



DEPARTMENT OF HEALTH AND MENTAL HYGEINE
BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS

4201 Patterson Avenue, Suite 316

Baltimore, Maryland 21215

410-764-4732 or 410-764-4740

www.dhmh.maryland.gov/bopc

410-358-1610 (fax)

**PRE-APPLICATION CREDENTIALS EVALUATION INSTRUCTIONS
TRAINEE STATUS**

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.**

1. Please write or type your name and address on the form
2. Complete Course Description Form
 - a. Complete Option 1 if you have an Associates degree or higher in a Health and Human Service counseling field **and** you have a 1 semester credit (2 quarter credit) college course in Alcohol and Drug Ethics. (Please attach transcripts)
 - b. Complete Option 2 if you have at least 15 college credits (25 quarter credits) in alcohol and drug counseling **and** you have a 1 semester credit (2 quarter credit) college course or **OR** 15 CEU's (Continuing Education Units) in Alcohol and Drug Ethics. (Please attach copies of CEU certificates and transcripts).
3. You must include Catalog Course Description of courses, if your courses are different from those listed in the law and regulations.
4. Include the **NON REFUNDABLE** \$50.00 Processing fee.
5. Return your information to Board at the above address.
6. The Board will review your information and respond to you in writing.

PRE-APPLICATION CREDENTIAL EVALAUTION
COURSE DESCRIPTION FORM FOR ALCOHOL AND DRUG TRAINEE (Option 1)

Maryland Board of Professional Counselors and Therapists
 4201 Patterson Avenue, Baltimore, MD 21215 410-764-4732 or 410-764-4740
www.dhmv.maryland.gov/bopc/

Name: _____ Address _____

Phone No: _____ Email: _____

I am pre-applying for: Alcohol and Drug Trainee Status _____

Requirements: Associates degree or higher in a Health and Human Service counseling field and 1 college credit (2 quarter credit) in Alcohol and Drug Ethics (Attach transcripts). If the titles of your courses are DIFFERENT from those listed below you MUST submit a syllabi or catalog course description of the course. *A Course applied to one core area cannot be used again to fulfill another core area. CEU's are not accepted for Option 1 trainee status.*

<i>Required Courses</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>
Alcohol and Drug Ethics (1 college credit/2 quarter credits).					

PRE-APPLICATION CREDENTIAL EVALAUTION
COURSE DESCRIPTION FORM FOR ALCOHOL AND DRUG TRAINEE (Option 2)

Maryland Board of Professional Counselors and Therapists
 4201 Patterson Avenue, Baltimore, MD 21215 410-764-4732 or 410-764-4740
www.dhmh.maryland.gov/bopc/

Name: _____ Address _____

Phone No: _____ Email: _____

I am applying for: Alcohol and Drug Trainee Status _____

Requirements: 15 credits in alcohol and drug counseling (courses must be at least 3-credits) and 1-credit or 15 CEU's (Continuing education units) in Ethics with a focus on alcohol and drug counseling or. If the titles of your courses are DIFFERENT from those listed below you MUST submit a syllabi or catalog course description of the course. A Course applied to one core area cannot be used again to fulfill another core area. CEU's are only accepted for Alcohol and Drug Ethics course for Option 2.

<i>Required Courses</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) Pharmacology of Psychoactive drugs					
(b) Individual Counseling					
(c) Group Therapy					
(d) Abnormal Psychology					
(e) Addictions Treatment Delivery					
(f) Topics in Alcohol & Drug Counseling					

<i>Required Courses</i>	<i>Number(s) & Title of required courses</i>	<i>Credits Earned</i>	<i>College/University</i>	<i>Date</i>	<i>Grade</i>
(g) Theories of Counseling					
(h) Family Counseling					
(i) Human Growth Development					
(j) Ethics with the focus on A&D (1 college credit/2 quarter credit or 15 CEU's).					

Total credits earned _____

- (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.
- (b) **Individual Counseling covering:** (1) The formation of therapeutic relationships, and (2) Therapeutic communication skills.
- (c) **Group Therapy covering:** (1) Therapeutic factors in groups (2) Stages of development, (3) Types of therapy groups.
- (d) **Abnormal Psychology covering:** (1) Major categories of mental disorders, and (2) Theoretical models of mental disorders.
- (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.
- (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.
- (g) **Theories of Counseling covering** major theoretical schools and theorists
- (h) **Family Counseling covering:** (1) Family systems theory and dynamics (2) Family processes in addiction, and (3) Family recovery. Models.
- (i) **Human Growth and Development covering:** (1) Developmental stages and (2) Expected milestones.
- (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.

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")

