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 # ________________

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: ________________
Application # ____________________

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:**

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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 _______ month/day/year to _______ month/day/year

**Immediate Supervisor:**

**Your Duties and Area(s) Of Specialty:**

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**Name of Previous Employer:**

**Your Title/Position:**

**Hours of Work Per Week:**

**Dates Employed:** from _______ month/day/year to _______ month/day/year

**Immediate Supervisor:**

**Your Duties and Area(s) Of Specialty:**

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Application # ________________

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
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.

<table>
<thead>
<tr>
<th>FORMAL EDUCATION</th>
<th>NAME AND LOCATION OF SCHOOL</th>
<th>DATE GRADUATED</th>
<th>DEGREE</th>
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<td>COLLEGE/UNIVERSITY (UNDERGRADUATE)</td>
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<td>COLLEGE/UNIVERSITY (GRADUATE)</td>
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<td>COLLEGE/UNIVERSITY (POST-GRADUATE)</td>
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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.

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- Dynamics of Addiction and Criminal Behavior
- Screening, Assessment, and Treatment Planning
- Criminal Justice Specific Ethics
- The Criminal Justice System and Processes
- Case Management and Counseling

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- Screening, Assessment, and Treatment Planning
- Criminal Justice Specific Ethics
- The Criminal Justice System and Processes
- Case Management and Counseling
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.