

ALASKA COMMISSION FOR BEHAVIORAL HEALTH CERTIFICATION APPLICATION PROCEDURE

The general procedure for applying for certification is as follow:

1. Complete application - Only submit the originals, no copied or faxed applications.
2. Send copies of successfully completed training and/or **original** college transcripts. Make certain that (each) training is listed on the “Training Hours Tally Sheet”.
3. Use the forms provided for the references which must be mailed directly to ACBHC by the person writing the reference.
 - Applications for CT, CDC I, and CDC II must have one letter from a current or most recent supervisor attesting to your competency as a CD counselor. The other two should be from professional affiliates who can attest to your character.
 - Applicants for CDCS will need to provide three (3) additional letters specifically addressing Clinical Supervision Competencies.
 - **References that are faxed, e-mailed or provided in an unsealed envelope will NOT be accepted.**
4. Include the percentage of time spent performing chemical dependency work in the verification of employment.
5. The certification and re-certification fees are as follows:

Certification Level	Fee for initial Certification	Fee for Re-Certification	Certification Period
Traditional	\$150.00	Lifetime	
Counselor Technician (CT)	\$165.00	\$150.00	(every 2 years)
Counselor I (CDC I)	\$180.00	\$165.00	(every 2 years)
Counselor II (CDC II)	\$195.00	\$180.00	(every 2 years)
Clinical Supervisor (CDCS)	\$215.00	\$195.00	(every 2 years)
Administration (ADM)	\$230.00	\$200.00	(every 2 years)

**APPLICATION CHECK LIST
COUNSELOR TECHNICIAN (CT)**

1. All applications must include the following:

- A. General Application Information Form
- B. Demographic Information Form
- C. Training Tally Sheet (96 Specific hours)
- D. Background Disclosure Form
- E. State of Alaska Background Check

Department of Public Safety Building in Anchorage

Location	Hours of Operation
Anchorage DPS - R&I 5700 E. Tudor Road Anchorage, AK 99507 907-269-5767	Monday-Friday 8:15 am - 4:00 pm

Or got to: <http://www.dps.state.ak.us/Statewide/background/walkin.asp> for more resources.

- F. Signed Code of Ethics
- G. Data Collection and National Registers Form
- H. Three (3) Professional Affiliates forms (one from supervisor if employed)
- I. Supervisor _____
- J. Verification of Employment _____
(Number of months/years with 1year = 2,000 hours)
- K. Current Resume
- L. Check# _____ Amount\$ _____

(\$165.00 initial fee & \$150.00 for Re-certification)

**NEW CHEMICAL DEPENDENCY COUNSELOR TECHNICIAN (CT)
REQUIREMENTS**

After July 1, 2008, Requirements will effect applicants for CT, CDC I, CDC II and the CDCS. The use of this form is for certification or upgrading level not for re-certification.

The following will cover 2 tracks of the second matrix. Here are the requirements for both “a non-degree” applicant and an applicant who has attained a Bachelor Degree or Higher.

New Requirements for Non-Degree applicant seeking certification

1. Application
2. Resume
3. State of Alaska Criminal Background Check
4. A 100 hours practicum – written on company letterhead and supervised by a CDC I or higher
 - Supervised initial intake client orientation with appropriate case documentation (35 hrs)
 - Supervised community education, prevention & early intervention with appropriate documentation (35 hrs)
 - Supervised treatment case management/referral with appropriate case documentation (30 hrs)
5. Training requirements
 - NAADAC Ethics (6 hrs)
 - Confidentiality (6 hrs)
 - Documentation (8 hrs)
 - HIV/AIDS & Blood-Borne Pathogens (8 hrs)
 - CPR/First Aid (8 hrs)
 - Intro into Addictive Behavior (8 hrs)
 - Crisis Intervention (8 hrs)
 - Intro to Counseling (Client Centered Counseling) (12 hrs)
 - Intro to Group Counseling (8 hrs)
 - Working with Diverse Populations (12 hrs)
 - Survey of Community Resources & Case Management (8 hrs)
 - Recovery, Health, Wellness & Balance (8 hrs)
6. 52 elective training in Human Services or Behavioral Health or Social Services
7. 3 reference – 1 from a supervisor

NEW REQUIREMENTS FOR BACHELOR DEGREE OR HIGHER APPLICANT SEEKING CERTIFICATION

Individuals with a degree from a regionally accredited institution of higher education in a behavioral health related field (i.e. applied so certification or NAADAC certification may apply for state CD certification at the following levels. Official transcripts and/or sociology, psychology, addiction, counseling, psychiatric nursing, human services, social work), or RHS copies of current NAADAC certificates must be submitted with the ACBHC certification packet to receive credit. Packets will be reviewed on a case by case basis to determine eligibility for stated requirements.

1. Application
2. Resume
3. State of Alaska Criminal Background Check
4. A 100 hours practicum – written on company letterhead and supervised by a CDC I or higher
 - a) Supervised initial intake client orientation with appropriate case documentation (35 hrs)
 - b) Supervised community education, prevention & early intervention with appropriate documentation (35 hrs)
 - c) Supervised treatment case management/referral with appropriate case documentation (30 hrs)
5. Training requirements
 - NAADAC Ethics (6 hrs)
 - Confidentiality (6 hrs)
 - Intro into Addictive Behavior (8 hrs)
6. Three professional affiliate forms are provided in the application packet. (This form is utilized a professional reference.)

**APPLICATION FOR CERTIFICATION
GENERAL INFORMATION
(PLEASE PRINT)**

Name: _____

Mailing Address: _____

Home Phone: _____ Business Phone: _____

E-Mail: _____

Date of Birth: _____ State ID or ADL _____

Employer: _____

Address: _____

Date/State of past certification: _____

Would you accept a lower level of certification than you applied for?

Yes _____ No _____

I, (Print name) _____ have provided accurate and truthful information on all the enclosed application material for certification and acknowledge that omission of the requested information as well as providing false information will result in denial of my certification or removal of my certification at a later date, as it becomes known.

Date _____

Signature _____

Mail the application to: ACBHC
207 E. Northern Lights Boulevard, Suite 201
Anchorage, AK 99503
Phone 907/332-4333, Fax 907/332-4334
E-mail: certadmn@gci.net Website: www.akcertification.org

DEMOGRAPHIC INFORMATION

1. Gender: Male Female

2. Ethnicity: White – Not of Hispanic Origin Black – Not of Hispanic Origin
 Tlingit Haida Tsimshian
 Athabascan Inupiat Yupik
 Other Alaskan Native American Indian Aleut
 Asian or Pacific Islander Hispanic Other

3. Education: Partial High School High School Graduate / GED
 A.A. Degree Bachelor’s Degree
 Master’s Degree Doctoral Degree
 Some Graduate Classes Post Graduate Classes
 Post Doctoral Classes

4. If employed in a chemical dependency related job, percentage of time spent:
_____ % Education or prevention
_____ % Training others
_____ % Assessment or treatment
_____ % Administration
_____ % Other _____

5. If employed in a chemical dependency related job, type and location:
_____ % Home based
_____ % Education/prevention
_____ % Outpatient
_____ % Residential
_____ % Other _____

6. Employed in field: Full Time Part Time No

7. Volunteer in the field: Yes No _____ number of hours per week

8. I attend school Full Time Part Time No

9.
 Community, population under 5000
 Community, population under 30,000
 Community, population under 100,000
 Community, population over 100,000

10. I belong to the Alaska Chemical Dependency Counselor Association Yes No

11. Do you have any Nationally Certifications Yes No
If yes, Organization and Certification Level _____

BACKGROUND DISCLOSURE FORM FOR APPLICANTS

(For initial certification) In my lifetime, I

OR

(For re-certification) Since the issuance of my last certificate on _____, I

1. Have had my professional certification or licensure revoked Yes No
State: _____ Date: _____ Type: _____
2. Have been terminated or left from either a paid or volunteer position as a result of an ethics complaint Yes No
3. Have been arrested or detained for anything other than misdemeanor traffic (not DUI or DWI related) charges Yes No
4. Have been convicted of a misdemeanor or felony Yes No
5. Have been found in any dependency and/or criminal action to have sexually assaulted or exploited any minor or vulnerable adult, or to have physically abused any minor or vulnerable adult Yes No
6. Have been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or vulnerable adult, or to have physically any minor or vulnerable adult Yes No
7. Have been found in any disciplinary board final decision to have sexually abused or exploited any minor or vulnerable adult, or to have physically abused any minor or vulnerable adult Yes No
8. Have been found by an administrative office or court to have committed fraud related to Medicaid, Medicare, insurance entitlement (social security, temporary assistance, public assistance or other billing fraud) Yes No
9. Have current criminal charges pending Yes No
10. Am currently incarcerated* for any misdemeanor or felony Yes No

Answering Yes to any of the above questions does not automatically bar you from certification. If you have answered yes to any of the above items, explain (dates, case number(s), time and place(s) of incarceration, special dispositions and other related information) on a separate attached sheet of paper.

I, (Print name) _____ have provided accurate and truthful information on this form and acknowledge that omission of the requested information as well as providing false information will result in denial of my certification or removal of my certification at a later date, as it becomes known.

Date _____ Signature _____

* Incarcerated means jail, halfway house, work release and any other form of court or corrections imposed custody (probation, parole, furlough, SIS or deferred sentence).

ETHICAL STANDARDS ADOPTED BY ACBHC 5/95

Principle 1: Non-Discrimination

Initial_____

The NAADAC member or ACBHC applicant or certificate holder (there after referred to as chemical dependency professional) shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- a. The Chemical Dependency Professional shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the member guards the individual rights and personal dignity of clients.
- b. The Chemical Dependency Professional shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in the interactions with clients with disabilities and make available to receive services.

Principle 2: Responsibility

Initial_____

The Chemical Dependency Professional shall espouse objectivity and integrity and maintain the highest standards in the service the professional offers.

- a. The Chemical Dependency Professional 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 Chemical Dependency Professional, as an educator, has a primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.
- c. The Chemical Dependency Professional 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 Chemical Dependency Professional who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competence

Initial_____

The Chemical Dependency Professional 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 profession as a whole. The Chemical Dependency Professional shall recognize the need for ongoing education as a component of professional competency.

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

Principle 4: Legal and Moral Standards

Initial_____

The Chemical Dependency Professional shall uphold the legal and accepted moral codes which pertain to professional conduct.

- a. The Chemical Dependency Professional shall be fully cognizant of all federal laws and laws of the member's respective state governing the practice of alcoholism and drug abuse counseling.
- b. The Chemical Dependency Professional shall not claim either directly or by implication, professional qualifications/affiliations that the professional does not possess.
- c. The Chemical Dependency Professional shall ensure that products or services associated with or provided by the member by means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

Principle 5: Public Statements

Initial_____

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

- a. The Chemical Dependency Professional, in making statements to client's, 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 Chemical Dependency Professional 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 methods by which it was derived.

Principle 6: Publication Credit

Initial_____

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

- a. The Chemical Dependency Professional 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 Chemical Dependency Professional 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 other.

Principle 7: Client Welfare

Initial_____

The Chemical Dependency Professional shall promote the protection of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all Chemical Dependency Professionals.

- a. The Chemical Dependency Professional shall disclose the member's code of ethics, professional loyalties and responsibilities to all clients.

- b. The Chemical Dependency Professional shall terminate counseling or consulting relationship when it is reasonably clear to the counselor that the client is not benefiting from the relationship.
- c. The Chemical Dependency Professional shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
- d. The Chemical Dependency Professional 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. (See Principle 9)
- e. The Chemical Dependency Professional shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensures the appropriateness of services delivery.

Principle 8: Confidentiality

Initial _____

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

- a. The Chemical Dependency Professional 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 Chemical Dependency Professional shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The member 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 only to appropriate personnel.
- c. The Chemical Dependency Professional shall adhere to all federal and state laws regarding confidentiality and the member's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- d. The Chemical Dependency Professional shall discuss the information obtained in clinical. Consulting or observational relationship only in the appropriate settings for professional purposes of evaluation, diagnosis, progress and compliance. Every effort shall be made to avoid undue invasion of privacy.
- e. The Chemical Dependency Professional 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 Relationship

Initial _____

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

- a. The Chemical Dependency Professional shall inform the client and obtain the client's agreement in areas likely to affect the client 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 Chemical Dependency Professional shall not engage in professional relationships or commitments that conflict with family members, friends, close associates or other whose welfare might be jeopardized by such a dual relationships.
- c. The Chemical Dependency Professional shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- d. The Chemical Dependency Professional shall not under any circumstances engage in sexual behavior with current or former clients.
- e. The Chemical Dependency Professional shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

Initial _____

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

- a. The Chemical Dependency Professional 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 Chemical Dependency Professional shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
- c. The Chemical Dependency Professional shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

Initial _____

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

- a. The Chemical Dependency Professional 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 Chemical Dependency Professional shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- c. The Chemical Dependency Professional shall not engage in fee splitting. The professional shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- d. The Chemical Dependency Professional, 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 or any commercial enterprise of any kind.
- e. The Chemical Dependency Professional shall not accept a private fee for professional work with a person who is entitled to such services through an institution or agency unless the client is informed of such services and still requests private services.

Principle 12: Societal

Initial _____

The Chemical Dependency Professional shall to the best of his/her 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 services for all human beings of any ethnic or social background who's lives are impaired by alcoholism and drug abuse.

I have read and agree to abide by the above twelve (12) Principles of Ethical Standards. I understand that violation of any part of these standards may cause an investigation by ACBHC that could result in my certification being denied or revoked.

Signature

Date

Printed Name

**THIS FORM MUST BE INCLUDED WITH THE APPLICATION AND MAILED TO
ACBHC**

207 E. Northern Lights Boulevard, Suite 201
Anchorage, AK 99503

AUTHORIZATION FOR DATA COLLECTION

I hereby authorize the Commission for Behavioral Health Certification to collect and maintain my name, application forms and other relevant personal information in the Counselor Registry. I further understand that I have access to my own personal information provided by me and may request and/or correct and/or secure a copy of any portion thereof.

Print Name: _____

Signature: _____ Date: _____

**AUTHORIZATION FOR RELEASE TO STATE
AND / OR NATIONAL REGISTERS**

Name of Counselor: _____

Name & Address of Employer: _____

Business Telephone: _____ E-mail: _____

Alcoholism & Drug Abuse Counselor Level/Dates: _____

Highest Academic Degree: _____

Home Address: _____

Home Telephone: _____ E-mail: _____

Signature: _____ Date: _____

PROFESSIONAL AFFILIATE RECOMMENDATION

APPLICANT: _____
 is applying for a certification in Alaska. I have known the applicant since _____

A. Knowledge and Skills	Developing	Proficient	Exemplary
1. Understanding Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Treatment Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Application to Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Professional Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clinical Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Screening/Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Treatment Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Implementing Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Consulting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Continuing Care (Assessment & Treatment Planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Family & Couple Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Client, Family and Community Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that this form serves as a reference. I have attached _____ additional pages in order to address my knowledge of this applicant's competence and character.

I hereby certify that the information provided is true and complete to the best of my knowledge.

Signature _____ Date _____

Printed Name: _____ Title _____

Agency _____

Address _____ Phone _____

City/State/Zip _____ E-Mail _____

Mail the application to: **ACBHC**
 207 E. Northern Lights Boulevard, Suite 201
 Anchorage, AK 99503

PROFESSIONAL AFFILIATE RECOMMENDATION

APPLICANT: _____
 is applying for a certification in Alaska. I have known the applicant since _____

A. Knowledge and Skills	Developing	Proficient	Exemplary
1. Understanding Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Treatment Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Application to Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Professional Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clinical Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Screening/Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Treatment Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Implementing Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Consulting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Continuing Care (Assessment & Treatment Planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Family & Couple Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Client, Family and Community Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that this form serves as a reference. I have attached _____ additional pages in order to address my knowledge of this applicant's competence and character.

I hereby certify that the information provided is true and complete to the best of my knowledge.

Signature _____ Date _____

Printed Name: _____ Title _____

Agency _____

Address _____ Phone _____

City/State/Zip _____ E-Mail _____

Mail the application to: ACBHC
 207 E. Northern Lights Boulevard, Suite 201
 Anchorage, AK 99503

PROFESSIONAL AFFILIATE RECOMMENDATION

APPLICANT: _____
 is applying for a certification in Alaska. I have known the applicant since _____

A. Knowledge and Skills	Developing	Proficient	Exemplary
1. Understanding Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Treatment Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Application to Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Professional Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clinical Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Screening/Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Treatment Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Implementing Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Consulting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Continuing Care (Assessment & Treatment Planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Family & Couple Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Client, Family and Community Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that this form serves as a reference. I have attached _____ additional pages in order to address my knowledge of this applicant’s competence and character.

I hereby certify that the information provided is true and complete to the best of my knowledge.

Signature _____ Date _____

Printed Name: _____ Title _____

Agency _____

Address _____ Phone _____

City/State/Zip _____ E-Mail _____

Mail the application to: ACBHC
 207 E. Northern Lights Boulevard, Suite 201
 Anchorage, AK 99503

SUPERVISOR RECOMMENDATION FORM

For Applicant: _____

I, _____ have known the candidate for _____

Years/months and can attest to the following qualifications for certified chemical dependency professional.

I understand that this form serves as a reference. I have attached _____ additional pages in order to address my knowledge of this applicant's competence in each of the twelve foundations and practice dimensions.

1. Understanding Addiction
2. Treatment Knowledge
3. Application to Practice
4. Professional Readiness
5. Clinical Evaluation
6. Treatment Planning
7. Referral
8. Service Coordination
9. Counseling
10. Client, Family, and Community Education
11. Documentation
12. Professional and Ethical Responsibilities

I recommend the applicant for certification as a chemical dependency counselor

Yes No Explain: _____

I attest that the information provided above and in the attached pages is true and complete to the best of my knowledge.

Reference Signature

Relationship to Applicant

Printed Name

Title

Name of Agency

Address

City/State/Zip

E-mail

Telephone

THIS FORM MUST BE MAILED DIRECTLY to ACBHC, 207 E. Northern Lights Boulevard, Suite 201, Anchorage, AK 99503

EMPLOYER VERIFICATION OF EXPERIENCE FORM

Applicant's Name: _____

I am applying to the Alaska Commission for Behavioral Health Certification for certification as an alcohol and drug abuse counselor. Please fill out this form to document my employment in your agency and return it directly to ACBHC. **This information must be on file before my application can be processed.** Your cooperation will be very much appreciated.

EMPLOYER: Please complete the following:

Volunteered or Employed from: _____ to _____
(Mo/day/yr) (Mo/day/yr)

Number of hours worked per week _____

Number of weeks per year _____

Job Title: _____

* If the job title is not that of a chemical dependency counselor, attach an official organizational job description to this Verification of Employment/Volunteer Experience. Average percentage of the duties that were chemical dependency related (Education, Prevention, Treatment or Aftercare) _____%

Agency: _____

Address: _____

City/State/Zip: _____

I certify that all of the above material is true, to the best of my knowledge.

Signature: _____

Print Name: _____

Title: _____ Date: _____

Address: _____

Only originals will be accepted and all errors must be initialed
THIS FORM MUST BE MAILED BY THE SUPERVISOR DIRECTLY TO
ACBHC, 207 E. Northern Lights Boulevard, Suite 201, Anchorage, AK 99503