

## CCJP APPLICATION INSTRUCTIONS

The initial application is a brief sketch of the professional's qualifications, 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 a criminal justice alcohol and drug professional. This process includes validation from employers, supervisors and trainers.

1. Application forms must be neatly printed or typewritten.
2. Staple or paper clip materials to keep them together. Do not place application materials in binders, folders, report covers, etc.
3. A check or money order or credit card (VISA or MC) payment for \$85.00 for the application fee 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. Mail the original copy of the application and copies of all other documents. **(EMAILED applications will not be accepted!)**
5. Send original official transcripts.
6. If the application has been downloaded from the Internet, the applicant must submit the application fee of \$85.00.
7. Applicants will be notified, in writing, by email, of any problems with their application.
8. ICB reserves the right to request further information from employers and other persons listed on the application forms.
9. Mail completed application to:  
**ICB  
401 E. Sangamon Ave.  
Springfield, IL 62702**

**APPLICATION FOR CCJP**

**PLEASE PRINT OR TYPE**

Name: \_\_\_\_\_  
(Last) (First) (MI)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

I Would Like My Mail Sent To: \_\_\_\_\_ Home \_\_\_ Work Gender: \_\_\_ Male \_\_\_ Female

Place Of Employment: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Telephone: (\_\_\_\_) \_\_\_\_\_ Employer Fax: (\_\_\_\_) \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date Employed: from \_\_\_\_\_ to \_\_\_\_\_ hours of work per week \_\_\_\_\_  
month/day/year month/day/year

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

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Employment Setting:**

**A. Institutional Setting**

\_\_\_\_\_ Corrections, State Institutional (prisons) \_\_\_\_\_ Adult \_\_\_\_\_ Juvenile

\_\_\_\_\_ Corrections, County/City Institutional (detention facilities) \_\_\_\_\_ Adult \_\_\_\_\_ Juvenile

**B. Community Setting**

\_\_\_\_\_ Community Corrections (Probation/Parole/Supervision Agencies) \_\_\_\_\_ Adult \_\_\_\_\_ Juvenile

\_\_\_\_\_ Court Mandated (Drug Court, Pretrial/Diversion) \_\_\_\_\_ Adult \_\_\_\_\_ Juvenile

**C. Treatment Setting** \_\_\_\_\_ Adult \_\_\_\_\_ Juvenile

\_\_\_\_\_ **Other** (please specify): \_\_\_\_\_

**Other Certifications/Licenses:** Please list any other certifications or licenses you hold, and the state in which credential is issued; if credential is national, please note.

\_\_\_\_\_  
\_\_\_\_\_

**Highest Education Level Completed:**

\_\_\_\_\_ High School Diploma or GED \_\_\_\_\_ Vocational Certificate \_\_\_\_\_ Associates Degree

\_\_\_\_\_ Bachelor of Arts/Science \_\_\_\_\_ Master of Arts/Science \_\_\_\_\_ Doctorate

I hereby attest to the fact that I, the applicant, am a treatment professional providing services in a setting which provides either counseling, service coordination, behavior management or behavior shaping to drug involved adult or juvenile offenders. Further, 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 academic status.

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

\_\_\_\_\_  
Date

**WORK EXPERIENCE FORM**

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

**You must be a treatment professional providing services in a setting, which provides counseling, service coordination, behavior management or behavior shaping to drug involved adult or juvenile offenders.**

Name of Applicant: \_\_\_\_\_  
(Last) (First) (MI)

List your most recent work experience first. **BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR MOST CURRENT POSITION.** The applicant and the supervisor must sign the job description. All relevant former employment must be verified on letterhead from employers.

Name Of Current Employer: \_\_\_\_\_

Your Title/Position: \_\_\_\_\_

Hours of Work Per Week: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

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

Your Duties and Area(s) Of Specialty: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_

Your Title/Position: \_\_\_\_\_

Hours of Work Per Week: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

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

Your Duties and Area(s) Of Specialty: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please Reproduce this Form as Needed to Document All RELEVANT Work Experience**

**Name of Applicant:** \_\_\_\_\_  
(Last) (First) (Mi)

Name of Previous Employer: \_\_\_\_\_

Your Title/Position: \_\_\_\_\_

Hours of Work Per Week: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

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

Your Duties and Area(s) of Specialty: \_\_\_\_\_

\_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_

Your Title/Position: \_\_\_\_\_

Hours of Work Per Week: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

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

Your Duties and Area(s) of Specialty: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 the 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**

**APPLICANT’S NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MI)

**EDUCATION LEVEL:** \_\_\_\_\_

Clinical supervision is the process of assuring the criminal justice addictions professional is provided monitoring and feedback to assure quality criminal justice addiction services are being delivered.

Supervised hours are understood to be face-to-face supervision. Hours that the criminal justice addictions professional spends providing counseling services are NOT counted as supervision.

**Each performance domain must have at least 10 hours documented.**

Dynamics of Addiction and Criminal Behavior ..... \_\_\_\_\_ (minimum of 10 hours)

The Criminal Justice System and Processes..... \_\_\_\_\_ (minimum of 10 hours)

Screening, Assessment, and Treatment Planning ..... \_\_\_\_\_ (minimum of 10 hours)

Case Management and Counseling ..... \_\_\_\_\_ (minimum of 10 hours)

**Total Number of Hours of face-to-face supervision I have provided the applicant** \_\_\_\_\_

(Refer to minimum requirements section for minimum number of hours of supervision needed.)

**I hereby attest to the fact that the applicant is a treatment professional providing services in a setting which provides either counseling, service coordination, behavior management or behavior shaping to drug involved adult or juvenile offenders and that I have provided the applicant face-to-face supervision for the number of hours noted above.**

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agency/Facility

**FORMAL EDUCATION FORM**

List below all formal education (high school, college, university) you have received. **ATTACH AN OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPT.** Note: All post-secondary education must have come from an accredited college or university.

FORMAL EDUCATION	NAME AND LOCATION OF SCHOOL	DATE GRADUATED	DEGREE
HIGH SCHOOL			
COLLEGE/UNIVERSITY (UNDERGRADUATE)			
COLLEGE/UNIVERSITY (GRADUATE)			
COLLEGE/UNIVERSITY (POST-GRADUATE)			

**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 appropriate documentation will result in the inability to apply these hours toward certification. Mark the appropriate domain for each program (more than one may apply). A minimum of 10 hours is required for each domain.

COURSE/PROGRAM TITLE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ CLOCK HOURS \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Dynamics of Addiction and Criminal Behavior   | <input type="checkbox"/> The Criminal Justice System and Processes |
| <input type="checkbox"/> Screening, Assessment, and Treatment Planning | <input type="checkbox"/> Case Management and Counseling            |
| <input type="checkbox"/> Criminal Justice Specific Ethics              |  |

COURSE/PROGRAM TITLE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ CLOCK HOURS \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Dynamics of Addiction and Criminal Behavior   | <input type="checkbox"/> The Criminal Justice System and Processes |
| <input type="checkbox"/> Screening, Assessment, and Treatment Planning | <input type="checkbox"/> Case Management and Counseling            |
| <input type="checkbox"/> Criminal Justice Specific Ethics              |  |

COURSE/PROGRAM TITLE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ CLOCK HOURS \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

BRIEFLY DESCRIBE THE CONTENT OF EDUCATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Dynamics of Addiction and Criminal Behavior   | <input type="checkbox"/> The Criminal Justice System and Processes |
| <input type="checkbox"/> Screening, Assessment, and Treatment Planning | <input type="checkbox"/> Case Management and Counseling            |
| <input type="checkbox"/> Criminal Justice Specific Ethics              |  |



**ASSURANCE AND RELEASE**

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 Illinois Certification Board and staff to investigate my background as it relates to information contained in this application for certification as a Criminal Justice Addictions Professional. 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 ICB, to officers, members and staff of the aforementioned board.”

“I further agree to hold ICB, its 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 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

# CCJP CODE OF ETHICAL BEHAVIOR

In the delivery of substance use disorder treatment to individuals with criminal justice involvement, it is expected that recipients of CCJP certification will:

## General respect and caring

- Perform duties with the attitude that change can occur and accept responsibility for facilitating that change.
- Demonstrate appropriate respect for the dignity, worth, knowledge, insight, experience and areas of expertise of others.
- Accept responsibility for the consequences of their actions.
- Make every reasonable effort to ensure that psychological knowledge is not misused, intentionally or unintentionally, to harm others.
- Encourage others, if appropriate, to relate with integrity, to respect the dignity of persons and to expect respect for their own dignity.
- Assume overall responsibility for the scientific and professional activities of assistants, students, supervisees and employees with regard to respect for the dignity of persons, all of whom incur similar obligations.

## Conflict of interest

- Avoid relationships (e.g., with students, employees or clients) and other situations which might present a conflict of interest or which might reduce their ability to be objective and unbiased in their determinations of what might be in the best interests of others.

## Do no harm

- If referring a client to a colleague or other professional, maintain appropriate contact, support and responsibility for caring until other service begins.
- Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death. This includes reporting to appropriate authorities or an intended victim and would be done even when a confidential relationship is involved.

## Confidentiality

- Embrace, as a primary obligation, the duty of protecting client's rights and not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent within the standards and guidelines of Federal and state regulations.
- Adhere strictly to established rules of confidentiality of all records, materials and knowledge concerning persons served in accordance with all current government and program regulations.

## Informed consent

- Seek as full and active participation as possible from others in decisions that affect them.
- Practice within the guidelines and standards of Federal and state regulations regarding informed consent and human subjects protocols.

**Competence and self-knowledge**

- Espouse objectivity and integrity, and maintain the highest standards in the services offered.
- Conduct self-evaluations of professional performance applying ethical, legal and professional standards to enhance self-awareness and performance.
- Accurately represent their own and their associates' qualifications, education, experience, competence and affiliations in all spoken, written or printed communications, being careful not to use descriptions or information which could be misinterpreted.
- Take immediate steps to obtain consultation or to refer a client to a colleague or other appropriate professional, whichever is more likely to result in providing the client with competent service, if it becomes apparent that a client's problems are beyond their competence.
- Keep themselves up to date with relevant knowledge, research methods and techniques, through the reading of relevant literature, peer consultation and continuing education activities, in order that their service or research activities and conclusions will benefit and not harm others.
- Develop and utilize strategies to maintain one's own physical and mental health.

**Reliance on the discipline**

- Seek consultation from colleagues and/or appropriate groups and committees and give due regard to their advice in arriving at a responsible decision, if faced with difficult situations.

\* Based on codes from the National Association of Alcoholism and Drug Abuse Counselors, the Canadian Psychological Association, the California Association of Addiction Recovery Resources and the Addiction Technology Transfer Center National Curriculum Committee. Code currently employed by Pacific Southwest ATTC for FACT certification.

**Failure to observe this code of ethical behavior may result in revocation of certification.**

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Stamp



## CCJP Application Checklist

The following should be included in your CCJP Application:

- \_\_\_\_\_ Application information
- \_\_\_\_\_ Work Experience 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.
- \_\_\_\_\_ Supervised Practical Experience form completed by your supervisor.
- \_\_\_\_\_ Education forms including all documentation.
- \_\_\_\_\_ Assurance and Release signed and dated by applicant.
- \_\_\_\_\_ Code of Ethics signed, dated and notarized.
- \_\_\_\_\_ \$85 Application fee (checks made payable to ICB).

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