

CERTIFIED ASSOCIATE COUNSELOR - ALCOHOL AND DRUG

APPLICATION INSTRUCTIONS

**** IMPORTANT ****

BEFORE submitting your application, please:

- Retain a copy of all documents for your records. Documents **will not** be returned once received by the Board.
- All forms must be legible, complete, signed, and dated (where applicable) or processing may be delayed.
- Include a check or money order in the amount of \$150.00 payable to:
Board of Professional Counselors and Therapists. Fees are **non-refundable and non-transferable**.
- Applications **may not** be submitted via fax or email. Please mail to:

Board of Professional Counselors and Therapists
Attn: Janice Isaac, Alcohol and Drug Counselor Licensing Coordinator
4201 Patterson Avenue, Suite 316
Baltimore, MD 21215

- ***NEW***** Submit a copy of the receipt from your criminal history record check (CHRC) **with** your application. The form for the CHRC is included in the application. Reports are sent directly to the Board by CJIS.

ELIGIBILITY/REQUIREMENTS: *The following is a summary only. For complete requirements and definitions, see Md. Code Ann. Health Occ. II, §17-101, et. seq. and COMAR 10.58 which may be found on the Board's website, www.dh.maryland.gov/bopc.*

- Education:** Applicant shall at a minimum:
 - 1) Hold a bachelor's degree or higher from a regionally accredited educational institution approved by the Board in a **health and human services counseling field; OR**
 - 2) Hold a bachelor's degree from a regionally accredited educational institution approved by the board in a program of studies judged by the board to be substantially equivalent in subject matter under COMAR 10.58.07.06A(3)(a); **AND**
 - 3) Complete a minimum of 33 semester credit hours or 50 quarter credit hours in alcohol and drug counselor training from a regionally accredited institution of higher education approved by the Board including:
 - (i) A 3-semester credit hour or 5 quarter credit hour course taken at a regionally accredited educational institution **in each** of the following courses:
 1. Medical aspects of chemical dependency;
 2. Addictions treatment delivery;

3. Group counseling;
4. Individual counseling;
5. Ethics that includes alcohol and drug counseling issues; and
6. Abnormal psychology; and

(ii) **Any three** of the following 3 semester credit hour or 5 quarter credit hour courses taken at a regionally accredited educational institution:

1. Family counseling;
2. Theories of counseling;
3. Human development;
4. Topics in substance related and addictive disorders; and
5. Treatment of co-occurring disorders; **and**

4) Complete an internship in alcohol and drug counseling that totals 6 semester credit hours or 10 quarter credit hours;

5) Complete not less than 1 year with a minimum of 2,000 hours of supervised clinical experience in alcohol and drug counseling under the supervision of a Board-approved alcohol and drug supervisor; and

Examinations: Upon determination of eligibility by the Board, an applicant must pass the following:

- 1) The NCAC Level II exam; **and**
- 2) The Maryland law exam.

Both examinations are administered by testing services at several locations within the State. The date and time of examinations is determined on an individual basis after the applicant has been notified by the Board that he/she may sit for the exam(s).

A Criminal History Records Check (CHRC) (form included with application). Applicant must include a copy of the receipt from the CHRC with this application. This allows the Board to access the report online from CJIS.

III. INFORMATION REGARDING BACKGROUND

Please answer Yes or No to each question.

YES NO

1. Has any state licensing or disciplinary board ever taken any disciplinary action against your license or certification, including, but not limited to, charges, admonishment, reprimand, revocation, or suspension?
-

If yes, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a copy of the disciplinary/court document from the issuing agency, if applicable.

2. Have you pled guilty, nolo contendere (no contest), or been convicted of, received probation before judgment or had a conviction set aside for any criminal act (excluding traffic violations)?

If yes, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a copy of the disciplinary/court document from the issuing agency, if applicable. The failure to include this information will result in processing delays.

3. Were you ever granted “Alcohol and Drug Trainee Status” prior to this application?

If yes, when does/did it expire? ____/____/____.

4. Are you currently (or have you ever been) licensed or certified as a:

Check all that apply.

- CSC-AD CAC-AD CPC-AD LGADC LCADC
 LCPC LGPC LCMFT LBMFT LCPAT
 LGPAT None of the above.

5. Are you currently licensed or certified by another **Maryland** board in mental health counseling or other health occupation? *If so, specify license/certificate (Ex: LCSW-C, Psychologist, Registered Nurse, etc.) _____.*

6. Are you currently licensed or certified by a mental health or addictions counseling board *outside of Maryland*?

If yes, please complete the “Out of State” application for certification in Alcohol and Drug Counseling which can be found on the Board’s website:

www.health.maryland.gov/bopc.

IV. EDUCATION: List colleges or universities attended to satisfy academic requirements for licensure or certification. Do not list degrees unrelated to counseling. Please list the most recent colleges/universities first and provide **official** transcripts. Attach additional sheets, if necessary.

A. _____
Name of School _____ *City* _____ *State* _____
 Dates attended: From (mo./yr.) _____ To (mo./yr.) _____
 Degree awarded: _____ Date awarded: _____
 Major field of study: _____

B. _____
Name of School _____ *City* _____ *State* _____
 Dates attended: From (mo./yr.) _____ To (mo./yr.) _____
 Degree awarded: _____ Date awarded: _____
 Major field of study: _____

C. _____
Name of School _____ *City* _____ *State* _____
 Dates attended: From (mo./yr.) _____ To (mo./yr.) _____
 Degree awarded: _____ Date awarded: _____
 Major field of study: _____

D. _____
Name of School _____ *City* _____ *State* _____
 Dates attended: From (mo./yr.) _____ To (mo./yr.) _____
 Degree awarded: _____ Date awarded: _____
 Major field of study: _____

V. QUALIFICATIONS: *Complete the chart below. If the title of your course differs from those listed, you must include a catalog course description or syllabus for each course. A course applied to one topic area **may not** be used to fulfill another topic area. * Official transcript(s) must be attached to this application. Do not include continuing education courses/workshops.

Topic Area	Course Title and Number (Must appear on transcript)	Credits Earned	College/Univ.	Date	Grade
Medical Aspects of Chemical Dependency					
Indiv. Counseling					
Group Counseling					
Abnormal Psychology					
Addictions Treatment Delivery					

Ethics that includes A&D Counseling Issues (course description /syllabus must indicate alcohol/drug counseling)					
Internship/Practicum/Field Placement (6 credits or 10 quarter credits)					
	Electives: At least 3 from the courses below:				
Family Counseling					
Topics in A&D Dependency					
Theories of Counseling					
Human Development					
Treatment of Co-occurring disorders					

Total Credits Earned: _____

VI. SUPERVISED EXPERIENCE: Applicant must complete not less than 1 year with a minimum of 2,000 hours of supervised clinical experience in alcohol and drug counseling under the supervision of a Board-approved alcohol and drug supervisor. Attach additional sheets, if necessary.

Dates To/From:	Agency/ Employer	Applicant's Job Title and Job Description	Hours of supervised experience completed	Was Applicant's practice satisfactory?	Supervisor's Name (print) Approved Supervisor Ref. #

** Supervisor's signature above constitutes verification that he/she is a board-approved supervisor and that the supervised experience hours listed are true and accurate.



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

CAC-AD - SUPERVISION VERIFICATION

I, _____, certify that I supervised _____ from
Supervisor's Name (printed) *Applicant's Name*

_____ until _____ at _____
Month/Year *Month/Year* *Name of Facility and Location*

The Applicant completed _____ hours of experience under my supervision as a

Applicant's Job Title

The Applicant's job duties consisted of: _____

The Applicant's practice was Satisfactory Unsatisfactory.

Please place a check mark in the box and indicate the number of hours this applicant performed one or more of the following duties under your supervision:

- | | | |
|--------------------------|--|-------------|
| <input type="checkbox"/> | Group Counseling | _____ hours |
| <input type="checkbox"/> | Individual Counseling | _____ hours |
| <input type="checkbox"/> | Family Counseling | _____ hours |
| <input type="checkbox"/> | Screening | _____ hours |
| <input type="checkbox"/> | Intake | _____ hours |
| <input type="checkbox"/> | Orientation | _____ hours |
| <input type="checkbox"/> | Case Management | _____ hours |
| <input type="checkbox"/> | Crisis Intervention | _____ hours |
| <input type="checkbox"/> | Education & Prevention | _____ hours |
| <input type="checkbox"/> | Referral | _____ hours |
| <input type="checkbox"/> | Consultation | _____ hours |
| <input type="checkbox"/> | Reports and Record Keeping | _____ hours |
| <input type="checkbox"/> | Assess and diagnosis (Diagnostic impression) | _____ hours |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |

Treatment Planning _____hours

Meeting with supervisor _____hours

Total Hours _____out of 2000 hours

I certify that I am an approved alcohol and drug supervisor as specified in COMAR 10.58.07.02(2).

I further certify that I provided the supervision described above, and that it is a true and accurate representation.

Supervisor's Signature Date

License/Certificate/Approved Supervisor Number &
Expiration date

Supervisor Phone Number

Email

PROFESSIONAL REFERENCE ASSESSMENT for CAC-AD

Applicant's Name: _____

The person named above has applied to the Maryland Board of Professional Counselors and Therapists to become a Certified Associate Counselor – Alcohol and Drug. Your assessment of the applicant's characteristics will enable the Board to evaluate whether the applicant meets the Board's standards for certification. Please answer each question to the best of your ability.

Reference's Name: _____ Credentials: _____

Place of Employment: _____

Relationship to Applicant: _____

How long have you known the Applicant? From _____ to _____.

Please rate the Applicant compared to other counselors you know on the following characteristics:

(Counselor educators should be evaluated on their ability to train students in counseling skill areas).

Skill	Outstanding	Above Avg.	Average	Below Avg.	Poor	Cannot Evaluate
Individual counseling						
Making appropriate Referrals						
Group counseling						
Personal Integrity						
Consulting						
Insight into client's problems						
Ability to relate to co-workers						
Ability to be objective						
Ethical conduct						
Concern for welfare of clients						
Sense of responsibility						
Recognition of own limits						
Supervisory abilities						
Ability to keep material confidential						

I recommend the Applicant for certification as a Certified Associate Counselor – Alcohol and Drug (CAC-AD). Yes No

This recommendation is based upon my best judgment. I am willing to answer additional questions concerning this evaluation should the Board deem it necessary.

_____ _____
Signature of Reference Date

After completing this form, please place in a sealed envelope, sign the sealed flap, and return to Applicant.



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NOTICE OF CRIMINAL HISTORY RECORDS CHECK

Effective January 1, 2014, the Maryland Board of Professional Counselors and Therapists (the "Board") requires that all applicants for licensure, certification, and trainee status complete a criminal history records check in accordance with §§17-501 and 17-501.1 of the Health Occupations Article, Annotated Code of Maryland.

A Criminal History Records Check includes a national and state criminal history background search. The criminal history records check requires you to be fingerprinted. In order to be fingerprinted, you will need to complete and present the LiveScan Pre-Registration Form. (Attached).

You must present this form to the fingerprinting site because it provides the Criminal Justice Information System (CJIS) authorization number **#1300005490** and the FBI ORI number **#MD920512Z** assigned specifically to the Board.

This allows the information to be forwarded directly to the Board.

For additional information contact CJIS at 410-764-4501. For current listings of fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>.

FOR FAST AND ACCURATE SERVICE

1. When requesting a criminal history records check for licensing purposes you must have an agency name and authorization number (Listed above).
2. Your background check is being sent to the Board.
3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).
4. Complete the LiveScan Pre-registration Application and bring it to any fingerprinting center/provider.
5. Bring payment as indicated above. The Board will receive the results from the criminal history records check directly from CJIS within 5-7 business days. The Board will contact you if it has any questions regarding the report. Please do not contact the Board to check if the report has been received.
6. Please do not send the LiveScan Pre-registration Application to the Board. You must present it at the fingerprint center/provider location.

