

MAATP 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 a Medication Assisted Addiction Treatment Professional. 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. No refunds will be given.
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 IAMAAT.
(FAXED applications will not be accepted!)
5. Applications will be reviewed when they are received by IAMAAT. 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 IAMAAT, 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. IAMAAT reserves the right to request further information from employers and other persons listed on the application forms.
9. Send completed application to:
IAMAAT
401 East Sangamon Avenue
Springfield, IL 62702

**APPLICATION FOR MEDICATION ASSISTED ADDICTION
TREATMENT PROFESSIONAL**

PLEASE PRINT OR TYPE

Last Name	First Name	Middle Name	____/____/____ Date of Birth
Street Address			____ Apt. #
City	____ State	____ Zip Code	____ County
____/____-____ Home Telephone	____/____-____ Home Fax	____@____. Home Email Address	
Current Employer			
Employer's Mailing Address			____ Suite #
City	____ State	____ Zip Code	____ County
____/____-____ Work Telephone	____/____-____ Work Fax	____@____. Work Email Address	
I would like for my mail to be sent to: <input type="checkbox"/> Home OR <input type="checkbox"/> Work			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			

Please check one selection from each of the following areas:

<p><u>Ethnic Origin</u></p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native American or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> Other</p>	<p><u>Highest Education Level Completed</u></p> <p><input type="checkbox"/> High School Diploma or GED</p> <p><input type="checkbox"/> Vocational Certification</p> <p><input type="checkbox"/> Associate of Arts/Sciences</p> <p><input type="checkbox"/> Bachelor of Arts/Sciences</p> <p><input type="checkbox"/> Master of Arts/Sciences</p> <p><input type="checkbox"/> Doctorate</p>
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Please list any certification, board registrations or licenses you hold:

Please note: IAMAAT reserves the right to request further information from all employers and other persons listed on the application. IAMAAT and its review committees reserve the option to request an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of the applicant and will be kept confidential by IAMAAT. 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 with a MAAT patient caseload/assignment of at least 50%.

At least 50% of the applicant's time devoted to MAAT patients is spent providing direct service in individual and/or group settings with MAAT patients and/or their families/significant others. The applicant prepares treatment plans, documents 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 a MAAT position to be eligible for registration;

Acceptable employment is one in which the applicant is working in a position with a MAAT patient caseload/assignment of at least 50%.

At least 50% of the applicant's time devoted to MAAT patients is spent providing direct service in individual and/or group settings with MAAT patients and/or their families/significant others. The applicant prepares treatment plans, documents progress notes and is clinically supervised by an individual who is knowledgeable in addiction.

Are you using a BA/BS or higher degree in human services or behavioral sciences with at least 9 hours of alcohol and other drug training to waive 500 hours of qualified work experience?
 YES NO

If you are using a BA/BS or higher degree, indicate what your degree is in:

Please attach a copy of your degree and an original transcript indicating your major.

Application # _____

BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR CURRENT 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. Please reproduce this form as needed to record all relevant work experience.

Position/title _____

Date Employed:

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

Place of Employment: _____

Immediate Supervisor: _____

Title _____ Telephone Number (____) _____

Position/title _____

Date Employed:

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

Place of Employment: _____

Immediate 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 IAMAAT.

Signature of Applicant

Date

Application # _____

SUPERVISED PRACTICAL EXPERIENCE

To Applicant: Copy form for additional supervisors, if necessary.

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 IAMAAT, 401 East Sangamon Avenue, Springfield, IL 62702.**

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 professional is provided monitoring and feedback to assure quality MAAT services are being delivered. Realizing that supervision may take place in a variety of settings and have many faces, IAMAAT 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 professional spends providing MAAT services are NOT counted as supervision.

Each core skill area must have at least 8 hours documented.

<u>Core Skill Areas</u>	<u>Number of Hours Received in Each</u>
Admission Screening	_____ (minimum 8)
Intake	_____ (minimum 8)
Orientation	_____ (minimum 8)
Assessment	_____ (minimum 8)
Treatment Planning	_____ (minimum 8)
MAAT Case Management	_____ (minimum 8)
Crisis Intervention	_____ (minimum 8)
Patient Education	_____ (minimum 8)
Referral	_____ (minimum 8)
Reports and Record Keeping	_____ (minimum 8)
Consultation with other professionals	_____ (minimum 8)
Attitudes Towards MAAT Populations	_____ (minimum 8)
Roles, Boundaries and Professional Relationship Dynamics	_____ (minimum 8)
Health and Safety	_____ (minimum 8)
Other	_____

Hours of face-to-face supervision I have provided the applicant (#) _____ (minimum 120)

Signature of Supervisor

Name of Supervisor (Printed)

Agency/Facility

Date

Title of Supervisor

Application # _____

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 _____

Alcohol and Other Drug () Ethics () MAAT Specific () General Knowledge/Skills ()

Record of Education

Dates Attended _____ **Clock Hrs/Credit Hrs** _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

Application # _____

ASSURANCE AND RELEASE

I give my permission to ICB and its staff to investigate my background as it relates to statements contained in this application for Board Registered Medication Assisted Addiction Treatment Professional. I understand that intentionally false or misleading statements or intentional omissions shall result in the denial or revocation of registration.

I consent to the release of information contained in my file and other pertinent data submitted to or collected by ICB to staff for credentialing purposes.

I certify that I have read and subscribe to IAMAAT's Code of Ethics for Board Registered MAATPs.

I certify that my registration and status is public knowledge.

I further agree to hold ICB, its officers, Board members, and employees free from any 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 registration.

Applicant Signature

_____/_____/_____
Date

CODE OF ETHICS FOR BOARD REGISTERED MEDICATION ASSISTED ADDICTION TREATMENT PROFESSIONALS

Principle 1: Legal and Moral Standards

The welfare and dignity of the patient are to be protected and valued above all else. Board Registered MAATPs, in the practice of MAAT 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 MAAT profession.

- a. The welfare and dignity of the patient are to be protected and valued above all else.
- b. Board Registered MAATPs shall not physically or verbally abuse their patients.
- c. Board Registered MAATPs shall not abuse alcohol.
- d. Board Registered MAATPs shall not financially exploit their patients.
- e. Board Registered MAATPs shall not abuse legal drugs.
- f. In some circumstances, Board Registered MAATPs may themselves use properly prescribed, mood altering drugs for necessary and appropriate medical reasons. MAATPs should weigh their ability to serve in counseling relationships.
- g. Board Registered MAATPs shall not possess or use any illegal drugs under any circumstances.
- h. Board Registered MAATPs who can legally prescribe controlled substances must exercise clinical discretion in prescribing controlled substances that are mind altering and/or addictive.
- i. Board Registered MAATPs acknowledge that the use of psychotropic medication in treatment of MAAT patients is ethical when appropriately prescribed and support the appropriate use of such medications.

Principle 2: Board Registered MAATP/Patient Relationships

In the provision of MAAT services, Board Registered MAATPs shall establish and maintain MAATP/patient relationships characterized by professionalism, respect and objectivity.

- a. Board Registered MAATPs shall not enter into treatment 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. Board Registered MAATPs shall ensure that services are offered in a respectful manner in an appropriate environment
- c. Board Registered MAATPs shall not charge or collect a private fee or other form of compensation for services to a patient who is charged for those same services through the MAATP's agency. MAATPs shall not engage in fee splitting.
- d. Board Registered MAATPs in clinical or treatment practice must not use their relationship with patients to promote personal gain or the profit of an agency or commercial enterprise of any kind.
- e. Board Registered MAATPs shall avoid continuing a counseling relationship (maintaining a case) for personal gain or satisfaction beyond the point where it is clear that the patient is not benefiting from the relationship.
- f. Board Registered MAATPs shall not give or receive a fee, commission, rebate or any other form of compensation for the referral of patients.
- g. Board Registered MAATPs shall not abandon or neglect patients in treatment and shall assist in making appropriate arrangements for the continuation of treatment, if appropriate, following termination, of treatment.

- h. If Board Registered MAATPs determine an inability to be of professional assistance to patients, they shall either avoid initiating the treatment relationship or immediately terminate that relationship. In either event, they shall be knowledgeable about referral resources and suggest appropriate alternatives and are not obligated to continue the relationship in the event the patient declines suggested referrals.
- i. Board Registered MAATPs shall terminate a treatment relationship, securing patient agreement when possible, when it is reasonably clear that the patient is no longer benefiting from the services. Additionally, termination is expected when services are no longer required, when treatment no longer serves the patient's needs or interests, or when patients do not pay the required fees.
- j. In promotional and marketing activities for services, Board Registered MAATPs shall respect the dignity and confidentiality of the patients.
- k. Board Registered MAATPs shall not engage in any sexual relationship, conduct or contact with patients during the time of the treatment relationship or for at least one year thereafter, or if the patient or former patient becomes or remains "emotionally dependent" on the MAATP [as defined under Illinois Law at 740 ILCS 140/1 (a)]. MAATPs in all instances shall not engage in any sexual relationship, conduct or contact through means of any therapeutic deception.

Principle 3: Non-Discrimination

Board Registered MAATPs must not discriminate against patients or professionals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.

Principle 4: Competence

Board Registered MAATP's responsibility is to provide competent professional services.

- a. Board Registered MAATPs shall not offer services outside the boundaries of the profession unless otherwise educated and trained, licensed, or certified.
- b. Board Registered MAATPs shall not offer services outside their range of competency.

Principle 5: Confidentiality

Board Registered MAATPs shall preserve, protect and respect their patients' right to confidentiality.

- a. Board Registered MAATPs shall comply with the federal and state laws, rules and regulations pertaining to patient confidentiality.
- b. Board Registered MAATPs 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. Board Registered MAATPs must inform the patient and obtain agreement in areas likely to affect the patient'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. Board Registered MAATPs 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. Board Registered MAATPs 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 Board Registered MAATPs keep information confidential does not apply when the best interests of patients, welfare of others, obligations to society or legal

requirements demand that confidential information be revealed. Board Registered MAATPs must consult with other professionals when they are unsure of whether an exception to confidentiality exists.

- g. Before confidential information is disclosed over the patient's objection, because of legal requirements, Board Registered MAATPs shall request to the court that the disclosure not be required and explain why disclosures are harmful to patients. Steps are taken to limit the extent of the unwanted disclosure. MAATPs shall not, however, be obligated to violate any state or federal law, or the order of competent jurisdiction.
- h. When a circumstance requires the disclosure of confidential information, only information that is essential is to be revealed. To the extent possible, patients are informed before confidential information is disclosed.
- i. At the beginning of the counseling relationship, Board Registered MAATPs discuss with patients the relevant limitations of confidentiality and the foreseeable uses of information generated through treatment services.
- j. Board Registered MAATPs shall explain the fact that confidentiality cannot be guaranteed in group settings and communicate that clearly to group members.

Principle 6: Inter Professional Relationships

Board Registered MAATPs shall establish and maintain professional relationships characterized by respect and mutual support.

- a. Board Registered MAATPs shall establish and maintain professional relationships with their patients.
- b. Board Registered MAATPs shall respect the confidences shared by other colleagues/professionals with respect to patients.
- c. Board Registered MAATPs shall not knowingly solicit the patients of other colleagues/professionals.
- d. Board Registered MAATPs shall not knowingly withhold information that has been appropriately released by the patient from colleagues/professionals that would enhance their treatment effectiveness.
- e. Board Registered MAATPs 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, Board Registered MAATPs will not abdicate their responsibility to protect and promote the welfare and best interests of the patient.
- g. When working within a treatment team, Board Registered MAATPs shall work to support, not damage, or subvert, the decisions made by the team.

Principle 7: Ethical Standards of Board Registered MAATPs

Principle 7.1: When making recommendation for positions, advancements, certification, etc., Board Registered MAATPs shall consider the welfare of the public and the profession above the needs of the individual concerned.

- a. Board Registered MAATPs shall not use another professional as a reference without first obtaining that person's permission.
- b. Board Registered MAATPs 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: Board Registered MAATPs shall establish and maintain an employer/employee relationship characterized by professionalism and respect for the agency's rules of operation.

Principle 7.3: Board Registered MAATPs 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 Board Registered MAATPs.
- b. In circumstances where Board Registered MAATPs violate ethical standards, it is the obligation of the Board Registered MAATP that knows first hand of their activities to attempt to rectify the situation and to notify the Executive Director of ICB if such attempts fail.

Principle 7.4: Board Registered MAATPs respect their Professional status and standing.

- a. Board Registered MAATPs shall not misrepresent their professional qualifications and affiliations.
- b. Board Registered MAATPs shall not aid or abet a person not duly registered as MAATP in representing himself/herself as a Board Registered MAATP.

Principle 7.5: Board Registered MAATPs have an obligation to see that qualified, competent persons provide MAAT services. Constructive efforts to achieve competent MAAT services, such as registration, deserve support.

- a. Board Registered MAATPs shall submit accurate and honest information to IAMAAT for the purpose of obtaining, maintaining and recommending someone for registration.

Principle 7.6: In the conduct of research, Board Registered MAATPs should adhere to high standards and follow appropriate scientific procedures.

Principle 7.7: When Board Registered MAATPs accept the responsibility of teaching MAAT services or of supervising MAATPs, they should discharge these responsibilities with the same regard for standards required of all other professional activities.

Principle 7.8: As authors or editors, Board Registered MAATPs shall adhere to high standards abiding by the traditions established in the academic arena.

- a. Board Registered MAATPs must acknowledge and document materials and techniques used.
- b. Board Registered MAATPs who conduct training in alcoholism or drug abuse, or MAAT skills or techniques must indicate to the audience the requisite training and qualifications required to properly perform these skills and techniques.
- c. Board Registered MAATPs 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. Board Registered MAATPs must acknowledge in footnotes or introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- e. Board Registered MAATPs must acknowledge, through specific citations, unpublished, as well as published, material that has directly influenced the research or writing.
- f. Board Registered MAATPs 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. Board Registered MAATPs must define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.

- h. Board Registered MAATPs must not use a patient in a demonstration role in a workshop setting where such participation would potentially harm the patient.

Principle 8: Resolving Ethical Issues

- a. Board Registered MAATPs shall take appropriate action when they possess information that raises doubts as to whether another MAATP is acting in an ethical manner.
- b. Board Registered MAATPs shall not initiate, participate in or encourage the filing of ethics complaints that are frivolous or intend to harm a MAATP rather than to protect patients or the public.
- c. Board Registered MAATPs shall cooperate with investigations, proceedings and requirements of ICB, ethics investigation or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.

PERSONAL STATEMENT

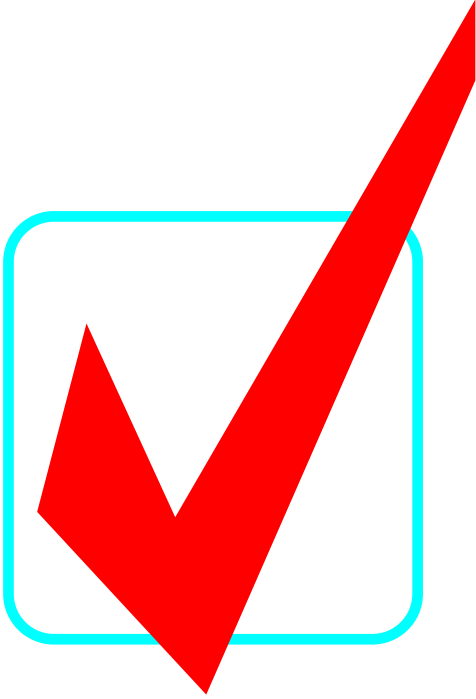
As a Board Registered Medication Assisted Addiction Treatment Professional, I shall strive at all times to maintain the highest standards in all services I provide, valuing competency and integrity over expediency or ability, providing services only in those areas where my training and experience meet 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 IAMAAT’s Code of Ethics for Board Registered Medication Assisted Addiction Treatment Professionals.

Signature of Applicant _____ **Date** _____

Signature of Notary _____ **Date** _____

Notary Stamp _____



Application Checklist

The following should be included in your Registration Application:

- _____ Application information
- _____ 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(s).
- _____ Education forms including all documentation.
- _____ Assurance and Release signed and dated by applicant.
- _____ Code of Ethics signed, dated and notarized.

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