professionals Certification Board, Inc. (APCN, Inc.) wishes to thank the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) for the development of these Ethical Standards and for permission to use this amended version.

Specific Principles

Principle 1: Non-Discrimination

The CDA shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- A. The CDA shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the CDA guards the individual rights and personal dignity of clients.
- B. The CDA shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory and cognitive accommodations that allow clients with disabilities to receive services.

Principle 2: Responsibility

The CDA shall espouse objectivity and integrity, and maintain the highest standards in the services the member offers.

- A. The CDA shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.
- B. The CDA, as educator, has primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.
- C. The CDA who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.
- D. The CDA who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competency

The CDA shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the member and of the professional as a whole. The CDA shall recognize the need for ongoing education as a component of professional competency.

- A. The CDA shall recognize boundaries and limitations of their competencies and not offer services or use techniques outside of these professional competencies.
- B. The CDA shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The CDA shall support peer assistance programs in this respect.

APCB, Inc.

ADDICTION PROFESSIONALS CERTIFICATION BOARD, INC. (APCB, INC.) ETHICAL STANDARDS FOR CHEMICAL DEPENDENCY ASSOCIATE

Principle 4: Legal and Moral Standards

The CDA shall uphold the legal and accepted moral codes which pertain to professional conduct.

- A. The CDA shall be fully cognizant of all federal and New Jersey laws governing the practice of alcoholism and drug abuse counseling.
- B. The CDA shall not claim either directly or by implication, professional qualifications/affiliations that they do not possess.
- C. The CDA shall ensure that products or services associated with or provided by the CDA or means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

Principle 5: Public Statements

The CDA shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

- A. The CDA, in making statements to clients, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact. All other opinions, speculations, and conjecture concerning the nature of alcoholism and drug abuse, its natural history, its treatment or any other matters which touch on the subject of alcoholism and drug abuse shall be represented as less than scientifically validated.
- B. The CDA shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of alcoholism and drug abuse, its natural history, and its treatment. Such acknowledgement should extend to the source of the information and reliability of the method by which it was derived.

Principle 6: Publication Credit

The CDA shall assign the credit to all who have contributed to the published material and for the work upon which the publication is based.

- A. The CDA shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The author who has made the principal contribution to a publication must be identified as first author.
- B. The CDA shall acknowledge in footnotes or in an introductory statement minor contributions of a professional nature, extensive clerical or similar assistance and other minor contributions.
- C. The CDA shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

Principle 7: Client Welfare

The CDA shall promote the production of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all CDA's.

- A. The CDA shall disclose their code of ethics, professional loyalties and responsibilities to all clients.
- B. The CDA shall terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.
- C. The CDA shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.

APCB, Inc.

ADDICTION PROFESSIONALS CERTIFICATION BOARD, INC. (APCB, INC.) ETHICAL STANDARDS FOR CHEMICAL DEPENDENCY ASSOCIATE

- D. The CDA shall not use or encourage a client's participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed.
- E. The CDA shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensure the delivery.

Principle 8: Confidentiality

The CDA working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client's rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

- A. The CDA shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, the use of material for training or observation by another party.
- B. The CDA shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The CDA shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.
- C. The CDA shall adhere to all federal and New Jersey laws regarding confidentiality and the CDA's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- D. The CDA shall discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be made to avoid undue invasion of privacy.
- E. The CDA shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 9: Client Relationships

It is the responsibility of the CDA to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The CDA shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- A. The CDA shall inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- B. The CDA 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.
- C. The CDA shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- D. The CDA shall not under any circumstances engage in sexual behavior with current or former clients.
- E. The CDA shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

The CDA shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

APCB, Inc.

ADDICTION PROFESSIONALS CERTIFICATION BOARD, INC.
(APCB, INC.)
ETHICAL STANDARDS FOR
CHEMICAL DEPENDENCY ASSOCIATE

- A. The CDA shall refrain from offering professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- B. The CDA shall cooperate with the APCB, Inc. Ethics Committee and promptly supply necessary information unless constrained by the demands of confidentiality.
- C. The CDA shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The CDA shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client first, and then of the counselor, the agency, and the profession.

- A. The CDA shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its
- B. staff for private consultations, clients shall be made fully aware of these policies.
- C. The CDA shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- D. The CDA shall not engage in fee splitting. The CDA shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- E. The CDA, in the practice of counseling, shall not at any time use one's relationship with clients for personal gain or for the profit of an agency of any commercial enterprise of any kind.
- F. The CDA shall not accept a private fee for professional work with a person who is entitled to such services and still requests private services.

Principle 12: Societal Obligations

The CDA shall to the best of their ability actively engage 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.

By signing, I attest that I have read the above Ethical Standards and agree to abide by them.

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____

APCB, Inc.
ADDICTION PROFESSIONALS CERTIFICATION BOARD, INC.
(APCB, INC.)
ETHICAL STANDARDS FOR
CHEMICAL DEPENDENCY ASSOCIATE

APPLICANT'S RECOGNITION STATEMENT

The applicant identified below acknowledges that the applicant is seeking certification from the Addiction Professionals Certification Board, Inc. (hereinafter "The Board"). The applicant hereby recognizes and agrees as follows:

1. Applicant agrees to observe and abide by the Ethical Standards adopted by The Board as same may be amended from time to time. Applicant acknowledges that the present form of ethical standards attached hereto and that the applicant has read and understood same.
2. Applicant recognizes and agrees that any certification, or renewal thereof, granted by The Board to the applicant constitutes recognition by The Board that the applicant is qualified, based on the information before The Board, for the certification granted. Applicant recognizes and agrees that any certification, or renewal granted by The Board, does not constitute a property right or interest of the applicant. The applicant specifically recognizes and agrees that the certification or renewal is specific to suspension, revocation or other limitation or condition in the discretion of The Board. The applicant specifically recognizes the authority of The Board to suspend, revoke or otherwise impose limitations, restrictions and conditions on any certification granted.
3. Applicant agrees to cooperate in connection with any investigation conducted by The Board with respect to the applicant's certification, and continued qualification to hold same. The applicant further agrees that the applicant's failure to cooperate with any such investigation (a) shall in itself constitute an ethical violation for which discipline may be imposed and (b) may be considered by The Board as an admission of wrongdoing.

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____

APCB, Inc.
ADDICTION PROFESSIONALS CERTIFICATION BOARD, INC.
(ADCDB, INC.)
ETHICAL STANDARDS FOR CHEMICAL DEPENDENCY ASSOCIATE

AUTHORIZATION AND RELEASE FORM

I hereby authorize the Addiction Professionals Certification Board, Inc. to make any inquiry of any agency, facility, organization or individual for any and all additional information which might be necessary to fully and properly evaluate my application for the Chemical Dependency Associate (CDA).

I hereby release and hold harmless the Addiction Professionals Certification Board, Inc., its Board of Directors, its Officers, its employees, servants, and agents from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing or consideration of same.

I further acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding experience and/or qualifications will be sufficient reason for disapproval of my application or for withdrawal of the credential at a later date.

I understand that evaluations of me, which are submitted by supervisors and/or colleagues are confidential. I hereby relinquish my right to review these evaluations.

I also affirm that I conform to the Ethical Standards as described in the requirements for credentialing.

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____

STATEMENT OF UNDERSTANDING

I hereby apply for certification to the Addiction Professionals Certification Board, Inc. I understand that approval of my application depends upon my successfully completing the assessment of competency as established by the Board, including submission of all required references and successful completion of a 300 hour practicum in an approved treatment facility. I also understand that for research and statistical purposes only, the data from this application may be used in a non-identifying manner.

I also understand this credential is designed to recognize individuals working with chemically dependent clients and is not restricted to primary alcohol/drug counselors.

Any counselor or applicant who contests the Certification Board's Ethics Division has a right to appeal to the full Board for a final decision. Those who further wish to contest the final appeal may seek remedy in the courts.

Additionally, LCADC/CADC applicants may make a final appeal through the Marriage and Family Board under the Department of Law and Public Safety.

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____