

CERTIFIED ALCOHOL AND DRUG APPROVED SUPERVISOR

PLEASE READ BEFORE COMPLETING APPLICATION

Effective January 1, 2017

QUALIFICATIONS:

To qualify as a Certified Alcohol and Drug Approved Supervisor, applicants must be a **CAC-AD (Certified Associate Counselor Alcohol and Drug)** certificate holder for at least 2 years, have 3 years' experience or more in alcohol and drug counseling that includes 3,000 hours of direct client contact **AND** have one of the following options:

1. Option 1: 3 credit (5 quarter credit) undergraduate or graduate level course in counseling supervision from a regionally accredited college or university.
2. Option 2: 18 CEU's (continuing education units) in counseling supervision from an approved CEU program.
3. Option 3: Hold the Clinical Supervisor credential issued by ICRC (International Certification Reciprocity Consortium) or NAADAC (National Association for Alcohol and Drug Abuse Counselors).

SUPERVISEES:

Certified Alcohol and Drug Approved Supervisors provide supervision for the following:

1. CAC-AD (Certified Associate Counselor – Alcohol and Drug)
2. CSC-AD (Certified Supervised Counselor-Alcohol and Drug) and
3. Alcohol and Drug Trainees only pursuing either the CSC-AD or CAC-AD.

Certified Alcohol and Drug Approved Supervisors **are not eligible** to provide supervision to the following:

1. LCADC (Licensed Clinical Alcohol and Drug Counselor)
2. LGADC (Licensed Graduate Alcohol and Drug Counselor)
3. CPC-AD (Certified Professional Counselor – Alcohol and Drug)
4. Alcohol and Drug Trainees pursuing either the LGADC or LCADC

The following are **not eligible and cannot** provide supervision to Alcohol and Drug Counselors or Alcohol and Drug Trainees pursuing certification:

1. Licensed Graduate Counselors (Ex: LGADC, LGPC, LGMFT, LGSW, etc)
2. CSC-AD (Certified Supervised Counselor-Alcohol and Drug)
3. Alcohol and Drug Trainee Counselors
4. LCSW (Licensed Certified Social Worker) or LBSW (Licensed Bachelor Social Worker)
5. A relative



MARYLAND DEPARTMENT OF HEALTH
 Board of Professional Counselors and Therapists
 4201 Patterson Avenue, Suite 316
 Baltimore, Maryland 21215
 (410) 764-4732
www.health.maryland.gov/bopc

**CERTIFIED ALCOHOL AND DRUG APPROVED SUPERVISOR
 APPLICATION & INSTRUCTIONS**

SUBMIT NON-REFUNDABLE \$150.00 APPLICATION FEE: CHECK OR MONEY ORDER MADE OUT TO "BOARD OF PROFESSIONAL COUNSELOR AND THERAPISTS" AND COMPLETE THE APPLICANT INFORMATION BELOW:

APPLICANT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
NAME (TYPE OR PRINT)	LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME
DATE OF BIRTH	SOCIAL SECURITY #	HOME PHONE #	CELL PHONE #	EMAIL ADDRESS
CERTIFICATION NUMBER	ATTACH A COPY OF YOUR CURRENT CERTIFICATION			

HOME ADDRESS

STREET	CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

STREET	CITY	STATE	ZIP CODE
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BUSINESS INFORMATION

PLACE OF BUSINESS				
BUSINESS ADDRESS	STREET	CITY	STATE	ZIP CODE
BUSINESS PHONE NUMBER	BUSINESS EMAIL			

CREDENTIALS AND EXPERIENCE:

EFFECTIVE JANUARY 1, 2017 APPLICANTS MUST MEET ONE OF THE FOLLOWING OPTIONS.

I hereby affirm that as a current CAC-AD I have held my credential for at least (2) two years prior to applying, I have (3) three years experience in alcohol and drug counseling including 3,000 hours of direct client contact, **AND** I meet at least (1) **one** of the options listed below.

PLEASE CHECK APPROPRIATE BOX AND ATTACH A COPY OF YOUR CERTIFICATION AND REQUESTED DOCUMENTATION

Option 1: Completed 3 semester credit (5 quarter credit) undergraduate or graduate level course in counseling supervision. (Complete "Alcohol and Drug Coursework: Option 2" section and attach official transcript along with your application).

OR

Option 2: Completed 18 CEU's (Continuing Education Units) in a Board approved continuing education program in counseling supervision. (List CEU's in "Alcohol and Drug Coursework: Option 3" section and attach copies of CEU certificates along with your application).

OR

Option 3: Hold the Clinical Supervisor credential from the ICRC (International Certification Reciprocity Consortium) or NAADAC (National Association of Alcoholism and Drug Abuse Counselors) Clinical Supervisor (NCESSADP) (Complete "Alcohol and Drug Supervisor Credential: Option 3 and attach a copy of this credential along with your application)

APPLICANT SIGNATURE _____ **DATE** _____

ALCOHOL AND DRUG COURSE WORK
Certified Alcohol and Drug Approved Supervisor

College Credits: OPTION 1

COUNSELING SUPERVISION COURSE: This 3 semester credit (5 quarter credit) undergraduate or graduate level course(s) may include but not limited to (1): Role and responsibilities of a supervisor, (2) the needs of the supervisee, supervisor, and the agency setting while maintaining a clear ethical perspective, (3) the roll and responsibilities of a supervisor at gatekeeper to the profession, (4) methods for building effective and appropriate relationships with clients, (5) models for group supervision and (6) models and modalities for practice intervention. **PLEASE LIST THE COURSE BELOW AND ATTACH AN OFFICIAL TRANSCRIPT FROM A REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY WITH THIS FORM. UNOFFICAL TRANSCRIPTS ARE NOT ACCEPTABLE.**

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

<i>Required Courses</i>	<i>Course number(s) & Course title(s) Must be on transcript</i>	<i>Credits Earned</i>	<i>College/University</i>	<i>Date</i>	<i>Grade</i>
Counseling Supervision (Undergraduate or Graduate Level)					
Additional Course					

ALCOHOL AND DRUG COURSE WORK
Certified Alcohol and Drug Approved Supervisor
Continuing Education Units: OPTION 2

Counseling Supervision course: At least 18 (CEUs) that may include but not limited to (1): Role and responsibilities of a supervisor, (2) the needs of the supervisee, supervisor, and the agency setting while maintaining a clear ethical perspective, (3) the roll and responsibilities of a supervisor at gatekeeper to the profession, (4) methods for building effective and appropriate relationships with clients, (5) models for group supervision and (6) models and modalities for practice intervention. **PLEASE ATTACH COPIES OF CEU CERTIFICATES.**

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

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Name of Workshop or CEU course	Sponsor (OETAS, NAADAC, Tuerk Conference, University of MD..., etc)	CEU Hours Earned

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**CERTIFIED APPROVED ALCOHOL AND DRUG SUPERVISOR
ALCOHOL AND DRUG SUPERVISOR CREDENTIAL: OPTION 3
ICRC OR NAADAC**

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

PLEASE CHECK APPROPRIATE BOX AND ATTACH A COPY OF YOUR CREDENTIAL TO THIS FORM

I CURRENTLY HOLD THE CLINICAL SUPERVISOR (CS) CREDENTIAL ISSUED BY THE IC & RC (*INTERNATIONAL CERTIFICATION AND RECIPROCITY CONSORTIUM*) THAT IS CURRENT, ACTIVE, AND IN GOOD STANDING FROM THE STATE OF _____.

(Maryland, Virginia, DC, etc)

OR

I CURRENTLY HOLD THE NATIONALLY ENDORSED CLINICAL SUPERVISOR FOR SUBSTANCE ABUSE DISORDER PROFESSIONALS CREDENTIAL (NECSSAP) ISSUED BY NAADAC (*NATIONAL ASSOCIATION OF ALCOHOL AND DRUG ABUSE COUNSELORS*) THAT IS CURRENT, ACTIVE, AND IN GOOD STANDING FROM THE STATE OF _____.

(Maryland, Virginia, DC, etc)