



Certified Tobacco Treatment Specialist

Applicant Name

The CERTIFIED TOBACCO TREATMENT SPECIALIST is not an independent clinical practice credential and should only be used for work within health care or counseling settings. Private practice counselors must have a license approved by the Division of Consumer Affairs to provide independent counseling.

Training:

Must complete UMDNJ's Tobacco Dependency Program of 42 hours and submit the original certificate for review.

Experience:

- Masters or above in Human Services field with one year of full time counseling or health care experience. (1 year = 2000 hours)
- Bachelors in Human Services with two years of full time counseling or health care experience.

CADC/LCADC/ nursing or other recognized health related qualification, with four years of full time counseling or health care experience. (2 years = 4000 hours, 4 years = 8000 hours)

APPLICANT MUST ATTACH THE FOLLOWING TO THE APPLICATION:

- \$225 non-refundable Initial review fee.
- Job Description signed by supervisor and program director.
- Program Description signed by program director.
- Applicant Resume.

The following forms are included in this application and must be completed:

References:

- 1 Supervisor from within your facility
- Signed and witnessed authorization and release form
- Signed Statement of Understanding
- Signed Ethical Standards (send signature page. Keep standards for your records)
- The following forms must also be submitted with this application:
- A job description, signed by both your immediate supervisor and your program director



- A program description, signed by your program director
- A resume covering at least the past five (5) years of your experience

Educational Record Form

You must complete the Certification Board approved tobacco training held by **The Tobacco Dependence Program of UMDNJ** and must accompany your CTTs application.

TOTAL 42 hours

1. Basic Tobacco and Health Knowledge 6 hours
2. Counseling Theory and Practice, Assessment Tools and Key Strategies 6 hours
3. Tobacco Caused Diseases, Environmental Tobacco Smoke, Pharmacological Treatments 6 hours
4. Tobacco Dependence Treatment Methods 6 hours
5. Treatment Planning 6 hours
6. Program Development and Evaluation (On-Line or Special In-Person Course) 6 hours
7. Tobacco Treatment Case Study 6 hours

Recertification Requirements (required every 2 years):

- Eighteen (18) hours of continuing education on tobacco dependence treatment every two (2) years
- \$225 non-refundable recertification fee
- Submission of recertification application

APPLICANT INFORMATION SHEET

NAME _____
 (Please Print Your Name as it should appear on your Certificate)

EMAIL _____

HOME ADDRESS _____ **ZIP** _____

COUNTY _____

HOME PHONE # _____

HIGHEST DEGREE OF EDUCATION _____

AGENCY EMPLOYED AT _____



Work Experience Form

Please list the most current position first. Use one sheet for each position. Additional copies of this page may be reproduced. Attach a copy of your job description signed by your immediate supervisor. Also attach a program description signed by your supervisor and program director as well as your resume.

Applicant Name: _____

Name of Employer: _____

Address of Employer: _____

Immediate Supervisor: _____

Program Director: _____

Applicant's Job Title: _____

Dates of Employment: _____

From	To
(month/year)	(month/year)

How many hours of experience are you documenting?: _____

(Please Note: 1 year of Full Time Experience = 2,000 hours.)

Hours Completed: _____

If your work experience was as a private practitioner, please have a licensed professional case consultant sign here: _____ **Please be sure to include their resume.**



REFERENCES

On this page, identify the name of the individual whom you have requested to complete the reference included with this application. If you have accumulated your clinical supervisory experience from more than one (1) agency, additional references are required from each agency. Additional copies of the reference forms may be reproduced.

CTTS SUPERVISOR REFERENCE FORM

(Please have this form typewritten or printed legibly)

Applicant Name : _____

Supervisor's Name: _____

Agency: _____

TITLE/POSITION: _____

How long have you known applicant: _____

Please read the description of the various knowledge and skills outlined below. Using the three point (0-2) scale shown below, determine the number which most nearly describes the applicant's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score". If you have no basis for evaluating the applicant in a particular area, please enter "0" in the scoring column. Please comment briefly on the basis for each given score.

SCORING SCALE

0 - No basis for judgment 1 - Inadequate 2 - Acceptable

1. An advanced knowledge on how tobacco use is related to other physical, behavioral, and mental disorders.

Comments: _____

Score: _____

2. A demonstrated familiarity with the assessment and therapeutic modalities that are supported by the scientific evidence for effectiveness in the treatment of tobacco use and dependence.

Comments: _____

Score: _____

3. An operational experience with evidence-based assessment and treatment approaches used in the field of tobacco dependence.

Comments: _____

Score: _____

4. Ability to deal effectively and appropriately with clients and professional colleagues.

Comments: _____

Score: _____



Addiction Professionals Certification Board, Inc.

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fax: 732-249-1559

5. Awareness of limits to professional competence and the need for ongoing supervision and professional development.

Comments: _____

Score: _____

6. Behaves in an ethical manner with clients and demonstrates an awareness of appropriate conduct with clients, their families and professional colleagues.

Comments: _____

Score: _____

SIGNATURE OF SUPERVISOR _____

Date: _____



AUTHORIZATION AND RELEASE FORM

I hereby authorize the Addiction Professionals Certification Board, Inc. to make any inquiry of any agency, facility, organization or individual for any and all additional information which might be necessary to fully and properly evaluate my application for the Certified Clinical Supervisor).

I hereby release and hold harmless the Addiction Professionals Certification Board, Inc., its Board of Directors, its Officers, its employees, servants, and agents from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing or consideration of same.

I further acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding experience and/or qualifications will be sufficient reason for disapproval of my application or for withdrawal of the credential at a later date.

I understand that evaluations on me which are submitted by supervisors and/or colleagues are confidential. I hereby relinquish my right to review these evaluations.

I also affirm that I conform to the Ethical Standards as described in the requirements for credentialing (on following pages).

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____

STATEMENT OF UNDERSTANDING

I hereby apply for certification to the Addiction Professionals Certification Board, Inc. I understand that approval of my application depends upon my successfully completing the assessment of competency as established by the Board, including submission of all required references and successful completion of a 300 hour practicum in an approved treatment facility. I also understand that for research and statistical purposes only, the data from this application may be used in a non-identifying manner.

I also understand this credential is designed to recognize individuals working with chemically dependent clients and is not restricted to primary alcohol/drug counselors.

APPLICANT SIGNATURE _____



DATE _____ WITNESS _____

Application Check-off Sheet

Please use this as a final self-reminder regarding all the necessary documents and have fully completed all the requirements of the application. This will help you, as well as us, with a quicker review of your application.

- Fee (check or money order)
- Late Fee (if applicable)
- Applicant Information Sheet (included email address?)
- Verification of Appropriate Experience
- Coursework Completion Page (Initial or Continuing Education)

Signatures

- Authorization and Release
- Applicant Recognition Statement
- Ethics Statement
- Statement of Understanding

I have checked and have completed any other requirements for this Application, and have included those items as well.

Signature

Date



_ETHICAL STANDARDS FOR CERTIFIED PROFESIONSALS(CPs)

The Addiction Professionals Certification Board, Inc. (APCB, Inc.) wishes to thank the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) for the development of these Ethical Standards and for permission to use this amended version.

Specific Principles:

Principle 1: Non-Discrimination: The Certified Professional (CP) shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation, or economic condition.

- A. The Credentialed Professional shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the CP guards the individual rights and personal dignity of clients.
- B. The CP shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory, and cognitive accommodations that allow clients with disabilities to receive services.

Principle 2: Responsibility: The Certified Professional (CP) shall espouse objectivity and integrity, and maintain the highest standards in the services the member offers.

- A. The CP shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.
- B. The CP, as educator, has primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.
- C. The CP who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.
- D. The CP who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competency: The Certified Professional (CP) shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the member and of the professional as a whole. The CP shall recognize the need for ongoing education as a component of professional competency.

- A. The CP shall recognize boundaries and limitations of their competencies and not offer services or use techniques outside of these professional competencies.
- B. The CP shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The CP shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards: The CP shall uphold the legal and accepted moral codes which pertain to professional conduct.

- A. The CP shall be fully cognizant of all federal and New Jersey laws governing the practice of alcoholism and drug abuse counseling.
- B. The CP shall not claim either directly or by implication, professional qualifications/affiliations that they do not possess.
- C. The CP shall ensure that products or services associated with or provided by the CP or means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

Principle 5: Public Statements: The CP shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

- A. A. The CP, in making statements to clients, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact. All other opinions, speculations, and conjecture concerning the nature of alcoholism and drug abuse, its natural history, its treatment or any other matters which touch on the subject of alcoholism and drug abuse shall be represented as less than scientifically validated.
- B. The CP shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of alcoholism and drug abuse, its natural history, and its treatment. Such acknowledgement should extend to the source of the information and reliability of the method by which it was derived.



Principle 6: Publication Credit: The Certified Professional (CP) shall assign the credit to all who have contributed to the published material and for the work upon which the publication is based.

- A. The CP shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The author who has made the principal contribution to a publication must be identified as first author.
- B. The CP shall acknowledge in footnotes or in an introductory statement minor contributions of a professional nature, extensive clerical or similar assistance and other minor contributions.
- C. The CP shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

Principle 7: Client Welfare: The CP shall promote the production of the public health, safety, and welfare and the best interest of the client as a primary guide in determining the conduct of all CP's.

- A. The CP shall disclose their code of ethics, professional loyalties, and responsibilities to all clients.
- B. The CP shall terminate counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.
- C. The CP shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures, or termination of treatment.
- D. The CP shall not use or encourage a client's participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed.
- E. The CP shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensures the delivery of safe and private services.

Principle 8: Confidentiality: The CP working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client's rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

- A. The CP shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, the use of material for training or observation by another party.
- B. The CP shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The CP shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.
- C. The CP shall adhere to all federal and New Jersey laws regarding confidentiality and the Cap's responsibility to report clinical information in specific circumstances to the appropriate authorities.

APPLICANT'S RECOGNITION STATEMENT

The applicant identified above acknowledges that the applicant is seeking certification from the Addiction Professionals Certification Board, Inc. (hereinafter "The Board"). The applicant hereby recognizes and agrees as follows:

1. Applicant agrees to observe and abide by the Ethical Standards adopted by The Board as same may be amended from time to time. Applicant acknowledges that the present form of ethical standards attached hereto and that the applicant has read and understood same.
2. Applicant recognizes and agrees that any certification, or renewal thereof, granted by The Board to the applicant constitutes recognition by The Board that the applicant is qualified, based on the information before The Board, for the certification granted. Applicant recognizes and agrees that any certification, or renewal granted by The Board, does not constitute a property right or interest of the applicant. The applicant specifically recognizes and agrees that the certification or renewal is specific to suspension, revocation or other limitation or condition in the discretion of The Board. The applicant specifically recognizes the authority of The Board to suspend, revoke or otherwise impose limitations, restrictions and conditions on any certification granted.

Applicant agrees to cooperate in connection with any investigation conducted by The Board with respect to the applicant's certification, and continued qualification to hold same. The applicant further agrees that the applicant's failure to cooperate with any such investigation (a) shall in itself constitute an ethical violation for which discipline may be imposed and (b) may be considered by The Board as an admission of wrongdoing.