

# **ALASKA COMMISSION FOR BEHAVIORAL HEALTH CERTIFICATION**

## **APPLICATION FOR RECIPROCITY**

**Alaska Commission for Behavioral Health Certification will consider accepting current counselor certification by another certifying body, such as a state certifying affiliate of the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) or other similar nationally recognized organization.**

**To be considered for certification in Alaska by reciprocity the following is required:**

1. A fully completed ACBHC Reciprocity application
2. A copy of current certification from a state certifying body affiliated with a nationally recognized certifying body
3. A copy of the requirements for achieving the level of certification currently held
4. Proof of having completed 40 hours of continuing education within the past two years, to include 3 hours each of Ethics and Confidentiality and 6 hours of Infectious Diseases and HIV/AIDS. Submit copies of training certificates for successfully completed trainings and/or have the college email/mail the original educational transcripts directly to ACBHC. Make certain that each completed course that is to count towards certification is listed on the "Training Hours Tally Sheet." Include the syllabus or course description if the class content is not perfectly clear in the transcript or on the certificate of completion.
5. A recent State of Alaska background check. If not yet in Alaska, the applicant may include the check from the current state of residency. The required background check is called the "interested persons report" and is obtained from the Alaska State Troopers station by showing them a picture identification card and paying them \$20. This document will not be accepted if it is over three months old.
6. A clear, legible and current copy of applicant's state ID or driver's license
7. Current professional resume.
8. All the forms in the application should be completed and originals submitted, as no copies or faxes will be accepted for these pages. The course work certificates, a copy of candidate's picture ID, and the current resume may be copies.
9. The appropriate initial certification fee must be included, and is listed on the attached matrix. This certification is renewable every two years.

**If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted and ALL errors must be initialed.**

**ALASKA COMMISSION FOR BEHAVIORAL HEALTH  
CERTIFICATION**

**APPLICATION FOR RECIPROCITY**

**GENERAL INFORMATION  
(PLEASE PRINT)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal E-Mail: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Date/State of current 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(form not complete without signature)

Mail the completed application to:

**ACBHC  
P.O. Box 111350  
Anchorage, AK 99511-1350**

**If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted and ALL errors must be initialed.**



# ALASKA COMMISSION FOR BEHAVIORAL HEALTH CERTIFICATION

## APPLICATION FOR RECIPROCITY

### 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 convicted, by any disciplinary board, city/state/federal/military/international court of law, of sexual assault, sexual abuse, sexual exploitation, physical abuse or physical assault to any persons?  Yes  No
6. 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
7. Have any civil or criminal charges pending?  Yes  No
8. 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* “Incarcerated” is defined as being in a jail, halfway house, work release program or any other form of court or corrections-imposed custody (probation to include misdemeanor, parole, furlough, SIS or deferred sentence).

**If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted and ALL errors must be initialed.**

# ALASKA COMMISSION FOR BEHAVIORAL HEALTH CERTIFICATION

## APPLICATION FOR RECIPROCITY

### ACBHC ETHICAL STANDARDS Adopted by ACBHC from the NAADAC Code of Ethics

**Initial where indicated as you read each section, and sign the document at the end.**

#### **Principle 1: Non-Discrimination**

Initial \_\_\_\_\_

*I shall affirm diversity among colleagues or clients regardless of age gender, sexual orientation, ethnic/racial background, religious/spiritual beliefs, marital status, political beliefs, or mental/physical disability.*

- I shall strive to treat all individuals with impartiality and objectivity relating to all based solely on their personal merits and mindful of the dignity of all human persons. As such, I shall not impose my personal values on my clients.
- I shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, I shall guard the individual rights and personal dignity of my clients.
- I shall relate to all clients with empathy and understanding no matter what their diagnosis or personal history.

#### **Principle 2: Client Welfare**

Initial \_\_\_\_\_

*I understand that the ability to do good is based on an underlying concern for the well-being of others. I shall act for the good of others and exercise respect, sensitivity, and insight. I understand that my primary professional responsibility and loyalty is to the welfare of my clients, and I shall work for the client irrespective of who actually pays his/her fees.*

- I shall do everything possible to safeguard the privacy and confidentiality of client information except where the client has given specific, written, informed, and limited consent or when the client poses a risk to himself or others.
- I shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client of any areas likely to affect the client's confidentiality.
- I understand and support all that will assist clients to a better quality of life, greater freedom, and true independence.
- I shall not do for others what they can readily do for themselves but rather, facilitate and support the doing. Likewise, I shall not insist on doing what I perceive as good without reference to what the client perceives as good and necessary.
- I understand that suffering is unique to a specific individual and not of some generalized or abstract suffering, such as might be found in the understanding of the disorder. I also understand that the action taken to relieve suffering must be uniquely suited to the suffering individual and not simply some universal prescription.
- I shall provide services without regard to the compensation provided by the client or by a third party and shall render equally appropriate services to individuals whether they are paying a reduced fee or a full fee.

**If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted and ALL errors must be initialed.**

# ALASKA COMMISSION FOR BEHAVIORAL HEALTH CERTIFICATION

## APPLICATION FOR RECIPROCITY

### Principle 3: Client Relationship

Initial\_\_\_\_\_

*I understand and respect the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. I shall be open and clear about the nature, extent, probable effectiveness, and cost of those services to allow each individual to make an informed decision of their care.*

- I shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship, such as the Code of Ethics and professional loyalties and responsibilities.
- I shall inform the client and obtain the client's participation including the recording of the interview, the use of interview material for training purposes, and/or observation of an interview by another person.

### Principle 4: Trustworthiness

Initial\_\_\_\_\_

*I understand that effectiveness in my profession is largely based on the ability to be worthy of trust, and I shall work to the best of my ability to act consistently within the bounds of a known moral universe, to faithfully fulfill the terms of both personal and professional commitments, to safeguard fiduciary relationships consistently, and to speak the truth as it is known to me.*

- I shall never misrepresent my credentials or experience.
- I shall make no unsubstantiated claims for the efficacy of the services I provide and make no statements about the nature and course of addictive disorders that have not been verified by scientific inquiry.
- I shall constantly strive for a better understanding of addictive disorders and refuse to accept supposition and prejudice as if it were the truth.
- I understand that ignorance in those matters that should be known does not excuse me from the ethical fault of misinforming others.
- I understand the effect of impairment on professional performance and shall be willing to seek appropriate treatment for myself or for a colleague. I shall support peer assistance programs in this respect.
- I understand that most property in the healing professions is intellectual property and shall not present the ideas or formulations of others as if they were my own. Rather, I shall give appropriate credit to their originators both in written and spoken communication.
- I regard the use of any copyrighted material without permission or the payment of royalty to be theft.

**If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted and ALL errors must be initialed.**

# ALASKA COMMISSION FOR BEHAVIORAL HEALTH CERTIFICATION

## APPLICATION FOR RECIPROCITY

### Principle 5: Compliance with Law

Initial\_\_\_\_\_

*I understand that laws and regulations exist for the good ordering of society and for the restraint of harm and evil, and I am aware of those laws and regulations that are relevant both personally and professionally and follow them, while reserving the right to commit civil disobedience.*

- I understand that the determination that a law or regulation is unjust is not a matter of preference or opinion but a matter of rational investigation, deliberation, and dispute.
- I willingly accept that there may be a penalty for justified civil disobedience, and I must weigh the personal harm of that penalty against the good done by civil protest.

### Principle 6: Rights and Duties

Initial\_\_\_\_\_

*I understand that personal and professional commitments and relationships create a network of rights and corresponding duties. I shall work to the best of my ability to safeguard the natural and consensual rights of each individual and fulfill those duties required of me.*

- I understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health of my community and profession.
- I shall, to the best of my ability, actively engage in 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.
- I understand that the right of confidentiality cannot always be maintained if it serves to protect abuse, neglect, or exploitation of any person or leaves another at risk of bodily harm.

### Principle 7: Dual Relationships

Initial\_\_\_\_\_

*I understand that I must seek to nurture and support the development of a relationship of equals rather than to take unfair advantage of individuals who are vulnerable and exploitable.*

- I 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.
- Because a relationship begins with a power differential, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- I shall not under any circumstances engage in sexual behavior with current or former clients.
- I shall not accept substantial gifts from clients, other treatment organizations, or the providers of materials or services used in my practice.

**If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted and ALL errors must be initialed.**

# ALASKA COMMISSION FOR BEHAVIORAL HEALTH CERTIFICATION

## APPLICATION FOR RECIPROCITY

### Principle 8: Preventing Harm

Initial \_\_\_\_\_

*I understand that every decision and action has an ethical implication leading either to benefit or harm, and I shall carefully consider whether any of my decisions or actions has the potential to produce harm of a physical, psychological, financial, legal, or spiritual nature before implementing them.*

- I shall refrain from using any methods that could be considered coercive such as threats, negative labeling, and attempts to provoke shame or humiliation.
- I shall make no requests of clients that are not necessary as part of the agreed treatment plan.
- I shall terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.
- I understand an obligation to protect individuals, institutions, and the profession from harm that might be done by others. Consequently, I am aware that the conduct of another individual is an actual or likely source of harm to clients, colleagues, institutions, or the profession, and that I have an ethical obligation to report such conduct to competent authorities.

### Principle 9: Duty of Care

Initial \_\_\_\_\_

*I shall operate under the principle of Duty of Care and shall maintain a working/therapeutic environment in which clients, colleagues, and employees can be safe from the threat of physical, emotional or intellectual harm.*

- I respect the right of others to hold opinions, beliefs, and values different from my own.
- I shall strive for understanding and the establishment of common ground rather than for the ascendancy of one opinion over another.
- I shall maintain competence in the area of my practice through continuing education, constantly improving my knowledge and skills in those approaches most effective with my specific clients.
- I shall scrupulously avoid practicing in any area outside of my competence.

I have read and I agree to abide by the above nine (9) 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.

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature (Form not complete without signature)

\_\_\_\_\_  
Date

**If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted and ALL errors must be initialed.**

**ALASKA COMMISSION FOR BEHAVIORAL HEALTH  
CERTIFICATION**

**APPLICATION FOR RECIPROCITY**

**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: \_\_\_\_\_  
(Form not complete without signature)

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

Name of Counselor: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alcoholism & Drug Abuse Counselor Level/Dates: \_\_\_\_\_

Highest Academic Degree: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail the application to: **ACBHC  
P.O. Box 111350  
Anchorage, AK 99511-1350**

**If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted and ALL errors must be initialed.**