



Chemical Dependency Associate (CDA)

Applicant Name

Scope of Service:

The Chemical Dependency Associate is designed for the entry-level counselor. Courses required for the CDA can count towards a CADC. It is not a clinical practice credential and cannot substitute for the CADC in State regulations. Private practice counselors must have a license approved by the Division of Consumer Affairs to provide independent counseling. The CDA may also be used for those who work in addiction related settings, but do not perform the duties of a CADC.

Requirements:

There is a \$200 initial application review fee.

Experience:

- Minimum of 2000 hours of work experience in a pre-approved facility
- Completion of a pre-approved 200 hour Supervised Practicum provided by a Licensed Clinical Alcohol and Drug Counselor (LCADC) or Certified Clinical Supervisor (CCS).

Education:

- . Completion of 72 hours of training listed in one of the specialty areas on page 3.

- High School Diploma or GED.

Applications must be submitted by sending complete to:

The Certification Board of New Jersey, 1200 Tices Lane Suite 206, East Brunswick, NJ 08816.

The Board will **NOT** respond to inquiries regarding receipt of documents. Send all critical documentation to the Certification Board "Return Receipt" (the green post card from the Post Office or via FedEx, UPS or other common carrier with delivery verification).

Recertification Requirements: due 30 days prior to your expiration date.

- 40 Hours of addiction related continuing education every two years. Hours must fall within the two year period between Recertifications.

- \$200 non-refundable renewal fee.



APPLICANT INFORMATION SHEET

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

EMAIL _____

HOME ADDRESS _____ ZIP _____

COUNTY _____

HOME PHONE # _____

***OPTIONAL INFORMATION - DOES NOT AFFECT CERTIFICATION.** For Data Collection Purposes only.

HIGHEST DEGREE OF EDUCATION _____

*DATE OF BIRTH: _____ *ETHNICITY/RACE: _____ *SEX: _____

*LANGUAGES SPOKEN: _____

Please check once the following items have been submitted with your application:

- Application placed in the same order it was received?
- \$200 Non-Refundable Review fee attached to the front page?
- Applicant Information Sheet
- Work Experience Form
- Supervised Practical Training Form
- Job Description – on company letterhead, includes your name, the date, and signed by your supervisor and program director.
- Program Description – if not a formal brochure or flier, on company letterhead and signed by the program director.
- Applicant Resume
- Supervisor Evaluation Form (supervisor must be a LCADC or CCS) – may be mailed in separately
- Certified Counselor Evaluation Form – must be a NJ LCADC or CADC and may be mailed in separately
- Colleague Evaluation Form – may be mailed in separately
- Authorization and Release Form
- Statement of Understanding Form
- Self Help Form
- Ethical Standards



Required Education:

To have been completed within 10 years of the date of submission of this application

Choose one of the following specialties: Submit preapproved classwork certificates in order

- OP: Out Patient(Regular Route)**
- MAT: Medication Assisted**

- TC: Residential**
RM: Recovery Mentor

O/P	MAT	TC	RM
C101	C101	C101	C101
C201	C201	C201	C201
C304	C304	C304	C304
C401	C401	C401	C401
C501	C501	C501	C501
C503	C503	C503	C503
<i>C102</i>	<i>C102</i>	<i>C102</i>	<i>C301</i>
<i>C204</i>	<i>C104</i>	<i>C202</i>	<i>C305</i>
<i>C206</i>	<i>C105</i>	<i>C204</i>	<i>C306</i>
<i>C303</i>	<i>C403</i>	<i>C205</i>	<i>C307</i>
<i>C403</i>	<i>C408</i>	<i>C408</i>	<i>C308</i>
<i>C507</i>	<i>C409</i>	<i>C409</i>	<i>C309</i>



200 HOUR SUPERVISED PRACTICAL TRAINING

APPLICANT'S NAME: _____

SUPERVISOR'S NAME: _____

AGENCY OR AGENCIES WHERE PRACTICUM WAS COMPLETED: _____

I am verifying that _____ has completed the required number of practicum hours under my supervision at: _____.

Supervisors Signature _____ Date _____

Practicum	Required Hours	Supervisor's Initials
Screening	10	
Intake	10	
Orientation	10	
Assessment	10	
Treatment Plan	25	
Individual Counseling	25	
Group Counseling	25	
Family Counseling	20	
Case Management	15	
Crisis Intervention	10	
Client Education	10	
Referral	10	
Consultation	10	
Report & Recordkeeping	10	
TOTAL	200 HOURS	



WORK EXPERIENCE FORM

INSTRUCTIONS: 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, which is to be signed by your immediate supervisor and program director of the agency. Also attach a copy of the agency's program description, signed by the program director.

NAME OF APPLICANT: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

PROGRAM DIRECTOR: _____

IMMEDIATE SUPERVISOR: _____

YOUR JOB TITLE: _____

DATES EMPLOYED: FROM: _____ TO: _____

**Attach official job and program descriptions signed by your supervisor*

A MINIMUM OF 2000 HOURS MUST BE DOCUMENTED WITHIN THE LAST 2 YEARS.

Number of hours of supervised experience in Addiction/Mental Health/Co-Occurring Disorder field being documented: _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF SUPERVISOR: _____

NAME OF SUPERVISOR (print or type): _____



EVALUATION FORM

On this page, identify the names of the individuals whom you have requested to complete the evaluations included with this application. Evaluations are required for each agency. Copies of the evaluations may be reproduced. Evaluations must be filled out by three separate individuals.

Name of Applicant: _____

Name of Supervisor Completing Evaluation Form _____
(Supervisor must be a LCADC or CCS)

Name of Certified Counselor Completing Evaluation Form _____
(Must be completed by a CADAC)

Name of Colleague Completing Evaluation Form _____



SUPERVISOR EVALUATION FORM

Note to Supervisor: The Addiction Professionals Certification Board, Inc. believes that credentialing should be based on input from a variety of sources, including the observations of persons who supervise the applicant. For this reason, each applicant is required to obtain a reference from a direct supervisor. Your evaluation and data furnished by the applicant will be used in determining eligibility for this credential. As this process can only be effective with careful and truthful reporting, all information gathered in the review process is confidential. In the event that you cannot truthfully complete this form, please indicate so and return this form to the APCB, Inc. 1200 Tices Lane, Suite 206, East Brunswick, NJ 08816

Supervisor must include a copy of their LCADC or CCS credential: _____

Name of Applicant: _____

Name of Supervisor: _____

Agency where supervision took place: _____

Agency address and phone: _____

Dates (month/year) of supervision: _____

Length of time you provided direct supervision of this applicant's counseling skills: _____

I hereby certify that I have been in a position to supervise and have first-hand knowledge of the above named person's work. In my judgment, this applicant's eligibility and professional experience IS ___ IS NOT ___ consistent with the standards as set forth by the APCB, Inc.

This information I am giving is the best judgment of the above named person's capabilities to be credentialed as a Chemical Dependency Associate (CDA).

Supervisor's Signature : _____

Date : _____

Professional Licensure/Certification and Number: _____



Certified Counselor Evaluation Form

Note to The Certified Counselor: The Addiction Professionals Certification Board, Inc. believes that credentialing should be based on input from a variety of sources, including the observations of Certified Counselors (CADC/LCADC) who have observed the applicant. For this reason, each applicant is required to obtain a reference from a Certified Counselor CADC/LCADC). Your evaluation and data furnished by the applicant will be used in determining eligibility for this credential. As this process can only be effective with careful and truthful reporting, all information gathered in the review process is confidential. In the event that you cannot truthfully complete this form, please indicate so and return this form to the APCB, Inc. 1200 Tices Lane, Suite 206, East Brunswick, NJ 08816

Certified Counselor must include a copy of their LCADC with this evaluation.

Name of Applicant: _____

Name and Title of Certified Counselor: _____

Name of Agency: _____

Agency address and phone: _____

Number of months/years you have known the
applicant: _____

Type of relationship you have had with applicant: _____

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named person's work. In my judgment, this applicant's eligibility and professional experience IS ___ IS NOT ___ consistent with the standards as set forth by the APCB, Inc.

This information I am giving is the best judgment of the above named person's capabilities to be credentialed as a Chemical Dependency Associate (CDA).

Certified Counselor's Signature: _____

Date : _____

Professional Licensure/Certification: _____



Colleague Evaluation Form

Note to Colleague: The Addiction Professionals Certification Board, Inc. believes that credentialing should be based on input from a variety of sources, including the observations of persons who know the applicant. For this reason, each applicant is required to obtain a reference from a colleague. Your evaluation and data furnished by the applicant will be used in determining eligibility for this credential. As this process can only be effective with careful and truthful reporting, all information gathered in the review process is confidential. In the event that you cannot truthfully complete this form, please indicate so and return this form to the APCB, Inc. 1200 Tices Lane, Suite 206, East Brunswick, NJ 08816

Name of Applicant: _____

Name and Title of Colleague: _____

Name of Agency: _____

Agency address and phone: _____

Number of months/years you have known the applicant: _____

Type of relationship you have had with applicant: _____

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named person's work. In my judgment, this applicant's eligibility and professional experience IS ___ IS NOT ___ consistent with the standards as set forth by the APCB, Inc.

This information I am giving is the best judgment of the above named person's capabilities to be credentialed as a Chemical Dependency Associate (CDA).

Colleague's Signature : _____

Date: _____

Professional Licensure/Certification if any: _____



Self-Help Meeting Verification Form

It Is Required That Self-Documented Proof Be Included For Attendance At Eight (8) Meetings Of Self-Help Groups. A Minimum Of Four (4) AA/NA Meetings And A Minimum Of Four (4) Other (Alanon/Naranon/Acoa/ etc..) Self-Help Meetings As Specified Below Are Required. Self-documented Proof Will Be On An Honorary System In Accordance With The APCB, Inc. Ethical Standards.

Date Alcoholics/Narcotics Anonymous Location

1. _____
2. _____
3. _____
4. _____

Date Location of Other Self-Help Groups

1. _____
2. _____
3. _____
4. _____

As Required For This Credential In The State Of New Jersey, I Certify That I Have Attended The Above Listed Meetings.

Signature Of Applicant : _____

Signature Of Witness : _____



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 _____

I have read and agree to abide by the ETHICAL STANDARDS FOR CERTIFIED PROFESSIONALS (CPs) standards on the following pages:

APPLICANT SIGNATURE _____

DATE _____ WITNESS _____



ETHICAL STANDARDS FOR CERTIFIED PROFESSIONALS (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.