

OVERVIEW OF CERTIFICATION PROCESS – CSC-AD
REVISED OCTOBER 1, 2015

THIS APPLICATION IS NOT A PRE-APPLICATION CREDENTIAL EVALUATION

Application: An application for certification and attachment forms are **required** of all applicants. The application must be typed or printed legibly. The application must be notarized. Incomplete and non-legible applications will be returned.

FEES – Application Fee of **\$150** must be submitted with the application. **FEES ARE NOT REFUNDABLE.**

Criminal History Records Check: All applicants are required to complete a state and federal criminal history records check **before** they are approved to take any exam and obtain certification or licensure. (Separate form will be mailed to the applicant upon application approval).

Education – Applicants must have an Associate’s degree or higher in a Health and Human Services counseling field from a regionally accredited college or university **OR** hold an associate’s degree from a regionally accredited college or university judged by the Board to be substantially equivalent in subject matter and training. Applicants who hold a degree in a Health and Human service counseling field must have a minimum of 24 semester credit hours (37 quarter credit hours) of alcohol and drug counseling coursework that **must include the following:**

3 semester credit hour (5 quarter credit hour) courses:

- (a) Medical Aspects of Chemical Dependency (Pharmacology);
- (b) Addictions Treatment Delivery;
- (c) Ethics that includes alcohol and drug counseling issues; **AND**
- (d) 6 semester credit hours (10 quarter credit hours) in an alcohol and drug internship, practicum, or field placement;

AND any **three** of the following 3 semester credit hour (5 quarter credit) courses in:

- (e) Group Counseling
- (f) Individual Counseling
- (g) Family Counseling
- (h) Theories of Counseling
- (i) Human Development
- (j) Abnormal Psychology
- (k) Topics in substance related and addictive disorder
- (l) Treatment of Co-Occurring Disorders

Applicants who hold an associate’s degree judged to be substantially equivalent by the Board must have at least **30** credits that includes the required **24** semester credit hour courses and the remaining **6** credits in a Health and Human Services counseling area (ex: Psychology, Social Work, Human Services, Alcohol and Drug/Chemical Dependency/Substance Abuse Counseling, etc.):

Examination –Applicants must pass the ICRC/AODA Examination and Maryland State Law Test.

- (1) The ICRC is administered by computer in Belair, Columbia, and Annapolis
- (2) The Maryland Law Test is administered twice a month from January – October and administered once in November and December at the Board Office.
- (3) In order to sit for the examinations all applicants must be approved by the Board as meeting the education requirements.

Please note: Supervised experience is no longer required for this credential.

**APPLICANTS CHECKLIST FOR CERTIFIED SUPERVISED COUNSELOR
ALCOHOL AND DRUG CERTIFICATION (CSC-AD)**

HAVE YOU...	YES	NO
1. Completed your application - Is it notarized and has your signature? (page 3)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Enclosed a NON-REFUNDABLE check/money order for <u>\$150.00</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. Payable to the Board of Professional Counselors & Therapists.	<input type="checkbox"/>	<input type="checkbox"/>
4. Submitted photograph affixed to application (page3)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Included official transcript for appropriate education a minimum of an Associate's Degree in a Human Services Counseling field?	<input type="checkbox"/>	<input type="checkbox"/>
6. Listed <u>24</u> credits of alcohol and drug course work on the course description form that included the course numbers and course titles found on the official transcripts?	<input type="checkbox"/>	<input type="checkbox"/>
7. Included any course descriptions or syllabi <u>only</u> for courses that have a different title from what is listed on the application course form?	<input type="checkbox"/>	<input type="checkbox"/>

MARYLAND APPLICATION FOR CERTIFIED SUPERVISED COUNSELOR ALCOHOL AND DRUG



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

CERT NUM/DATE: _____
 ICRC SCORE/DATE: _____
 LAW SCORE/DATE: _____
 BCKGRD RESULTS: _____
 REVIEWER: _____
 DATE REVIEWED: _____
 COMMENTS: _____

TYPE OR PRINT ALL INFORMATION

VETERANS AND SPOUSAL PREFERENCE

- 1) Are you an active service member or the spouse of an active service member? Yes No
- 2) 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

DEMOGRAPHIC INFORMATION

Social Security No.		Date of Birth:		Place of Birth:	
Last Name		Maiden		First Name	
				MI	
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

SECTION I:

Academic History and Credentials

Criteria: **Associates degree or higher in a Human Service counseling field from a regionally accredited college or university.**

Directions: Please list your relevant educational history below, beginning with your most recent college education. **Official Transcripts are required.**

College or University	Date(s) of Attendance	Degree Awarded/Major

SECTION II:**EXAMINATION**

All applicants must pass the **ICRC/AODA** written examination and **Maryland State Law Test**

Have you taken and passed the ICRC/AODA examination Yes No

If you have passed the ICRC/AODA examination, please include official results.

Have you taken and passed the Maryland Law Test Yes No

If No, you must meet the education requirements before you will be authorized to take the ICRC or Law Test.

ADDITIONAL INFORMATION

A. Have you ever been denied an initial application, renewal of a certification and/or license, or reinstatement of a certification or license and/or by any state licensing or disciplinary board? (*including Maryland*) Yes No

If "yes" explain reason(s) and disposition. (*Use separate sheet if necessary*)

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

If yes, explain circumstance(s).

C. Has an investigation or charge ever been brought against you by any state licensing or disciplinary board? Yes No
If yes, explain circumstance(s).

D. Have you ever charged with a crime, pled guilty, nolo contendere, or been convicted of or received probation before judgment of any criminal act (excluding traffic violations) in any state? (*including Maryland*) Yes No

If "yes" provide the following information: *True Test Copy of Disposition of charges or case issued by the court from the state where the criminal act occurred.* Explanation of charges and/or case. Use separate sheet if necessary. If information is not provided application is incomplete.

Include the Date of Conviction:

Where convicted	Charge
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E. Are you currently (*or have ever been*) an Alcohol and Drug Counselor Trainee? Yes No
If "yes", when does your "Trainee Status" expire?

F. Are you currently licensed as an (*check appropriate box*) LCPC? LGPC? LCMFT? LGMFT?
LCPAT LGPAT LBA (Behavior Analyst) None of the above

G. Are you currently licensed by another **Maryland** Board in Mental Health Counseling or other Health Occupation? Yes No
If yes, please specify license held (Ex: LCSW-C, LGSW, Psychologist, Nurse)

H. Are you currently licensed by a Mental Health Counseling Board ***outside of Maryland?*** Yes No
If yes, please complete the "Out of State CSC-AD application."

I. Do you have any physical or mental condition that currently impairs your ability to practice counseling or that would cause reasonable questions to be raised about your physical, mental, or professional competency? Yes No
If yes, please provide a full explanation.

AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists for the issuance of a certificate, 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 certificate, 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 certificate. 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.

Applicant Signature _____

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 Signature _____

Commission Expires _____

**ATTACH APPLICANT
PHOTOGRAPH IN THIS
AREA (RECENT 2"x2")**

COURSE DESCRIPTION FORM: CSC-AD

Requirements: Associates Degree in Health or Human Service Counseling field with 24 credits from the list below that includes 3 credits in Ethics and 6 credits of an alcohol and drug internship/practicum/field placement, OR an Associates Degree in a program of study judged by the Board to be substantially equivalent, that has a counseling emphasis in terms of subject matter and extent of training required for certification, from an accredited institution approved by the Board, with a minimum of 30 credits in counseling including the required alcohol and drug coursework for CSC-AD.

Each course must be 3-credits (or 5 quarter credits), with the exception of 6 credits required for the internship/practicum/field placement course. *A course applied to one core area cannot be used again to fulfill another core area.* If the titles of the courses on your transcript are different from those listed below, you must include the catalog course description or college syllabi. If you fail to include description(s), your application will be returned and you will have to pay another review fee.

ALL COURSE WORK MUST BE FROM A REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY. CONTINUING EDUCATION WORKSHOP OR TRAINING HOURS DO NOT MEET EDUCATION REQUIREMENTS.

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

<i>Required Courses 3 credits must be in each core area below. 6 credits required for internship/practicum/Field placement.</i>	<i>Please Write in Course number(s) & Course title(s) on this form. Courses must be on official transcript(s)</i>	<i>Credits Earned</i>	<i>College/University</i>	<i>Date</i>	<i>Grade</i>
Required Counseling Courses for CSC-AD (Certified Supervised Counselor Alcohol and Drug)					
<i>Ex: Pharmacology</i>	<i>ADC 102: Intro To Pharmacology</i>	<i>3</i>	<i>BCCC</i>	<i>Sept – Dec 2014</i>	<i>A</i>
(a) Medical Aspects of Chemical Dependency (Pharmacology)					
(b) Addictions Treatment Delivery					
(c) Ethics that includes alcohol and drug counseling issues (<i>Must be 3 semester/5 quarter credits</i>)					
(d) Internship/Practicum/Field Placement (<i>Must have at least 6 credits or 10 quarter credits</i>).					

Maryland Board of Professional Counselors and Therapists

Course Descriptions for Alcohol and Drug Certification

Each course must be at least 3 semester credit (5 quarter credit) with the exception of the 6 semester credit (10 quarter credit course requirement for the alcohol and drug internship/practicum/field placement.

Continuing Education/Trainings/Workshops certificates are NOT ACCEPTABLE for certification.

- A. Medical Aspects of Chemical Dependency:** (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.
- B. Addictions Treatment Delivery covers:** (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
- C. Ethics (with a focus on Alcohol & Drug) covers:** (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
- D. Alcohol and Drug Counseling Internship/Practicum/Field Placement (6 credits)**
- E. Individual Counseling covers:** (1) The formation of therapeutic relationships, and (2) Therapeutic communication skills. **Examples of courses in this area:** (1) Counseling Methods (2) Techniques of Counseling
- F. Group Therapy covers:** (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..
- G. Family counseling covers:** (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
- H. 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
- I. Topics in substance related and addictive disorder:** (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
- J. Theories of Counseling covers:** major theoretical schools and theorists. **Examples of courses in this area:** (1) Theories of Counseling (or Psychotherapy) (2) Introduction to Psychotherapy Theories
- K. Human Growth and Development covers:** (1) Developmental stages and (2) Expected milestones. **Examples of courses in this area:** (1) Human Growth & Development (2) Personality Development
- L. Treatment of Co-Occurring Disorders covers:** (1) Screening, assessment and treatment of people with co-occurring disorders (2) types of integrated treatment. **Examples of courses in this area** (1) Dual Diagnosis (2) Treatment of Substance Abuse and Mental Health Disorders