

**ALCOHOL AND DRUG TRAINEE 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: Tawana Brown, Alcohol and Drug Trainee Coordinator
4201 Patterson Avenue, Suite 316
Baltimore, MD 21215

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 10.58.07 which may be found on the Board's website, www.dh.maryland.gov/bopc.*

- **Applicant must be pursuing** (and provide supporting documentation):
 - 1) Licensure as a graduate or clinical alcohol and drug counselor (LGADC/LCADC); **or**
 - 2) Certification as an alcohol and drug counselor (CAC-AD or CSC-AD).
- **Educational Requirements:**

Option 1: Associate's degree or higher in health and human services counseling field (or a program of study determined by the Board to be substantially equivalent) from a Board approved, regionally accredited educational institution which **includes** 1 semester/2 quarter credit hours in the ethics of drug and alcohol counseling;

OR

Option 2: Have completed 15 semester/25 quarter credit hours* from among the following topic areas*:

- Medical aspects of chemical dependency	- Group counseling
- Individual counseling	- Family counseling
- Theories of counseling	- Human development
- Abnormal psychology	- Treatment of co-occurring disorders
- Topics in substance related addictive disorders	

*15 semester credit hours/ 25 quarter credit hours must **include** either 1 credit hour in the ethics of alcohol and drug counseling or 15 CEUs in the ethics of alcohol and drug counseling.

Topic Areas for Option 2:

(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.

(b) Individual Counseling: (1) The formation of therapeutic relationships, and (2) Therapeutic communication skills.

(c) Group Therapy: (1) Therapeutic factors in groups (2) Stages of development, (3) Types of therapy groups.

(d) Abnormal Psychology: (1) Major categories of mental disorders, and (2) Theoretical models of mental disorders.

(e) Addictions Treatment Delivery: (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: (1) Various theories of addictive disorders (2) Models of treatment and (3) Other topics related to alcohol and drug dependency.

(g) Theories of Counseling: major theoretical schools and theorists

(h) Family Counseling: (1) Family systems theory and dynamics (2) Family processes in addiction, and (3) Family recovery. Models.

(i) Human Growth and Development: (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.

□ **Supervision:** Applicant must include verification that applicant's supervisor has been approved by the Board. An "approved alcohol and drug supervisor" includes:

- 1) A licensed clinical alcohol and drug counselor (LCADC);
- 2) A certified professional counselor – alcohol and drug (CPC-AD);
- 3) A certified associate counselor – alcohol and drug (CAC-AD) with 3 years of documented experience in alcohol and drug counseling as approved by the Board; or
- 4) A health care provider licensed under Md. Code Ann. Health Occupations Article with 3 years of documented experience in alcohol and drug counseling as approved by the Board.

□ **Miscellaneous:**

- Trainee authorization is valid for a period of 2 years. Authorization may be renewed in 2 year increments, provided all renewal requirements are satisfied, and in no event, shall the total trainee period exceed 6 years from the original date of authorization.
- Trainee authorization cannot be used as (1) a temporary license/certification; (2) while fulfilling the requirements for another health occupation, or (3) while fulfilling the requirements for "Out of State" licensure/certification.
- Applicants who currently hold a clinical or graduate license or certification under the Maryland Health Occupations Article are ineligible to apply for alcohol and drug trainee status.

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

FOR OFFICE USE ONLY
Background Check: _____
Reviewer: _____
Date Reviewed: _____

ALCOHOL AND DRUG TRAINEE APPLICATION

Please type or print all information.

I. VETERANS AND SPOUSAL PREFERENCE

Are you an active service member or the spouse of any 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 year of filing this application?

Yes No

II. DEMOGRAPHIC INFORMATION

Name: _____
Last First MI Maiden

SSN: _____ Date of Birth: _____ Place of Birth: _____

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Home Address: _____
Street City State Zip

Prior address: _____
(If less than 3 years at current address) Street City State Zip

Mailing Address: _____
(If different than above) Street City State Zip

Business: _____
Name Street City State Zip

Gender and Ethnicity: *This information is optional and may 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 Asian White
 Black or African American Native Hawaiian or Pacific Islander

III. LICENSURE/CERTIFICATION: I attest, that at the end of my trainee status period, I intend to obtain licensure/certification as (*check one*):

- a licensed clinical alcohol and drug counselor (LCADC);
- a licensed graduate alcohol and drug counselor (LGADC);
- a certified associate counselor – alcohol and drug (CAC-AD); or
- a certified supervised counselor (CSC-AD) – alcohol and drug.

IV. 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, 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.

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

If yes, when does 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.

***** If you hold one of the above credentials, you are ineligible for trainee status. Please apply for the appropriate certificate/ license.**

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.) _____.*

***** If you hold a credential under the Maryland Health Occupation Article, you are ineligible for trainee status. Please apply for the appropriate certificate/ license.**

- □ 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/ licensure in Alcohol and Drug Counseling which can be found on the Board’s website www.dh.maryland.gov/bopc under “For Licensees”, then “Forms”.

V. 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: _____

E.

VI. QUALIFICATIONS: Applicant shall meet one of following requirements:

- **OPTION 1: Applicant must:**
 - Have an **Associate’s degree** or higher
 - in a **health or human services counseling field (or a substantially equivalent program of study as approved by the Board)**
 - from an **accredited educational institution approved by Board**
 - which **includes** 1 semester or 2 quarter credit hours in the **ethics** of alcohol and drug counseling.

*CEUs are not accepted under Option 1.

*Ethics course must appear on official transcript.

*Official transcript must be attached to this application

- OR -

- **OPTION 2: Applicant must:**
 - Have **completed 15 semester /25 quarter credit hours in alcohol and drug counseling from among the topic areas:**
 - Medical aspects of chemical dependency
 - Group counseling
 - Individual counseling
 - Family counseling
 - Theories of counseling
 - Human development
 - Treatment of co-occurring disorders
 - Abnormal psychology
 - Topics in substance related/addictive disorders

*15 semester / 25 quarter credit hours **must include** either 1 credit in the ethics of alcohol and drug counseling or 15 CEU hours in the ethics of alcohol and drug counseling.

* Official transcript(s) must be attached to this application.

*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.

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					
Family Counseling					
Theories of Counseling					
Topics in A&D Dependency					
Human Development					
Ethics in A&D Counseling (course description /syllabus must indicate alcohol/drug counseling)					

Total Credits Earned: _____

VII. SUPERVISOR INFORMATION

Name of Supervisor Supervisor’s Lic./Cert. No. Exp. Date Ref. No.

Supervisor’s Place of Employment and Address Office Phone

Supervisor’s Signature

VIII. AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists (the “Board”) for the issuance of a Alcohol and Drug Trainee (ADT) status:

- I agree to abide by the rules and regulations of the Board and to take all examinations necessary for the processing of my application;
- Upon issuance of ADT status, I agree to abide by the Code of Ethics as set forth in COMAR;
- I understand that the fee submitted with this application is **NON-REFUNDABLE**;
- I agree to hold the Board, 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 the failure or refusal of the Board to issue me a license or certificate.
- I grant permission to the Board to seek any information or references it deems appropriate or necessary in verifying my credentials as it pertains to this application.
- I understand, by law, it is my responsibility to notify the Board, in writing, of any change of address.

I do hereby affirm that all of the statements made herein are true and correct to the best of my knowledge and belief. 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’s 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 _____
Commission Expires _____

ATTACH APPLICANT PHOTO
(Recent 2"x2")

