

## CRIMINAL JUSTICE COUNSELOR (CJC) – NEW JERSEY ONLY

### REQUIREMENTS AND APPLICATION

**SCOPE OF SERVICE:** The Criminal Justice Counselor credential is intended for use within the criminal justice field. 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.

**NOTE:**

- Applicant’s work experience must be within two (2) years from the date of submission of this application.
- The CJC is a separate and distinct credential from the CADC and the CDA.

**TRACK ONE**

- Must have a CADC
- 2 years of full time employment (4000 hours) in a clinical counseling position where 50% of the caseload is criminal justice specific.
- 45 clock hours of approved Criminal Justice specific coursework in the 6 Domains of Criminal Justice
- Practicum – 100 hours in the 6 domains

**TRACK TWO**

- 2 years of full time employment with the criminal justice population. Job description must be 100% criminal justice specific.
- 102 clock hours of pre-approved education broken down as follows:

C102	Biopsychosocial Assessment/Differential Diagnosis	18	} CDA Educational Requirements
C204	Individual Counseling (Addiction Focused)	12	
C206	Family Counseling	6	
C304	HIV Positive Resources	6	
C401	Addiction Recovery	6	
C403	Biochemical/Medical Client Education	6	
C405	Addiction Recovery and Psychological Family Education	6	
C501	Ethical Standards	6	
C507	Supervision and Consultation	6	

Criminal Justice Specific Education (in the six Domains of Criminal Justice) 30

- Practicum – 100 hours in the 6 domains

❖ ***Both tracks must meet the additional requirements listed on page 3.***

\*\* Recertification requires 30 hours of criminal justice or alcohol and drug counseling related coursework every two years.

<input type="checkbox"/> Track One (Must Have CADC) CADC # _____	2 yrs full time 50% criminal justice specific Expiration Date _____
<input type="checkbox"/> Track Two (No CADC Requirement)	2 yrs full time 100% criminal justice specific

**CRIMINAL JUSTICE COUNSELOR APPLICATION**

***Applicant Information Sheet***

Name \_\_\_\_\_  
(as you would like it to appear on your certificate)  
(Please note that degrees and other certifications are not permitted on your certificate)

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Agency Employed At \_\_\_\_\_

Work Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Work Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Fax # ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_

The following is optional information, and does not affect certification. It is used for statistical purposes only:

**Date of Birth** \_\_\_\_\_ **Ethnicity/Race** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Applicant Check Sheet for CJC Application**

\_\_\_\_\_  
Please Print Name Here

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

- \$150 Non-Refundable review fee attached to the front page (check/money order made payable to APCB).
- Applicant Information Sheet
- Supervised Practical Training Form
- Work Experience Form
- Job Description (signed by Supervisor and Program Director)
- Program Description (signed by Program Director)
- Supervisor Evaluation form (may be mailed separately)
- Colleague Evaluation form (may be mailed separately)
- Colleague Evaluation form (may be mailed separately)
- Applicant Resume
- Ethical Standards
- Recognition Statement

**Education Information**

- Certificates placed in order

<input type="checkbox"/> C102 – Biopsychosocial Assessment/Differential Diagnosis	<input type="checkbox"/> C403 – Biochemical/Medical Client Education
<input type="checkbox"/> C204 – Individual Counseling	<input type="checkbox"/> C405 – Addiction Recovery/Psychological Fam. Educ.
<input type="checkbox"/> C206 – Family Counseling	<input type="checkbox"/> C501 – Ethical Standards
<input type="checkbox"/> C304 – HIV Positive Resources	<input type="checkbox"/> C507 – Supervision and Consultation
<input type="checkbox"/> C401 – Addiction Recovery	

- Only Original certificates, original letters of verification, and official transcripts submitted
- Self addressed, stamped envelope and one set of copies if you would like the originals returned to you

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



APPLICANT NAME \_\_\_\_\_

## SUPERVISED PRACTICAL TRAINING FORM

**DOMAIN IV**

**Screening, Intake and Assessment**

**10 HRS**

**Definition:** Purpose of the assessment; Conducting comprehensive assessments; Obtaining and evaluating information from other sources; Recognizing the signs and symptoms of intoxication and withdrawal; Identifying signs and symptoms of co-existing disorders; Assessing the client's treatment and supervision needs; Preparing a written summary; Reviewing the results of a comprehensive assessment.

Agency Where Completed \_\_\_\_\_ Date Completed    /    / \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

**DOMAIN V**

**Case Management, Monitoring & Client Supervision**

**10 HRS**

**Definition:** Integrating clinical care and criminal justice supervision; Organizing an array of services; Implementing a range of incentives and sanctions; Advocating for services; Evaluating client behavior to achieve desired outcomes and conserve resources; Maintaining a complete record of each case; Reporting client status and compliance.

Agency Where Completed \_\_\_\_\_ Date Completed    /    / \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

**DOMAIN VI**

**Counseling**

**10 HRS**

**Definition:** Providing effective counseling services; Creating a therapeutic relationship; Developing an individualized treatment plan; Providing appropriate counseling services; Facilitating individual and group counseling; Providing appropriate intervention; Educating the client; Identifying relapse triggers and developing coping skills/techniques; Providing accurate, timely documentation; Stabilizing clients in crisis; Recommending appropriate referrals; Developing a comprehensive discharge plan.

Agency Where Completed \_\_\_\_\_ Date Completed    /    / \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

APCB, INC.  
CJC APPLICATION  
**WORK EXPERIENCE FORM**

**INSTRUCTIONS:** Use this form for each position being submitted. Additional copies of this page may be reproduced. Your experience must correspond to the Track with which you are applying.

**CHECK ONE OF THE FOLLOWING:**

**Track One**

- 2 years full time in clinical counseling position where 50% of the caseload is criminal justice specific

**Track Two**

- 2 years full time in criminal justice field where 100% of the caseload is criminal justice specific

***Each position being documented must be accompanied by the following:***

- an official job description signed by your supervisor and program director
- a program description signed by the program director
- the three evaluations found in this application

Applicant Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Program Director \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Your Job Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

**To be completed by Supervisor**

I hereby attest that this applicant has completed \_\_\_\_\_ of the 4,000 hours of full time employment in a counseling position where (CHECK ONE) 50% \_\_\_\_\_ OR 100% \_\_\_\_\_ of the caseload is criminal justice specific.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## CJC EVALUATIONS

Applicant Name \_\_\_\_\_

On this page, please identify the names of the individuals whom you have requested to complete the evaluation forms. Evaluations are required for each agency. Copies of this page and the evaluations may be reproduced. Three separate individuals must fill out evaluations.

**IMPORTANT - PLEASE READ:** Each evaluator must submit a resume or a statement of his/her background. In addition, each supervisor must submit a statement of the methods used to supervise the applicant.

NAME OF SUPERVISOR COMPLETING EVALUATION

\_\_\_\_\_

NAME OF COLLEAGUE #1 COMPLETING EVALUATION

\_\_\_\_\_

NAME OF COLLEAGUE #2 COMPLETING EVALUATION

\_\_\_\_\_

## SUPERVISOR INFORMATION FORM

**NOTE TO SUPERVISOR:** The Addiction Professionals Certification Board, Inc. believes that certification should be based on input from a variety of sources, including the observations of people who supervise the applicant. For this reason, each applicant is required to obtain a reference from a direct supervisor. Your evaluation, among others, and data furnished by the applicant will be used in determining eligibility for certification. As this process can only be effective with careful and truthful reporting, all information gathered in the evaluation process is confidential.

Please return this form and the attached ratings to our office at 1200 Tices Lane, Suite 104, East Brunswick, NJ 08816. In the event that you cannot rate the applicant on the items, please indicate so, and return this form to our office.

**Supervisors must submit their resume or a statement of their background with this evaluation and include a statement of the methods used to supervise this applicant.**

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Applicant's Name \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Agency Name Agency Address and Phone # \_\_\_\_\_

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Length of time you have:

A. Known the applicant \_\_\_\_\_

B. Provided direct supervision of this applicant \_\_\_\_\_

**PLEASE COMPLETE:**

I hereby certify that I have been in a position to directly supervise the above named person's work. In my judgement, this applicant's eligibility and professional experience (**CHECK ONE**)

**IS \_\_\_\_\_ IS NOT \_\_\_\_\_**

consistent with certification standards as set forth by the APCB, Inc. This information I am giving is my best judgement of the above named person's capabilities to be certified as a CJC

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Professional Licensure, Degrees or Certification \_\_\_\_\_

APCB, INC.  
**CJC APPLICATION**

**SUPERVISOR EVALUATION FORM**

Applicant Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

**NOTE: Please rate the applicant in each area using the following scale:**

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

**AREA OF KNOWLEDGE, SKILL, OR COMPETENCY**

**1) Communication**

- a) Oral \_\_\_\_\_
- b) Written \_\_\_\_\_

**2) Knowledge of Alcoholism/Drug Abuse**

- a) Physiological \_\_\_\_\_
- b) Pharmacological \_\_\_\_\_
- c) Psychological \_\_\_\_\_
- d) Sociocultural \_\_\_\_\_

**3) Criminogenic Knowledge**

- a) Systems \_\_\_\_\_
- b) Offenders \_\_\_\_\_
  - i) Attitudes and behaviors \_\_\_\_\_
  - ii) Risk and Needs Areas \_\_\_\_\_
- c) Understanding Criminal Justice Theories \_\_\_\_\_
- d) Understanding of Parole, Probation, Community Release Programs and Systems \_\_\_\_\_

**SUPERVISOR EVALUATION FORM**

**Continued..**

Applicant Name \_\_\_\_\_

Evaluator Name \_\_\_\_\_

**4) Evaluation & Client Assessment**

- a) Knowledge of:
  - i) Assessment Instruments \_\_\_\_\_
  - ii) Family dynamics & interaction \_\_\_\_\_
  - iii) Signs and symptoms of alcoholism & drug abuse \_\_\_\_\_
  - iv) Signs and symptoms indicating referral for medical, psychological, or other assessment \_\_\_\_\_
  - v) Treatment Readiness \_\_\_\_\_

**5) Planning**

- a) Ability to create a comprehensive treatment plan \_\_\_\_\_
- b) Incorporates assessment information \_\_\_\_\_
- c) Involving client in planning \_\_\_\_\_
- d) Informing client of legal rights \_\_\_\_\_

**6) Information and Referral**

- a) Outreach skills: utilize community resources \_\_\_\_\_
- b) Knowledge of resources: eligibility requirements \_\_\_\_\_
- c) Referral skills: selecting proper referral \_\_\_\_\_
- d) Referral skills: interpret to client need for referral \_\_\_\_\_
- e) Referral skills: assist in finding other needed special services \_\_\_\_\_
- f) Referral skills: follow up to insure client gets service from other providers \_\_\_\_\_

**7) Criminal Justice Counseling and Treatment**

- a) Establish therapeutic relationship \_\_\_\_\_
- b) Counseling techniques:
  - i) Education, elicit feelings, facilitate self understanding, motivate client \_\_\_\_\_
- c) Individual & group counseling techniques including work with spouse & family \_\_\_\_\_
- d) Coordinate client's continuum of treatment including aftercare \_\_\_\_\_

- e) Understanding the concepts of alcohol/drug abuse self help groups \_\_\_\_\_
- f) Understanding treatment modalities \_\_\_\_\_

**SUPERVISOR EVALUATION FORM**

**Continued..**

Applicant Name \_\_\_\_\_

Evaluator Name \_\_\_\_\_

**AREA OF ETHICAL STANDARDS**

- 1) Orientation in all efforts toward a primary goal of rehabilitation for client \_\_\_\_\_
- 2) Respect for confidentiality of records, materials and communication concerning clients \_\_\_\_\_
- 3) Respect for client by maintaining an objective, non-possessive professional relationship \_\_\_\_\_
- 4) No discrimination among clients or professionals on the basis of race, color, creed, age sex, or sexual orientation. \_\_\_\_\_
- 5) Respect for rights and views of other criminal justice workers and other professionals \_\_\_\_\_
- 6) Respect for institutional policies and cooperation with management functions. Initiative toward improving institutional policies and management functions. \_\_\_\_\_
- 7) Evidence of genuine interest in helping persons towards rehabilitation \_\_\_\_\_
- 8) Willingness to assess one's own personal and vocational strengths and limitations, biases, and effectiveness. Ability and willingness to recognize when it is in the client's best interest to refer or release them to another individual or program \_\_\_\_\_
- 9) Willingness to take personal responsibility for continued professional growth through further education or training. \_\_\_\_\_
- 10) Total commitment to providing the highest quality of care through both personal effort And the utilization of any other health professional or services which may assist the client in their rehabilitation \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_

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

- **Additional Comments may be made on a separate sheet of paper \***



## COLLEAGUE INFORMATION FORM

NOTE TO COLLEAGUE: The Addiction Professionals Certification Board, Inc. believes that certification should be based on input from a variety of sources, including the observations of people who know the applicant. For this reason, each applicant is required to obtain a reference from a colleague. Your evaluation, among others, and data furnished by the applicant will be used in determining eligibility for certification. As this process can only be effective with careful and truthful reporting, all information gathered in the evaluation process is confidential.

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**Please submit your resume or a statement of your background with this evaluation.**

---

Applicant's Name \_\_\_\_\_

Colleague's Name and Title \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address and Phone \_\_\_\_\_

Length of time you have known the applicant \_\_\_\_\_

Type of affiliation with applicant (i.e. consultation, referral, etc.) \_\_\_\_\_

**PLEASE COMPLETE:**

I hereby certify that I have been in a position to observe the above named person's work. In my judgement, this applicant's eligibility and professional experience (**CHECK ONE**)

**IS \_\_\_\_\_ IS NOT \_\_\_\_\_**

consistent with certification standards as set forth by the APCB, Inc. This information I am giving is my best judgement of the above named person's capabilities to be certified as a CJC.

Colleague's Signature \_\_\_\_\_ Date \_\_\_\_\_

Professional Licensure, Degrees or Certification \_\_\_\_\_

APCB, INC.  
APCB, INC.  
**CJC APPLICATION**

**COLLEAGUE EVALUATION FORM**

Applicant Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

**NOTE: Please rate the applicant in each area using the following scale:**

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

**AREA OF KNOWLEDGE, SKILL, OR COMPETENCY**

**8) Communication**

- a) Oral \_\_\_\_\_
- b) Written \_\_\_\_\_

**9) Knowledge of Alcoholism/Drug Abuse**

- a) Physiological \_\_\_\_\_
- b) Pharmacological \_\_\_\_\_
- c) Psychological \_\_\_\_\_
- d) Sociocultural \_\_\_\_\_

**10) Criminogenic Knowledge**

- a) Systems \_\_\_\_\_
- b) Offenders \_\_\_\_\_
  - i) Attitudes and behaviors \_\_\_\_\_
  - ii) Risk and Needs Areas \_\_\_\_\_
- c) Understanding Criminal Justice Theories \_\_\_\_\_
- d) Understanding of Parole, Probation, Community Release Programs and Systems \_\_\_\_\_

**COLLEAGUE EVALUATION FORM**

**Continued..**

Applicant Name \_\_\_\_\_

Evaluator Name \_\_\_\_\_

**11) Evaluation & Client Assessment**

- a) Knowledge of:
  - i) Assessment Instruments \_\_\_\_\_
  - ii) Family dynamics & interaction \_\_\_\_\_
  - iii) Signs and symptoms of alcoholism & drug abuse \_\_\_\_\_
  - iv) Signs and symptoms indicating referral for medical, psychological, or other assessment \_\_\_\_\_
  - v) Treatment Readiness \_\_\_\_\_

**12) Planning**

- a) Ability to create a comprehensive treatment plan \_\_\_\_\_
- b) Incorporates assessment information \_\_\_\_\_
- c) Involving client in planning \_\_\_\_\_
- d) Informing client of legal rights \_\_\_\_\_

**13) Information and Referral**

- a) Outreach skills: utilize community resources \_\_\_\_\_
- b) Knowledge of resources: eligibility requirements \_\_\_\_\_
- c) Referral skills: selecting proper referral \_\_\_\_\_
- d) Referral skills: interpret to client need for referral \_\_\_\_\_
- e) Referral skills: assist in finding other needed special services \_\_\_\_\_
- f) Referral skills: follow up to insure client gets service from other providers \_\_\_\_\_

**14) Criminal Justice Counseling and Treatment**

- a) Establish therapeutic relationship \_\_\_\_\_
- b) Counseling techniques:
  - i) Education, elicit feelings, facilitate self understanding, motivate client \_\_\_\_\_
- c) Individual & group counseling techniques including work with spouse & family \_\_\_\_\_
- d) Coordinate client's continuum of treatment including aftercare \_\_\_\_\_
- e) Understanding the concepts of alcohol/drug abuse self help groups \_\_\_\_\_

f) Understanding treatment modalities \_\_\_\_\_

**COLLEAGUE EVALUATION FORM**

**Continued..**

Applicant Name \_\_\_\_\_

Evaluator Name \_\_\_\_\_

**AREA OF ETHICAL STANDARDS**

- 11) Orientation in all efforts toward a primary goal of rehabilitation for client \_\_\_\_\_
- 12) Respect for confidentiality of records, materials and communication concerning clients \_\_\_\_\_
- 13) Respect for client by maintaining an objective, non-possessive professional relationship \_\_\_\_\_
- 14) No discrimination among clients or professionals on the basis of race, color, creed, age sex, or sexual orientation. \_\_\_\_\_
- 15) Respect for rights and views of other criminal justice workers and other professionals \_\_\_\_\_
- 16) Respect for institutional policies and cooperation with management functions. Initiative toward improving institutional policies and management functions. \_\_\_\_\_
- 17) Evidence of genuine interest in helping persons towards rehabilitation \_\_\_\_\_
- 18) Willingness to assess one's own personal and vocational strengths and limitations, biases, and effectiveness. Ability and willingness to recognize when it is in the client's best interest to refer or release them to another individual or program \_\_\_\_\_
- 19) Willingness to take personal responsibility for continued professional growth through further education or training. \_\_\_\_\_
- 20) Total commitment to providing the highest quality of care through both personal effort And the utilization of any other health professional or services which may assist the client in their rehabilitation \_\_\_\_\_

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

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

- **Additional Comments may be made on a separate sheet of paper \***

## COLLEAGUE INFORMATION FORM

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**Please submit your resume or a statement of your background with this evaluation.** \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Colleague's Name and Title \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address and Phone \_\_\_\_\_

Length of time you have known the applicant \_\_\_\_\_

Type of affiliation with applicant (i.e. consultation, referral, etc.) \_\_\_\_\_

**PLEASE COMPLETE:**

I hereby certify that I have been in a position to observe the above named person's work. In my judgement, this applicant's eligibility and professional experience (**CHECK ONE**)

**IS \_\_\_\_\_ IS NOT \_\_\_\_\_**

consistent with certification standards as set forth by the APCB, Inc. This information I am giving is my best judgement of the above named person's capabilities to be certified as a CJC.

Colleague's Signature \_\_\_\_\_ Date \_\_\_\_\_

Professional Licensure, Degrees or Certification \_\_\_\_\_

APCB, INC.

**CJC APPLICATION**

**COLLEAGUE EVALUATION FORM**

Applicant Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

**NOTE: Please rate the applicant in each area using the following scale:**

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

**AREA OF KNOWLEDGE, SKILL, OR COMPETENCY**

**15) Communication**

- a) Oral \_\_\_\_\_
- b) Written \_\_\_\_\_

**16) Knowledge of Alcoholism/Drug Abuse**

- a) Physiological \_\_\_\_\_
- b) Pharmacological \_\_\_\_\_
- c) Psychological \_\_\_\_\_
- d) Sociocultural \_\_\_\_\_

**17) Criminogenic Knowledge**

- a) Systems \_\_\_\_\_
- b) Offenders \_\_\_\_\_
  - i) Attitudes and behaviors \_\_\_\_\_
  - ii) Risk and Needs Areas \_\_\_\_\_
- c) Understanding Criminal Justice Theories \_\_\_\_\_
- d) Understanding of Parole, Probation, Community Release Programs and Systems \_\_\_\_\_

**COLLEAGUE EVALUATION FORM**

**Continued..**

Applicant Name \_\_\_\_\_

Evaluator Name \_\_\_\_\_

**18) Evaluation & Client Assessment**

- a) Knowledge of:
  - i) Assessment Instruments \_\_\_\_\_
  - ii) Family dynamics & interaction \_\_\_\_\_
  - iii) Signs and symptoms of alcoholism & drug abuse \_\_\_\_\_
  - iv) Signs and symptoms indicating referral for medical, psychological, or other assessment \_\_\_\_\_
  - v) Treatment Readiness \_\_\_\_\_

**19) Planning**

- a) Ability to create a comprehensive treatment plan \_\_\_\_\_
- b) Incorporates assessment information \_\_\_\_\_
- c) Involving client in planning \_\_\_\_\_
- d) Informing client of legal rights \_\_\_\_\_

**20) Information and Referral**

- a) Outreach skills: utilize community resources \_\_\_\_\_
- b) Knowledge of resources: eligibility requirements \_\_\_\_\_
- c) Referral skills: selecting proper referral \_\_\_\_\_
- d) Referral skills: interpret to client need for referral \_\_\_\_\_
- e) Referral skills: assist in finding other needed special services \_\_\_\_\_
- f) Referral skills: follow up to insure client gets service from other providers \_\_\_\_\_

**21) Criminal Justice Counseling and Treatment**

- a) Establish therapeutic relationship \_\_\_\_\_
- b) Counseling techniques:
  - i) Education, elicit feelings, facilitate self understanding, motivate client \_\_\_\_\_
- c) Individual & group counseling techniques including work with spouse & family \_\_\_\_\_
- d) Coordinate client's continuum of treatment including aftercare \_\_\_\_\_
- e) Understanding the concepts of alcohol/drug abuse self help groups \_\_\_\_\_
- f) Understanding treatment modalities \_\_\_\_\_

**COLLEAGUE EVALUATION FORM**

**Continued..**

Applicant Name \_\_\_\_\_

Evaluator Name \_\_\_\_\_

**AREA OF ETHICAL STANDARDS**

- 21) Orientation in all efforts toward a primary goal of rehabilitation for client \_\_\_\_\_
- 22) Respect for confidentiality of records, materials and communication concerning clients \_\_\_\_\_
- 23) Respect for client by maintaining an objective, non-possessive professional relationship \_\_\_\_\_
- 24) No discrimination among clients or professionals on the basis of race, color, creed, age sex, or sexual orientation. \_\_\_\_\_
- 25) Respect for rights and views of other criminal justice workers and other professionals \_\_\_\_\_
- 26) Respect for institutional policies and cooperation with management functions. Initiative toward improving institutional policies and management functions. \_\_\_\_\_
- 27) Evidence of genuine interest in helping persons towards rehabilitation \_\_\_\_\_
- 28) Willingness to assess one's own personal and vocational strengths and limitations, biases, and effectiveness. Ability and willingness to recognize when it is in the client's best interest to refer or release them to another individual or program \_\_\_\_\_
- 29) Willingness to take personal responsibility for continued professional growth through further education or training. \_\_\_\_\_
- 30) Total commitment to providing the highest quality of care through both personal effort And the utilization of any other health professional or services which may assist the client in their rehabilitation \_\_\_\_\_

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

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

- **Additional Comments may be made on a separate sheet of paper \***

## **ETHICAL STANDARDS FOR CRIMINAL JUSTICE COUNSELORS (CJC)**

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

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

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

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

ADDICTION PROFESSIONALS CERTIFICATION BOARD, INC. (APCB, INC.)  
**ETHICAL STANDARDS FOR**  
***CRIMINAL JUSTICE COUNSELORS (CJC)***

**Principle 4: Legal and Moral Standards**

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

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

**Principle 5: Public Statements**

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

- A. The CJC, 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 CJC 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 CJC 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 CJC 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 CJC 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 CJC 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 CJC 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 CJC's.

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

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

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

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**Principle 10: Inter-professional Relationships**

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

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

**Principle 11: Remuneration**

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

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

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

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_



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**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 \_\_\_\_\_

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 Criminal Justice Counselor (CJC).

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.

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 \_\_\_\_\_