

PLEASE READ

WHAT YOU NEED TO DO PRIOR TO SENDING YOUR APPLICATION: Before you submit any documentation make copies of all your documents. All materials, once received, become the property of the Board and copies are not sent back to applicants. **Make sure all forms are completely filled out, signed and dated when applicable.**

- (a) The purpose of the Alcohol and Drug Trainee Authorization is to allow you to complete the experiential or course of study requirements for In-State Alcohol and Drug certification or licensure for a limited period while under the supervision of an approved Alcohol and Drug Supervisor.
- (b) The Alcohol and Drug Trainee authorization will be issued for 2 years, renewable for 2 year increments for a total of 6 years.
- (c) To renew trainee status, the trainee shall (1) complete a renewal application (2) provide documentation of progress toward meeting the required education and supervised experience for the appropriate level of certification/licensure and (3) pay the renewal fee set forth by the Board.
- (d) As of July 2013, the Alcohol and Drug Trainee Regulations have been amended. **Option 3: (180 CEU's in alcohol and drug counseling and 12 CEU's in alcohol and drug ethics) no longer meets the requirements for Alcohol and Drug Trainee Status.**
- (e) **Applicants who currently hold a clinical license, graduate license, or certification under the Maryland Health Occupations Article are ineligible to apply for Alcohol and Drug trainee authorization.**
- (f) Alcohol and Drug Trainee authorization **can not** be used (1) as a temporary license/certification (2) while fulfilling requirements for another health occupation (3) while fulfilling requirements for "Out of State" certification or licensure.
- (g) Trainees must notify the Board in writing of any changes in employment and change in address of residence.

**MAKE CHECKS AND MONEY ORDERS PAYABLE TO
THE "BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS"**

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

APPLICATIONS MAY NOT BE SUBMITTED VIA FAX OR EMAIL.

**RETURN YOUR APPLICATION, FEE AND TRANSCRIPT(S),
TO:**

**BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS
ATTENTION: MRS. TAWANA BROWN, A & D TRAINEE COORDINATOR
4201 PATTERSON AVE. SUITE 316
BALTIMORE, MD 21215
410-764-4732**

ALCOHOL AND DRUG TRAINEE APPLICATION INSTRUCTIONS

1. **Application** - Complete and return the Board application.
2. **Fee - Non-refundable fee of \$150.00** must be submitted with the application. Make check payable to "Board of Professional Counselors and Therapists."
3. **Eligibility requires that you must be pursuing either:** (1) licensure as a graduate or clinical alcohol and drug counselor under Section 17-302 of the Health Occupations Article; or (2) certification as an alcohol and drug counselor under Sections 17-403 (CAC-AD) or 17-404 (CSC-AD) of the Health Occupations Article. Accordingly, you must submit documentation satisfactory to the Board to show that you are in the process of fulfilling the experiential or course of study requirements under Section 17-302, 17-403 or 17-404 of this subtitle.
4. **I understand that I am applying for Alcohol and Drug Trainee Status to pursue the following credential below: (Please check appropriate box).**
 - a. CSC-AD (Certified Supervised Counselor Alcohol and Drug) Associates Degree Level Certification
 - b. CAC-AD (Certified Associate Counselor- Alcohol and Drug) Bachelor's Degree Level Certification
 - c. LGADC (Licensed Graduate Alcohol and Drug Counselor) Master's Degree Level Graduate Licensure
 - d. LCADC (Licensed Clinical Alcohol and Drug Counselor) Master's Degree Level Clinical Licensure

5. **Education**- You must meet **one** of the following options.

Option 1: You must have minimum of an Associates Degree from an **accredited college or university** in a Health or Human Services counseling field or an associate's degree in program of study with a counseling emphasis judged by the Board to be substantially equivalent in subject matter and extent of training and **1** credit (2 quarter credit) in Alcohol and Drug Ethics.

1. Yes. (If yes, attach official transcript) Fill out page 4 of the application. Submit **application** and application **fee** only.
2. No (If no, you must go to Option 2 and follow instructions)

Option 2: Fill out pages 4 and 5 of the application. *Fill out the Course Description Form.* You must have **15 credits** (25 quarter credits) from among the list below and 1-credit (2 quarter credits) or 15 CEU's (Continuing Education Credits) in Ethics with a focus on alcohol and drug counseling. **Include a sealed Official Transcript and copy of CEU's for A & D Ethics only.**

- | | | |
|--|-----------------------------------|--------------------------------|
| (a) Pharmacology of Psychoactive Drugs | (d) Abnormal Psychology | (g) Topics in A & D dependency |
| (b) Individual Counseling | (e) Addictions treatment delivery | (h) Family Counseling |
| (c) Group Counseling | (f) Human growth and Development | (i) Theories of Counseling |

4. **Health and Human Services Counseling Field - Examples:** Human Services, Psychology, Social Work, Substance Abuse Counseling, Counseling, Psychiatric Nursing, Human Development, Counselor Education, Education Psychology, Rehabilitation Counseling.
5. **Substantially Equivalent:** degree in a program judged by the Board to have a counseling emphasis in terms of subject matter and extent of training for a given level of licensure or certification.
6. **Supervision**- You must include verification that your supervisor is Board approved. An "**approved alcohol and drug supervisor**" is one of the following: Certified Professional Counselor- Alcohol and Drug (CPC-AD); **OR** Licensed Clinical Alcohol and Drug Counselor (LCADC); **OR** A Health Care Provider with an **active** certificate or license under the Health Occupations Article, Annotated Code of Maryland with documented experience in alcohol and drug counseling approved by the Board. The health care provider must document the following: 3 years of Alcohol and Drug experience and a minimum of 2 years of clinical supervisory experience. 60 clock hours of course work in Pharmacology; Addiction Treatment Delivery and Topics in Alcohol and Drug Dependency.

Course Descriptions for Alcohol and Drug Certification/Licensure

- (a) **Pharmacology of Psychoactive Drugs covering:** (1) Brain structure and function as it relates to psychoactive drugs, and (2) Classes of psychoactive drugs, including their addiction potential, withdrawal syndromes, and associated medical problems. **Examples of courses in this area:** (1) Intro to Psychopharmacology (2) Pharmacological Aspects of Addiction.
- (c) **Individual Counseling covering:** (1) The formation of therapeutic relationships, and (2) Therapeutic communication skills. **Examples of courses in this area:** (1) Counseling Methods (2) Techniques of Counseling.
- (d) **Group Therapy covering:** (1) Therapeutic factors in groups (2) Stages of development, (3) Types of therapy groups. **Examples of courses in this area:** (1) Group Counseling (2) Group Therapy and Practice.
- (d) **Abnormal Psychology covering:** (1) Major categories of mental disorders, and (2) Theoretical models of mental disorders. **Examples of courses in this area:** (1) Abnormal Psychology (2) Psychopathology
- (e) **Addictions Treatment Delivery covering:** (1) Screening (2) Intake (3) Orientation (4) Case Management (5) Crisis intervention (6) Education and prevention (7) Referral (8) Consultation (9) Reports and record keeping (10) Assessment and diagnosis based on standard criteria and (11) Treatment planning. **Examples of courses in this area:** (1) Substance Abuse Counseling (2) Addictions Counseling Theories and Approaches
- (f) **Topics in Alcohol and Drug counseling covering:** (1) Various theories of addictive disorders (2) Models of treatment and (3) Other topics related to alcohol and drug dependency. **Examples of courses in this area:** (1) Alcoholism and Other Drug Dependency (2) Issues in Theories in Alcoholism and Other Drug Dependence.
- (g) **Theories of Counseling covering** major theoretical schools and theorists. **Examples of courses in this area:** (1) Theories of Counseling (or Psychotherapy) (2) Introduction to Psychotherapy Theories
- (h) **Family counseling covering:** (1) Family systems theory and dynamics (2) Family processes in addiction and (3) Family recovery Models. **Examples of courses in this area:** (1) Marriage and Family Counseling (or Therapy) (2) Family Systems and Intervention
- (i) **Human Growth and Development covering:** (1) Developmental stages and (2) Expected milestones. **Examples of courses in this area:** (1) Human Growth & Development (2) Personality Development
- (j) **Ethics (with a focus on Alcohol & Drug) covering:** (1) Self disclosure of recovering counselors (2) Ethics of being a two-hatter (3) Self-help fellowship participation (4) Avoiding dual relationships (5) Relapsing Counselor (6) Confidentiality Laws.

MARYLAND APPLICATION FOR ALCOHOL AND DRUG TRAINEE AUTHORIZATON



Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, MD 21215 3rd Floor
410-764-4732
www.dhmh.maryland.gov/bopc

FOR OFFICE USE ONLY
BCKGRD RESULTS:

REVIEWER: _____

DATE

REVIEWED: _____

COMMENTS: _____

TYPE OR PRINT ALL INFORMATION

VETERANS AND SPOUSAL PREFERENCE

Are you an active service member or the spouse of an active service member? Yes No

Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes No

I. DEMOGRAPHIC INFORMATION

Social Security No.		Date of Birth:		Place of Birth:	
Name	Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>				
Last		First	MI	Maiden	
Home Address:					
	Street	City	County	State	Zip Code
If less than 3 years provide prior address.					
	Street	City	County	State	Zip Code
Mailing Address:(If different than above)					
	Street	City	County	State	Zip Code
Business Name and Address:					
	Name	Street	City	County	State Zip Code
Home Phone:	Work:	Cell:	Email:		

Province/Country if not U.S.

GENDER AND ETHNICITY: *This information is optional and will be used for statistical purposes by authorized personnel.*

Gender: Male Female

Ethnicity: Are you of Hispanic or Latino origin? Yes No

Check all that apply.

American Indian or Alaska Native

Black or African American White

Asian

Native Hawaiian or other Pacific Islander

II. ANSWER ALL QUESTIONS

A. Has any state licensing or disciplinary board ever taken any action against your license and/or certification, including but not limited to limitations of practice, required education, admonishment, reprimand, revocation, suspension? Yes No If yes, explain circumstances?

B. Has an investigation or charges ever been brought against you by any licensing or disciplinary board?
 Yes No If yes, explain circumstances?

C. Have you pled guilty, nolo contendere, or been convicted of or received probation before judgment or any criminal act (excluding traffic violations)? Yes No
If conviction was set aside, give date and explain using additional pages if necessary. Include required information on all felony convictions attaching additional sheets behind this page if necessary.

III. ADDITIONAL INFORMATION

D. Were you ever granted "Alcohol and Drug Trainee Status" prior to this application? Yes No
If yes, expiration date ____/____/____

E. Are you currently (*or have you ever been*) licensed or certified as an (*check appropriate box*)
CSC-AD CAC-AD CPC-AD LGADC LCADC LCPC? LGPC? LCMFT?
LGMFT? LCPAT LGPAT None of the above

If you hold a credential above you are ineligible for Trainee status. Please apply for the appropriate certification or license.

F. Are you currently licensed by another **Maryland** Board in Mental Health Counseling or other Health Occupation? Yes No

If yes, please specify license held (E: LCSW-C, LGSW, Psychologist, Nurse)

If you hold a credential under MD Health Occupation Article, you are ineligible for Trainee status. Please apply for the appropriate certification or license.

G. Are you currently licensed or certified by a Mental Health or Addictions Counseling Board outside of Maryland? Yes No

If yes, you must first complete an "Out of State" application for certification or licensure in Alcohol and Drug, available on our website www.dhmh.maryland.gov/bopc under "For Licensees", then "Forms".

IV. ACADEMIC TRAINING

Graduate college(s) or universities attended to satisfy academic requirements for licensure. Do not list degrees unrelated to Counseling. List most recent first and provide official transcripts.) Attach additional sheets behind this one, if necessary.

ALL APPLICANTS MUST COMPLETE THIS SECTION

Name of School:

(City)

(State)

Inclusive dates attended: From (mo./yr.)

To (mo./yr.)

Degree granted:

Date granted (mo./yr.)

Major Field of Study:

Name of School:

(City)

(State)

Inclusive dates attended: From (mo./yr.)

To (mo./yr.)

Degree granted:

Date granted (mo./yr.)

Major Field of Study:

Name of School:

(City)

(State)

Inclusive dates attended: From (mo./yr.)

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Inclusive dates attended: From (mo./yr.)

To (mo./yr.)

Degree granted:

Date granted (mo./yr.)

Major Field of Study:

Name of School:

(City)

(State)

Inclusive dates attended: From (mo./yr.)

To (mo. /yr.)

Degree granted:

Date granted (mo./yr.)

Major Field of Study:

V. AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists for the issuance of a trainee status, I agree to abide by the rules and regulations of the Maryland Board of Professional Counselors and Therapists and to take all examinations necessary to the processing of my application. Upon issuance of a trainee status, I agree to be bound by the Code of Ethics. I further understand that the fee submitted with this application is NON-REFUNDABLE.

I agree to hold the Maryland Board of Professional Counselors and Therapists, its members, officers, agents, and examiners free from any damage or claim of damage or complaint by reason of any action taken in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to issue me a license. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I understand, by law, it is my responsibility to notify the Board in writing if I change my address of residence.

I do hereby affirm that all statements made herein are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of the information in this application and other activities for the purpose of verifying my qualifications for licensure.

Signed _____

Date: _____

NOTARY

State of _____

City/County of _____

I HEREBY CERTIFY that on this _____ day of _____, before me, a Notary Public of the State and City/County aforesaid, personally appeared

_____, and made oath in due form that the contents of the foregoing Affidavit are true.

Notary Public _____

Commission Expires _____

ATTACH YOUR PHOTOGRAPH IN THIS AREA (RECENT 2"x2")



VI. SUPERVISORS INFORMATION

Name of Supervisor:			
Supervisor's License or Certification Number:		Reference Number:	
License or Certification Expiration Date:			
Supervisor's Employment Telephone Number:			
Supervisors Signature:			
Place of Employment:			
Business Address:			
Street:	City	State	Zip Code

COURSE DESCRIPTION FORM FOR ALCOHOL AND DRUG TRAINEE (OPTION 1)

Name	Street Address/ P.O. Box	City	State	Zip Code
Email	Home Phone Number	Cell	Business Phone	

Requirements: Associates Degree from an accredited college or university in a Health or Human Services counseling field or an associate’s degree in program of study with a counseling emphasis judged by the Board to be substantially equivalent in subject matter and extent of training AND 1 credit (2 quarter credit) in Alcohol and Drug Ethics from an accredited college or university. CEU’s (Continuing Education Units) are not acceptable for Option 1.

<i>Required Course</i>	<i>List number(s) & title(s) courses. Must be on transcript</i>	<i>Credits Earned</i>	<i>College/University</i>	<i>Date</i>	<i>Grade</i>
(a) Ethics with the focus on A&D (<u>1 credit or 2 quarter credits</u>).					

Total credits earned: _____

COURSE DESCRIPTION FORM FOR ALCOHOL AND DRUG TRAINEE (OPTION 2)

Name	Street Address/ P.O. Box	City	State	Zip Code
Email	Home Phone Number	Cell	Business Phone	

Requirements: 15 credits (25 quarter credits) in alcohol and drug counseling. Coursework must be a minimum of 3 semester hours and 1 credit (2 quarter credit) or 15 CEU's (continuing education units) in Ethics with a focus on alcohol and drug counseling. If the titles of your courses are different from those listed below you MUST include a catalog course description or syllabi of the course. A course applied to one core area may NOT be used again to fulfill another core area.

Required Courses	<i>List number(s) & title(s) courses. Must be on transcript</i>	Credits Earned	College/University	<i>Date</i>	<i>Grade</i>
(a) Pharmacology of Psychoactive drugs					
(b) Individual Counseling					
(c) Group Therapy					
(d) Abnormal Psychology					
(e) Addictions Treatment Delivery					
(f) Topics in Alcohol & Drug dependency					
(g) Theories of Counseling & Psychotherapy					
(h) Family Counseling					
(i) Human Growth Development					
(j) Ethics with the focus on A&D (<u>1</u> credit or <u>2</u> quarter credits or <u>15</u> CEU's).					

Total credits earned: _____