

AODA COUNSELOR APPLICATION INSTRUCTIONS

The initial application is a brief sketch of the professional's qualifications. This is meant to be an assessment for review purposes. The manual is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the functions of an alcohol and other drug abuse (AODA) counselor. This process includes validation from employers, supervisors and trainers.

1. Application forms must be neatly printed or typewritten.
2. Materials must be stapled or paper clipped to keep them together. Application materials should not be put in binders, folders, report covers, etc.
3. The check or money order for the application fee of \$75.00 should be made payable to ICB. All fees are non-refundable.
4. Applicants should make a photocopy of the entire completed application, including all attachments for their records. The original copy of the application and copies of all other documents must be mailed to ICB.
(FAXED applications will not be accepted!)
5. Applications will be reviewed when they are received by ICB. Within 30 days, a letter will be sent to applicants notifying them of any problems or missing parts of the application.
6. Applicants have the responsibility to notify ICB, in writing, of any changes to their names, work/home addresses and work/home telephone numbers
7. Applicants who have not completed their applications after one year will be required to reapply and start over with the application process.
8. ICB reserves the right to request further information from employers and other persons listed on the application forms.
9. Send completed application to: ICB
401 East Sangamon Avenue
Springfield, IL 62702

APPLICATION FOR AODA COUNSELOR

PLEASE PRINT OR TYPE

Name _____ / /			
Last	First	Middle	Date of Birth
Home Address _____			
Apartment number (if applicable) _____			
City _____	State _____	Zip Code _____	
Home Telephone _____		Home Fax _____	
Email _____			
Employer Name _____			
Employer Address _____			
City _____	State _____	Zip Code _____	
Work Telephone _____		Extension _____	Work Fax _____
I would like my mail sent to: <input type="checkbox"/> Home <input type="checkbox"/> Work Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
(check only one box)			

<p>I am applying for certification as a (choose one):</p> <p><input type="checkbox"/> Certified Alcohol & Other Drug Abuse Counselor</p> <p><input type="checkbox"/> Certified Reciprocal Alcohol & Other Drug Abuse Counselor</p> <p><input type="checkbox"/> Certified Supervisor Alcohol & Other Drug Abuse Counselor</p> <p><input type="checkbox"/> Certified Advanced Alcohol & Other Drug Abuse Counselor</p>	<p><input type="checkbox"/> Initial Certification</p> <p><input type="checkbox"/> Progress to another classification</p>
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Please check one selection from each of the following areas:

Ethnic Origin

- Caucasian
- Black/African-American
- Native American or Alaskan Native
- Asian or Pacific Islander
- Other

Highest Education Level Completed

- High School Diploma or GED
- Vocational Certification
- Associate of Art
- Associate of Science

- Bachelor of Arts
- Bachelor of Science
- Master's Degree
- Doctorate

Primary Work Setting

- Mental Health
- Substance Abuse
- Developmental Disabilities
- MISA

- Inpatient Treatment
- Outpatient Treatment
- Crisis Intervention
- Case Management & Referral

- Residential
- Intensive Outpatient
- CILA
- Other _____

Primary Population Served

- Adults
- Adolescent
- Children
- Geriatrics
- Mixed

Please list any certifications, board registrations or licenses you hold:

Please note: ICB reserves the right to request further information from all employers and other persons listed on the application form. ICB reserves the option to request an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of a counselor and will be kept confidential by ICB. Further information may be requested in order to verify training, employment, etc. This information is not available to other persons without the written consent of the applicant.

WORK EXPERIENCE FORM

I hereby attest that the applicant is working in a position where a minimum of 51% of his/her time is spent providing direct, primary alcohol and drug counseling.

The applicant minimally has primary responsibility for providing alcohol and drug counseling in individual and/or group settings, preparing treatment plans, documenting client progress notes and is clinically supervised by an individual who is knowledgeable in addiction.

Signature of Supervisor

Date

Signature of Applicant

Date

To determine eligibility of current and previous employment, the following must apply to and be clearly documented by applicant:

You must be currently employed in an alcohol and drug counseling position to be eligible for AODA Counseling Certification;

Acceptable employment is one in which the applicant is working in a position where a minimum of 51% of his/her time is spent providing direct, primary alcohol and drug counseling.

The applicant minimally must have primary responsibility for providing alcohol and drug counseling in individual and/or group settings, preparing treatment plans, documenting client progress notes and is clinically supervised by an individual who is knowledgeable in addiction.

Are you using an Associates Degree to waive 1000 hours of work experience (CADC and CRADC only)? YES NO

Are you using a BA/BS, MA/MS or Doctorate Degree to waive 2000 hours of work experience (CADC and CRADC only)? YES NO

If you are using an AA/AS, BA/BS, MA/MA or Doctorate, indicate what your degree is in:

Please attach a copy of your degree and an original transcript to verify your major is in a behavioral science.

Application # _____

BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR CURRENT COUNSELOR POSITION. Job description must be on agency letterhead and dated and signed by applicant and supervisor. All relevant former employment must be verified by job descriptions from employers.

Position/title _____

Date Employed:

From _____ to _____ hrs. of work per week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Signature of Immediate Supervisor: _____

Printed Name of Supervisor: _____

Title _____ Telephone Number (____) _____

Position/title _____

Date Employed:

From _____ to _____ hrs. of work per week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Signature of Immediate Supervisor: _____

Printed Name of Supervisor: _____

Title _____ Telephone Number (____) _____

Application # _____

Position/title _____

Date Employed:

From _____ to _____ hrs. of work per week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Signature of Immediate Supervisor: _____

Printed Name of Supervisor: _____

Title _____ Telephone Number (____) _____

All answers are correct to the best of my knowledge. I authorize any educational institution or, other body having knowledge of my academic status, to release information to ICB regarding my status.

Signature of Applicant Date

SUPERVISED PRACTICAL EXPERIENCE

To Supervisor: Please complete this form indicating applicant's supervised practical training. This form is not intended to document applicant's total number of hours worked, but rather the hours of face-to-face supervision you have provided the applicant. **PLEASE RETURN THIS FORM DIRECTLY TO ICB, 401 East Sangamon Avenue, Springfield, IL 62702.**

Name of Applicant _____
(LAST) (FIRST) (MI)

I hereby attest to the fact that I have provided the applicant face-to-face supervision for the number of hours noted below.

Clinical supervision is the process of assuring the AODA counselor is provided monitoring and feedback to assure quality AODA services are being delivered.

Realizing that supervision may take place in a variety of settings and have many faces, ICB determined not to place limiting criteria on qualifications of a supervisor. Rather, it was determined that supervision should be as broadly defined as in the **Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration's Technical Assistance Publication Number 21**. TAP 21 defines supervision/clinical supervision as: the administrative, clinical and evaluative process of monitoring, assessing and enhancing counselor performance.

Supervised hours are understood to be face-to-face supervision. Hours that the counselor spends providing AODA counseling services are NOT counted as supervision.

Each core skill area must have at least 10 hours documented.

<u>Core Skill Areas</u>	<u>Number of Hours Received in Each</u>
Screening	_____ (minimum 10)
Intake.....	_____ (minimum 10)
Orientation.....	_____ (minimum 10)
Assessment.....	_____ (minimum 10)
Treatment Planning.....	_____ (minimum 10)
Counseling	_____ (minimum 10)
Case Management.....	_____ (minimum 10)
Crisis Intervention	_____ (minimum 10)
Client Education	_____ (minimum 10)
Referral.....	_____ (minimum 10)
Reports and Record Keeping.....	_____ (minimum 10)
Consultation with other professionals in regard to client treatment/services.....	_____ (minimum 10)
Other	_____

For CAADC Applicants (in addition to above Skill Areas, section below must be completed):

Family & Community Education.....	_____ (minimum 10)
Professional & Ethical Responsibilities.....	_____ (minimum 10)
Research, Design Analysis & Utilization	_____ (minimum 10)
Clinical Supervision.....	_____ (minimum 10)

Hours of face-to-face supervision I have provided the applicant (#) _____

Signature of Supervisor

Date

Name of Supervisor (Printed)

Title of Supervisor

Agency/Facility

EDUCATION FORM

Please reproduce this form as needed to record all RELEVANT education. Be sure to attach documentation (i.e. transcripts, certificates) that supports participation. Lack of documentation will result in the inability to apply these hours towards certification.



Record of Education

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____



AODA Specific () Ethics () Performance Domains () Clinical Supervision ()

Record of Education

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____



AODA Specific () Ethics () Performance Domains () Clinical Supervision ()

Note to CAADC applicants:

In addition to completing this form to document training/education, attach a copy of your masters degree and an original transcript to verify you meet the degree requirement.

ASSURANCE AND RELEASE

The Illinois Certification Board, Inc. (ICB) may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

“I give my permission for the ICB Board and staff to investigate my background as it relates to information contained in this application for certification as a Certified AODA Counselor. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification.”

“I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the ICB, to officers, members and staff of the aforementioned board.”

“I further agree to hold the ICB, it’s officers, board members, employees and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of ICB to issue certification.”

“I certify that I have read and subscribe to ICB, Inc.’s Code of Ethics for Certified AODA Counselors and The Illinois Model for the Certification of Alcohol and Other Drug Abuse Counselors.”

“I further certify that my AODA Counselor Certification classification and status is public knowledge.”

“I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying.”

Signature of Applicant

Date

CODE OF ETHICS FOR CERTIFIED ALCOHOL AND OTHER DRUG ABUSE COUNSELORS

Principle 1: Legal and Moral Standards

The welfare and dignity of the client are to be protected and valued above all else. ICB Certified AODA Professionals, in the practice of alcohol and other drug abuse services, show respect and regard for the laws of the communities in which they work. They recognize that violations of legal standards may damage their own reputation and that of the AODA profession.

- a. The welfare and dignity of the client are to be protected and valued above all else.
- b. ICB Certified AODA Professionals shall not physically or verbally abuse their clients.
- c. ICB Certified AODA Professionals shall not abuse alcohol.
- d. ICB Certified AODA Professionals shall not financially exploit their clients.
- e. ICB Certified AODA Professionals shall not abuse legal drugs.
- f. In some circumstances, ICB Certified AODA Professionals may themselves use properly prescribed, mood-altering drugs for necessary and appropriate medical reasons. In such circumstances, ICB Certified AODA Professionals should weigh their ability to serve in counseling relationships.
- g. ICB Certified AODA Professionals shall not possess or use any illegal drugs under any circumstances.
- h. ICB Certified AODA Professionals who can legally prescribe controlled substances must exercise clinical discretion in prescribing controlled substances that are mind altering and/or addictive.

Principle 2: ICB Certified AODA Professionals/Client Relationships

In the provision of alcohol and other drug abuse/dependency services, ICB Certified AODA Professionals shall establish and maintain counselor/client relationships characterized by professionalism, respect and objectivity.

- a. ICB Certified AODA Professionals shall not enter into counseling relationships with members of their own family, with close friends, with persons closely connected to them or others whose welfare might be jeopardized by such a dual relationship.
- b. ICB Certified AODA Professionals shall ensure that services are offered in a respectful manner in an appropriate environment.
- c. ICB Certified AODA Professionals shall not charge or collect a private fee or other form of compensation for services to a client who is charged for those same services through the counselor's agency. AODA Counselors shall not engage in fee-splitting.
- d. ICB Certified AODA Professionals in clinical or counseling practice must not use their relationship with clients to promote personal gain or the profit of an agency or commercial enterprise of any kind.

- e. ICB Certified AODA Professionals shall avoid continuing a counseling relationship (maintaining a case) for personal gain or satisfaction beyond the point where it is clear that the client is not benefiting from the relationship.
- f. ICB Certified AODA Professionals shall not give or receive a fee, commission, rebate or any other form of compensation for the referral of clients.
- g. ICB Certified AODA Professionals shall not abandon or neglect clients in treatment and shall assist in making appropriate arrangements for the continuation of treatment, if appropriate, following termination, of treatment.
- h. If ICB Certified AODA Professionals determine an inability to be of professional assistance to clients, they shall either avoid initiating the counseling relationship or immediately terminate that relationship. In either event, ICB Certified AODA Professionals shall be knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, ICB Certified AODA Professionals are not obligated to continue the relationship.
- i. ICB Certified AODA Professionals shall terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, or when clients do not pay the fees charged by the ICB Certified AODA Professionals.
- j. In promotional and marketing activities for services, ICB Certified AODA Professionals shall respect the dignity and confidentiality of the clients.
- k. ICB Certified AODA Professionals shall not engage in any sexual relationship, conduct or contact with clients during the time of the counseling relationship or for at least one year thereafter, or if the client or former client becomes or remains "emotionally dependent" on the counselor [as defined under Illinois Law at 740 ILCS 140/1(a)]. AODA counselors in all instances shall not engage in any sexual relationship, conduct or contact through means of any therapeutic deception.

Principle 3: Non Discrimination

ICB Certified AODA Professionals must not discriminate against clients or professionals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.

Principle 4: Competence

The ICB Certified AODA Professional's responsibility is to provide competent professional services.

- a. ICB Certified AODA Professionals shall not offer services outside the boundaries of the AODA profession unless otherwise educated and trained, licensed or certified.
- b. ICB Certified AODA Professionals shall not offer services outside their range of competency.

Principle 5: Confidentiality

ICB Certified AODA Professionals shall preserve, protect and respect their clients' right to confidentiality.

- a. ICB Certified AODA Professionals shall comply with the federal and state laws, rules and regulations pertaining to client confidentiality.
- b. ICB Certified AODA Professionals shall guard professional confidences and shall reveal such confidences only in compliance with the law or only when there is a clear and imminent danger to an individual or society.
- c. ICB Certified AODA Professionals must inform the client and obtain 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 observation of an interview by another person.
- d. ICB Certified AODA Professionals must discuss the information obtained in clinical or consulting relationships only in appropriate settings and only for professional purposes clearly concerned with the case. Written and oral reports must present only data germane to the purpose of the evaluation and every effort must be made to avoid undue invasion of privacy.
- e. ICB Certified AODA Professionals must use clinical and other material in classroom teaching and writing only when the identities of the persons involved are adequately disguised.
- f. The general requirement that ICB Certified AODA Professionals keep information confidential does not apply when the best interests of clients, welfare of others, obligations to society, or legal requirements demand that confidential information be revealed. ICB Certified AODA Professionals consult with other professionals when they are unsure of whether an exception to confidentiality exists.
- g. Before confidential information is disclosed over the client's objection, because of legal requirements, ICB Certified AODA Professionals shall request to the court that the disclosure not be required and explain why disclosures are harmful to clients. Steps are taken to limit the extent of the unwanted disclosure. A counselor shall not, however, be obligated to violate any state or federal law, or the order of competent jurisdiction.
- h. When circumstances require the disclosure of confidential information, only information that is essential is to be revealed. To the extent possible, clients are to be informed before confidential information is disclosed.
- i. At the beginning of the counseling relationship, ICB Certified AODA Professionals discuss with clients the relevant limitations of confidentiality and the foreseeable uses of information generated through counseling services. ICB Certified AODA Professionals shall explain the fact that confidentiality cannot be guaranteed in group counseling and communicate that clearly to group members.

Principle 6: Inter- Professional Relationships

ICB Certified AODA Professionals shall establish and maintain professional relationships characterized by respect and mutual support.

- a. ICB Certified AODA Professionals shall establish and maintain professional relationships with their clients.
- b. ICB Certified AODA Professionals shall respect the confidences shared by other colleagues/professionals with respect to clients.
- c. ICB Certified AODA Professionals shall not knowingly solicit the clients of other colleagues/professionals.
- d. ICB Certified AODA Professionals shall not knowingly withhold information that has been appropriately released by the client from colleagues/professionals that would enhance their treatment effectiveness.
- e. ICB Certified AODA Professionals shall not knowingly accept for treatment a person who is receiving services from another professional except by agreement with that worker or after the termination of the case by that worker.
- f. When working in a treatment team with other professionals, ICB Certified AODA Professionals will not abdicate their responsibility to protect and promote the welfare and best interests of the client.
- g. When working within a treatment team, ICB Certified AODA Professionals shall work to support, not damage or subvert, the decisions made by the team.

Principle 7: Ethical Standards of ICB Certified AODA Professionals.

Principle 7.1: When making recommendation for positions, advancements, certification, etc., ICB Certified AODA Professionals shall consider the welfare of the public and the profession above the needs of the individual concerned.

- a. ICB Certified AODA Professionals shall not use another professional as a reference without first obtaining that person's permission.
- b. ICB Certified AODA Professionals shall not lead a person to believe that he/she will receive a favorable recommendation when, in fact, such a recommendation will not be given.

Principle 7.2: ICB Certified AODA Professionals shall establish and maintain an employer/employee relationship characterized by professionalism and respect for the agency's rules of operation.

Principle 7.3: ICB Certified AODA Professionals shall strive at all times to maintain high standards in the services they offer.

- a. The maintenance of high standards of competency is a responsibility shared by all Certified AODA Counselors.

- b. In circumstances where ICB Certified AODA Professionals violate ethical standards, it is the obligation of ICB Certified AODA Professionals who know first hand of their activities to attempt to rectify the situation. If such attempts fail, ICB Certified AODA Professionals shall promptly notify the ICB Executive Director.

Principle 7.4: ICB Certified AODA Professionals respect their professional status and standing.

- a. ICB Certified AODA Professionals shall not misrepresent their professional qualifications and affiliations.
- b. ICB Certified AODA Professionals shall not aid or abet a person not duly certified as an AODA Counselor in representing himself/herself as an ICB Certified AODA Professionals or at a counselor classification that is not true.

Principle 7.5: ICB Certified AODA Professionals have an obligation to see that AODA counseling is done by qualified, competent persons. Constructive efforts to achieve competent AODA counseling services, such as certification, deserve support.

- a. ICB Certified AODA Professionals shall submit accurate and honest information to ICB for the purpose of obtaining, maintaining and recommending someone for certification.

Principle 7.6: In the conduct of research, ICB Certified AODA Professionals should adhere to high standards and follow appropriate scientific procedures.

Principle 7.7: When ICB Certified AODA Professionals accept the responsibility of teaching AODA counseling or of supervising AODA counselors, they should discharge these responsibilities with the same regard for standards required of all other professional activities.

Principle 7.8: As authors or editors, ICB Certified AODA Professionals shall adhere to high standards abiding by the traditions established in the academic arena.

- a. ICB Certified AODA Professionals must acknowledge and document materials and techniques used.
- b. ICB Certified AODA Professionals who conduct training in alcoholism or drug abuse counseling skills or techniques must indicate to the audience the requisite training and qualifications required to properly perform these skills and techniques.
- c. ICB Certified AODA Professionals must recognize joint authorship and major contributions of a professional character made by several persons to a common project. The author who has made the principle contribution to a publication, must be identified by being listed first.
- d. ICB Certified AODA Professionals must acknowledge in footnotes or introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- e. ICB Certified AODA Professionals must acknowledge, through specific citations, unpublished, as well as published, material that has directly influenced the research or writing.

- f. ICB Certified AODA Professionals who compile and edit for publication the contributions of others must list oneself as editor, along with the names of those others who have contributed.
- g. ICB Certified AODA Professionals must define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- h. ICB Certified AODA Professionals must not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.

Principle 8: Resolving Ethical Issues

ICB Certified AODA Professionals shall take appropriate action when they possess information that raises doubts as to whether another AODA professional is acting in an ethical manner.

PERSONAL STATEMENT

As a Certified Alcohol and Other Drug Abuse Counselor, I shall strive at all times to maintain the highest standards in all services I provide, valuing competency and integrity over expediency or ability, providing services only in those areas where my training and experience meet established standards. I shall always recognize that I have assumed a heavy social and vocational responsibility due to the intimate nature of my work, which touches the lives of other human beings.

My signature below indicates my agreement with and willingness to abide by this Code of Ethics.

Signature of Applicant _____ **Date** _____

Signature of Notary _____ **Date** _____

Notary Stamp _____



Application Checklist

The following should be included in your Certification Application:

- _____ General information forms
- _____ Employment forms including all documentation. These forms include a job description on agency letterhead signed and dated by applicant and supervisor. Attach an official transcript if using degree to waive work experience.
- _____ Supervisor form completed by your supervisor.
- _____ Education forms including all documentation. For CAADC applicants, attach a copy of your degree and an official transcript.
- _____ Assurance and Release signed and dated by applicant.
- _____ Code of Ethics signed, dated and notarized.
- _____ Application fee

When application is complete, send all materials to ICB, 401 East Sangamon Avenue, Springfield, IL 62702. **Applications will not be accepted by fax.**