



**Addiction Professionals Certification Board, Inc.**

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## ***Certified Clinical Supervisor (CCS)***

**SCOPE OF SERVICE:** Please check either Track One **OR** Track Two

**CCS: Track One Requirements: IC&RC Reciprocal**

- Obtaining Track One requires a CADC/LCADC (AODA) AAODA, CCJP or CCDP-D and is reciprocal. The applicant must have completed at least one (1) recertification application process for the CADC.

***Required EXPERIENCE for Track One:***

- Verification of five (5) years (10,000 hours) experience working in the field of chemical dependency. These five years are to be immediately prior to the date of application;

**AND**

- Verification of a minimum of three (3) years (6000 hours) clinical supervisory experience in the field of chemical dependency within ten (10) years immediately prior to the date of application.

***Required EDUCATION for Track One:***

- Verification of a minimum of 30 hours of clinical supervisory course work (previously approved by the Certification Board) within ten (10) years immediately prior to the date of the application. In-service training will not be accepted. All originals of certificates must be submitted with the application, as well as a set of photocopies and a self addressed, stamped envelope (SASE). Once the review has been completed, the originals will be returned. If the SASE is not included, the originals cannot be returned.

**AND**

- Completion of the ICRC Certified Clinical Supervisory exam.



☐ **CCS: Track Two Requirements: Non- Reciprocal**

***Required EXPERIENCE for Track Two:***

- ☐ A Masters or Doctorate in a counseling related field is required
- A CADC is NOT required;
- Track Two Counselors are not reciprocal

AND

- ☐ Verification of a minimum of five (5) years experience in the field of chemical dependency. These hours are to be attained immediately prior to the date of application;

AND

- ☐ Verification of a minimum of three (3) years clinical supervisory experience in the field of chemical dependency within ten (10) years immediately prior to the date of application.

***Required EDUCATION for Track Two:***

- ☐ Verification of the completion of a minimum of 30 hours of supervisory coursework within ten (10) years immediately prior to the date of application. In-service training will not be accepted. Formal education may be accepted if the course descriptions are submitted and clearly indicate supervisory training.

AND

- ☐ Verification of a minimum of 60 hours (12 hours in each of the 5 domains) alcohol and/or drug education within ten (10) years immediately prior to the date of application.  
All originals of certificates must be submitted with the application, as well as a set of photocopies and self-addressed, stamped envelope (SASE). Once the review has been completed, the originals will be returned. If the SASE is not included, the originals cannot be returned.

AND

- ☐ Successful completion of the ICRC certified clinical supervisor exam.



## **Requirements for Both Track One and Track Two**

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

### **References:**

- 1 Supervisor from within your facility**
- 1 CADC/LCADC from outside your facility**
- 1 Colleague 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 for the past five (5) years**
- \$225 Non-Refundable Review Fee**
- Your official transcript for degree if completed.**

### **Recertification Requirements:**

- Thirty (30) hours of clinical supervisory or alcohol and drug counseling related continuing education every two (2) years**
- \$225 non-refundable recertification fee**



**Applicant Information: Check One:**

- Track One (LCADC/CADC Only)**
- Track Two (Masters + Non-CADC's)**

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 \_\_\_\_\_  
OPTIONAL INFORMATION\*  
*Does not affect certification*  
\*DOB \_\_\_\_\_ \*ETHNICITY/RACE \_\_\_\_\_ \*SEX \_\_\_\_\_ 3 CCS - Initial – 2008

**Work Experience:** 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. Also attach a program description signed by your supervisor and program director.

- Applicant Name \_\_\_\_\_
- Name Of Employer \_\_\_\_\_
- Address Of Employer \_\_\_\_\_
- Immediate Supervisor \_\_\_\_\_
- Program Director \_\_\_\_\_
- Applicant's Job Title \_\_\_\_\_
- Dates Of Employment \_\_\_\_\_  
(month/year) to (month/year)

**Describe Supervisory Experience:**

How Many Hours Of Supervisory Experience Are You Documenting: \_\_\_\_\_  
(Please Note: 1 year of Full Time Experience = 2,000 hours. Must be able to document minimum of 10,000 hours )

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Signature Of Immediate Supervisor:

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**Training: 30 Hours of Clinical Supervisory Training**

Please list all Certification Board approved supervisory education. This form must be typewritten or printed legibly, and may be reproduced.

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 cannot be returned.

The 30 hours of supervisory education must be completed in the following six Domains. These new domains more accurately reflect the actual role of the clinical supervisor in the current treatment field:

**Title - # Hours - Dates - Location**

- Counselor Development:** \_\_\_\_\_
- Professional and Ethical Standards:** \_\_\_\_\_
- Program Development and Quality Assurance:** \_\_\_\_\_
- Performance Evaluations:** \_\_\_\_\_
- Administration:** \_\_\_\_\_
- Treatment Knowledge:** \_\_\_\_\_



## *Supervisor Evaluation Form*

- 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 six point (0-5) 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.

### **SCORING SCALE**

**0 - No basis for judgment**

**1 - Inadequate**

**2 - Needs development**

**3 - Acceptable**

**4 - Good**

**5 - Outstanding**

**1). An advanced knowledge on how substance abuse related to other physical, behavioral, cognitive, emotional, socio-cultural, and economic aspects of mental and emotional disorders and adjustment reactions.**

**Comments:**

**Score: \_\_\_\_\_**

**2). A demonstrated familiarity with a variety of therapeutic modalities.**

**Comments:**

**Score: \_\_\_\_\_**

**3). An operational experience with a variety of treatment approaches used in the field of substance abuse.**

**Comments:**

**Score: \_\_\_\_\_**

**4). Ability to deal effectively with supervisee's psychodynamics as they relate to his/her work with clients.**

**Comments:**

**Score: \_\_\_\_\_**

**5). Knowledge of various roles and techniques employed in the clinical supervision process.**

**Comments:**

**Score: \_\_\_\_\_**

**6). How well does applicant use existing Supervision?**

**Comments:**

**Score: \_\_\_\_\_ TOTAL SCORE: \_\_\_\_\_**

**Signature \_\_\_\_\_**

**Date \_\_\_\_\_**



## *Certified Counselor Evaluation Form*

- APPLICANT NAME \_\_\_\_\_
- CERTIFIED COUNSELOR'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 six point (0-5) 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.

### SCORING SCALE

- 0 - No basis for judgment
- 1 - Inadequate
- 2 - Needs development
- 3 - Acceptable
- 4 - Good
- 5 - Outstanding

1). An advanced knowledge on how substance abuse related to other physical, behavioral, cognitive, emotional, socio-cultural, and economic aspects of mental and emotional disorders and adjustment reactions.

Comments:

Score : \_\_\_\_\_

2). A demonstrated familiarity with a variety of therapeutic modalities.

Comments:

Score: \_\_\_\_\_

3). An operational experience with a variety of treatment approaches used in the field of substance abuse.

Comments:

Score: \_\_\_\_\_

4). Ability to deal effectively with supervisee's psychodynamics as they relate to his/her work with clients.

Comments:

Score: \_\_\_\_\_

5). Knowledge of various roles and techniques employed in the clinical supervision process.

Comments:

Score: \_\_\_\_\_

6). How well does applicant use existing Supervision?

Comments:

Score: \_\_\_\_\_ TOTAL SCORE: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Colleague Evaluation Form

- APPLICANT NAME \_\_\_\_\_
- COLLEAGUE'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 six point (0-5) 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.

### SCORING SCALE

- 0 - No basis for judgment
- 1 - Inadequate
- 2 - Needs development
- 3 - Acceptable
- 4 - Good
- 5 - Outstanding

1). An advanced knowledge on how substance abuse related to other physical, behavioral, cognitive, emotional, socio-cultural, and economic aspects of mental and emotional disorders and adjustment reactions.

Comments:

Score: \_\_\_\_\_

2). A demonstrated familiarity with a variety of therapeutic modalities.

Comments:

Score: \_\_\_\_\_

3). An operational experience with a variety of treatment approaches used in the field of substance abuse.

Comments:

Score: \_\_\_\_\_

4). Ability to deal effectively with supervisee's psycho-dynamics as they relate to his/her work with clients.

Comments:

Score: \_\_\_\_\_

5). Knowledge of various roles and techniques employed in the clinical supervision process.

Comments:

Score: \_\_\_\_\_

6). How well does applicant use existing Supervision?

Comments:

Score: \_\_\_\_\_ TOTAL SCORE: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **CCS Ethical Standards**

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

**A. The CCS shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the CCS guards the individual rights and personal dignity of clients.**

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

**A. The CCS 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 CCS, as educator, has primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.**

**C. The CCS 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 CCS 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 CCS 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 CCS shall recognize the need for ongoing education as a component of professional competency.**

**A. The CCS shall recognize boundaries and limitations of their competencies and not offer services or use techniques outside of these professional competencies.**

**B. The CCS shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The CCS shall support peer**



assistance programs in this respect.

**Principle 4: Legal and Moral Standards:**

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

A. The CCS shall be fully cognizant of all federal and New Jersey laws governing the practice of alcoholism and drug abuse counseling.

B. The CCS shall not claim either directly or by implication, professional qualifications/affiliations that they do not possess.

C. The CCS shall ensure that products or services associated with or provided by the CCS or means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

**Principle 5: Public Statements**

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

A. The CCS, 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 CCS 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 CCS 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 CCS 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 CCS 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 CCS 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 CCS 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 CCS's.

A. The CCS shall disclose their code of ethics, professional loyalties and responsibilities to all clients.

B. The CCS shall terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.

C. The CCS shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.

D. The CCS 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 CCS 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 CCS 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 CCS 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 CCS shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The CCS 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 CCS shall adhere to all federal and New Jersey laws regarding confidentiality and the CCS's responsibility to report clinical information in specific circumstances to the appropriate authorities.

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

A. The CCS 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 CCS 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 CCS shall not exploit relationships with current or former clients for personal gain, including social or business relationships.

D. The CCS shall not under any circumstances engage in sexual behavior with current or former clients.

E. The CCS shall not accept as clients anyone with whom they have engaged in sexual behavior.

**Principle 10: Inter-professional Relationships**

The CCS shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the



same to other professionals.

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

**Principle 11: Remuneration**

The CCS 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 CCS 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 CCS shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- C. The CCS shall not engage in fee splitting. The CCS shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- D. The CCS, 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 CCS 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 CCS 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 \_\_\_\_\_

**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



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 \_\_\_\_\_

**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 Clinical Supervisor).

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 on 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.

I understand that I may appeal the CCS Review Committee's decision to the Executive Committee of the Certification Board. By signing this I verify that I either live or work in New Jersey a minimum of 51% of the time.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_