



The Certification Board, Inc. – Addiction Professionals Division
1200 Tices Lane - Suite 104 - East Brunswick, NJ 08816
732-249-1991 - Fax: 732-249-1559
E-Mail: info@certbd.com - Website: www.certbd.com



Certified Tobacco Treatment Specialist (CTTS)

SCOPE OF SERVICE:

The CERTIFIED TOBACCO TREATMENT SPECIALIST is not an independent clinical practice credential and should only be used for work within health care or counseling settings. Private practice counselors must have a license approved by the Division of Consumer Affairs to provide independent counseling.

Training:

Must complete UMDNJ's Tobacco Dependency Program of 42 hours and submit the original certificate for review.

And

Experience:

- Masters or above in Human Services field with one year of full time counseling or health care experience. (1 year = 2000 hours)
- Bachelors in Human Services with two years of full time counseling or health care experience.
- CADC/LCADC/ nursing or other recognized health related qualification, with four years of full time counseling or health care experience. (2 years = 4000 hours, 4 years = 8000 hours)

And

Applicant must attach the following to the application:

- \$175 non-refundable Initial review fee.
- Job Description signed by supervisor and program director.
- Program Description signed by program director.
- Applicant Resume.

Recertification Requirements

- Eighteen (18) hours of continuing education on tobacco dependence treatment every two (2) years
- \$175 non-refundable recertification fee
- Submission of recertification application



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Requirements
CERTIFIED TOBACCO TREATMENT SPECIALIST

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

- References:
 - 1 Supervisor from within your facility
 - Signed and witnessed authorization and release form
 - Signed Statement of Understanding
 - Signed Ethical Standards
-

The following forms must also be submitted with this application:

- A job description, signed by both your immediate supervisor and your program director
- A program description, signed by your program director
- A resume covering at least the past five (5) years of your experience
- \$175 Non-Refundable Application Fee

Recertification Requirements

- Eighteen (18) hours of continuing education in tobacco dependence treatment every two (2) years, 50% of which can be approved distance learning
- \$175 non-refundable review fee
- Submission of recertification application



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APPLICANT INFORMATION SHEET

NAME _____

(Please Print Your Name as it should appear on your Certificate)

HOME ADDRESS _____

COUNTY _____

HOME PHONE # _____

SS# _____

EMAIL _____

HIGHEST DEGREE OF EDUCATION _____

AGENCY EMPLOYED AT _____

WORK ADDRESS _____

COUNTY _____

WORK PHONE # _____

EMAIL _____

*** OPTIONAL INFORMATION ***

Does not affect certification

***DOB** _____

***ETHNICITY/RACE** _____

***SEX** _____

***NICOTINE FREE FOR THE PAST SIX MONTHS?** _____



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WORK EXPERIENCE FORM

Please 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 signed by your immediate supervisor and the program director. Also attach a program description signed by your program director.

APPLICANT NAME _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

IMMEDIATE SUPERVISOR _____

PROGRAM DIRECTOR _____

APPLICANT'S JOB TITLE _____

DATES OF EMPLOYMENT _____ TO _____
(month/year) (month/year)

DESCRIBE EXPERIENCE:

HOW MANY HOURS OF EXPERIENCE ARE YOU DOCUMENTING:

Note: 1 year = 2000 hours

SIGNATURE OF IMMEDIATE SUPERVISOR:

- If your work experience was as a private practitioner, please have a licensed professional case consultant sign here. Please be sure to include their resume.



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EDUCATIONAL RECORD FORM

You must complete the Certification Board approved tobacco training held by The Tobacco Dependence Program of UMDNJ. This form must be typewritten or printed legibly, and may be reproduced.

Title	# hours	Date	Training Provider
Basic Tobacco and Health Knowledge	6 hours		
Counseling Theory and Practice, Assessment Tools and Key Strategies	6 hours		
Tobacco Caused Diseases, Environmental Tobacco Smoke, Pharmacological Treatments	6 hours		
Tobacco Dependence Treatment Methods	6 hours		
Treatment Planning	6 hours		
Program Development and Evaluation (On-Line or Special In-Person Course)	6 hours		
Tobacco Treatment Case Study	6 hours		

TOTAL 42 hours



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REFERENCES

On this page, identify the name of the individual whom you have requested to complete the reference included with this application. If you have accumulated your clinical supervisory experience from more than one (1) agency, additional references are required from each agency. Additional copies of the reference forms may be reproduced.

APPLICANT NAME _____

SUPERVISOR COMPLETING REFERENCE FORM:



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CTTS SUPERVISOR REFERENCE FORM

(Please have this form typewritten or printed legibly)

APPLICANT NAME _____

SUPERVISOR'S NAME _____

WORK ADDRESS _____

DAY PHONE # _____

TITLE/POSITION _____

How long have you known applicant? _____

Instructions: Please read the description of the various knowledge and skills outlined below. Using the three point (0-2) scale shown below, determine the number which most nearly describes the applicant's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score". If you have no basis for evaluating the applicant in a particular area, please enter "0" in the scoring column. Please comment briefly on the basis for each given score.

Note: a score of "2" is required in each category for certification

SCORING SCALE

- 0 - No basis for judgment
- 1 - Inadequate
- 2 - Acceptable

1. An advanced knowledge on how tobacco use is related to other physical, behavioral, and mental disorders.

Comments:

Score: _____

2. A demonstrated familiarity with the assessment and therapeutic modalities that are supported by the scientific evidence for effectiveness in the treatment of tobacco use and dependence.

Comments:

Score: _____



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REFERENCE FORM, continued

NAME OF SUPERVISOR COMPLETING FORM _____

- 3. An operational experience with evidence-based assessment and treatment approaches used in the field of tobacco dependence.**

Comments:

Score: _____

- 4. Ability to deal effectively and appropriately with clients and professional colleagues.**

Comments:

Score: _____

- 5. Awareness of limits to professional competence and the need for ongoing supervision and professional development**

Comments:

Score: _____

- 6. Behaves in an ethical manner with clients and demonstrates an awareness of appropriate conduct with clients, their families and professional colleagues.**

Comments:

Score: _____

TOTAL SCORE: _____

SIGNATURE OF SUPERVISOR _____

DATE _____



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STATUS

The following pertain to all Certifications.

Inactive Status

- Inactive Status occurs when a counselor's recertification becomes more than 30 days late.
- Inactive Status means the Board does not consider the counselor to be actively certified or in good standing at that time.
- A counselor may remain on Inactive Status for a maximum of 12 months, at which time the counselor's credential will be terminated.
- For each month the counselor remains on Inactive Status, there will be a \$15 fee in addition to the \$175 recertification fee. The Inactive Status fee will not exceed \$180 (for the maximum 12 months).

Lapsed (Terminated) Status

- Lapsed Status occurs when a counselor permits their credential to lapse after the Inactive Status expires.
- Lapsed Status is considered permanent.
- If a lapsed counselor decides re-activate their credential again, they must follow the reinstatement procedure listed below:

Reinstatement Procedure

- Counselor must submit in writing three recommendations for reinstatement: one licensed or certified counselor, one supervisor, and one colleague.
- Counselor must provide verification educational hours equal to those required for Recertification.
- Submission is to include \$87.50 per year for each year lapsed to a maximum of four years.
- Submission of \$180 late fee for the 12 months on Inactive Status.
- A letter requesting reinstatement with specific information on why the lapse occurred and covering the time period must be submitted. The letter must also state reasons for re-entering the field.
- If an ethical complaint is involved, a personal interview may be required.



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ETHICAL STANDARDS FOR CERTIFIED TOBACCO TREATMENT SPECIALISTS

The Addiction Professionals Certification Board, Inc. (APCB, 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 CTTS shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- A. The CTTS shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the CTTS guards the individual rights and personal dignity of clients.
- B. The CTTS 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 CTTS shall espouse objectivity and integrity, and maintain the highest standards in the services the member offers.

- A. The CTTS 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 CTTS, as educator, has primary obligation to help others acquire knowledge and skills in dealing with the disease of tobacco dependence.
- C. The CTTS 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 CTTS 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 CTTS 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 CTTS shall recognize the need for ongoing education as a component of professional competency.

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



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Principle 4: Legal and Moral Standards

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

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

Principle 5: Public Statements

The CTTS shall honestly respect the limits of present knowledge in public statements concerning nicotine, tobacco and related areas.

- A. The CTTS, 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 tobacco dependence, its natural history, its treatment or any other matters which touch on the subject of tobacco dependence shall be represented as less than scientifically validated.
- B. The CTTS shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of tobacco dependence, 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 CTTS 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 CTTS 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 CTTS 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 CTTS 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.



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Principle 7: Client Welfare

The CTTS 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 CTTS's.

- A. The CTTS shall disclose their code of ethics, professional loyalties and responsibilities to all clients.
- B. The CTTS shall terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.
- C. The CTTS shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
- D. The CTTS 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 CTTS shall take care to provide services in an environment that will ensure the privacy and safety of the client at all times and ensures the delivery.

Principle 8: Confidentiality

The CTTS 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 CTTS 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 CTTS shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The CTTS 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 CTTS shall adhere to all federal and New Jersey laws regarding confidentiality and the CTTS's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- D. The CTTS 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 CTTS 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 CTTS to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The CTTS shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- A. The CTTS 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 CTTS 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 CTTS shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- D. The CTTS shall not under any circumstances engage in sexual behavior with current or former clients.
- E. The CTTS shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Inter-professional Relationships

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

- A. The CTTS 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 CTTS shall cooperate with the APCB, Inc. Ethics Committee and promptly supply necessary information unless constrained by the demands of confidentiality.
- C. The CTTS shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The CTTS 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 CTTS shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients shall be made fully aware of these policies.
- B. The CTTS shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- C. The CTTS shall not engage in fee splitting. The CTTS shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- D. The CTTS, 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.
- E. The CTTS shall not accept a private fee for professional work with a person who is entitled to such services and still requests private services.



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Principle 12: Societal Obligations

The CTTS 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 nicotine dependence.

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

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____

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 _____



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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 CERTIFIED TOBACCO TREATMENT SPECIALIST.

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 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. 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 all individuals working with tobacco dependent clients and is not restricted to primary alcohol/drug counselors.

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____



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Application Check-off Sheet

Please use this as a final self-reminder regarding all the necessary documents and have fully completed all the requirements of the application. This will help you, as well as us, with a quicker review of your application.

- Fee (check or money order)
- Late Fee (if applicable)
- Applicant Information Sheet (included email address?)
- Verification of Appropriate Experience
- Coursework Completion Page (Initial or Continuing Education)

Signatures

- Authorization and Release
- Applicant Recognition Statement
- Ethics Statement
- Statement of Understanding

I have checked and have completed any other requirements for this Application, and have included those items as well.

Signature

Date