



Addiction Professionals Certification Board, Inc.

1200 Tices Lane - Suite 206- East Brunswick, NJ 08816

fax: 732-249-1559 www.certbd.org



Mental Health Division

Community Mental Health Associate (CMHA)

The Community Mental Health Associate Credential is designed for the entry level mental health service worker. This credential is focused on activities that bring services, resources and people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts. Coursework may be applied to other credentials. The CMHA is not a private practice credential.

Private practitioners must have a license issued by the Division of Consumer Affairs.

Required Work Experience:

- ◆ Minimum of 2000 hours of work experience in a co-occurring disorder related position.
- ◆ Completion of a qualified 110 hour Supervised Practicum supervised by a Licensed Mental Health Professional within a program licensed or state funded, to provide Mental Health Services.

NOTE: Applicant’s work experience must be within three (3) years from the date of submission of this application, and the education within five (5) years.

Required Education – must have a minimum of a High School Diploma.

Required Fee: \$200 initial application fee

Course	Hours Required
CM101 Assessment	6
CM201 Counseling Skills	12
CM202 Crisis Intervention And Trauma	6
CM301 Basic Principles Of Case Management	6
CM302 Health And Human Services – NJ Systems	3
CM303 Basics Of Treatment Planning	6
CM401 Psycho-Education	12
CM402 Medication Education	6
CM403 Overview of Co-occurring Disorders	6
CM501 Ethics and Legal Issues	6
CM502 Advocacy	3
CM503 How to Utilize Supervision and Professional Development	6
CM504 Cultural Competency	6
CM505 Social Security Administration (SSA) and Entitlement	6

Total 90 hours

Recertification Requirements

- 24 hours of community mental health related continuing education every two years. Hours must fall within the two-year period between Recertifications.
- \$ 200 non-refundable review fee.



CMHA Applicant Check Sheet

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

- Place application in the same order it was received
- Attach \$200 Non-Refundable Review fee to the front page
- Applicant Information Sheet (page 3)
- Supervised Practical Training Form (page 4)
- Work Experience Form (page 5)
- Coursework Record Form (page 6)
- 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 Licensed in Specialty) – (page 8)
- Colleague Evaluation Form – (page 9)
- Cover Letter (page 10)
- Ethical Standards (pages 12 – 14)
- Applicant Recognition Statement (p.16)
- Authorization and Release Form (p.16)
- Statement of Understanding Form (p. 16)

- Education Information*

- Include copy of degree – high school diploma, associates, bachelors, masters, etc.
- Include copy of Consumer Connections Certificate of Completion.

Signature of Applicant

Date

Please Print Name Here

Please note that all applications must be submitted neatly and legibly. Any applications that are illegible or disorganized will be returned to the applicant regardless of cut off dates.



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APPLICANT INFORMATION SHEET

NOTE: In order to be eligible for a CMHA, you must submit a copy of your high school diploma or G.E.D., or a Bachelors degree.

NOTE: The CMHA credential is renewable every two (2) years from the anniversary date of initial certification. The fee for renewal is \$200, along with 24 hours of continuing education. The renewal will be every two years only, and the date will coincide with the date of the first Community Mental Health Associate credential was attained.

NAME _____

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

HOME ADDRESS _____

COUNTY _____

HOME PHONE (_____) _____

SOCIAL SECURITY NUMBER _____

CURRENT AGENCY _____

WORK ADDRESS _____

WORK TELEPHONE (_____) _____

EMAIL ADDRESS: _____

*OPTIONAL INFORMATION - DOES NOT AFFECT CERTIFICATION

***HIGHEST DEGREE OF EDUCATION** _____

***DATE OF BIRTH** _____

***ETHNICITY/RACE** _____

***SEX** _____

LANGUAGES SPOKEN: _____



110 HOUR SUPERVISED PRACTICAL TRAINING FORM

APPLICANT'S NAME _____

SUPERVISOR'S NAME
(a Licensed Professional in Specialty) _____

AGENCY WHERE PRACTICUM WAS COMPLETED

* "Hours required" is not the amount of time spent in supervisory session, but rather, the number of hours of work being supervised. For example, your supervisor will spend one hour reviewing 10 hours of your assessment experience, etc.

PRACTICUM	HOURS REQ.	MO/YR COMPLETED	SUPERVISOR'S SIGNATURE
Assessment	10		
Counseling Skills	10		
Crisis Intervention and Trauma	10		
Basic Principles of Consumer mentor	10		
Health and Human Services – NJ Systems	10		
Basics of Treatment Planning	10		
Ethics and Legal Issues	10		
Advocacy	10		
How to Utilize Supervision and Professional Development	10		
Cultural Competency	10		
SSA and Entitlements	10		
TOTAL	110 HRS		



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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:** _____

Describe consumer mentor mental health experience (copies of this form may be made if more than one position is being submitted):

A MINIMUM OF 2000 HOURS MUST BE DOCUMENTED WITHIN THE LAST 5 YEARS

of hours of supervised experience in mental health/Co-Occurring Disorder field being documented:

SIGNATURE OF APPLICANT _____

SIGNATURE OF SUPERVISOR _____



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COURSEWORK RECORD FORM

- Please note all originals of certificates must be submitted with the application, as well as a set of photocopies and a self-addressed, stamped envelope. Once the review has been completed, the originals will be returned. If the SASE is not included, the originals will not be returned.
- Be sure all Certificates Of Completion include your name, the sponsoring agency, course number and hours completed. Copies of this page may be reproduced.
- Please note that all coursework must be pre-approved and have a Board Approval Number.

APPLICANT MUST ATTACH ORIGINALS AND COPIES OF CERTIFICATES

Course Required	# Hours Required	Place Completed	Date of Comp.
CM101 ASSESSMENT	6		
CM201 COUNSELING SKILLS	12		
CM202 CRISIS INTERVENTION AND TRAUMA	6		
CM301 BASIC PRINCIPLES OF CASE MANAGEMENT	6		
CM302 HEALTH AND HUMAN SERVICES – NJ SYSTEMS	3		
CM303 BASICS OF TREATMENT PLANNING	3		
CM401 PSYCHO-EDUCATION	12		
CM402 MEDICATION EDUCATION	6		
CM 403 OVERVIEW OF CO-OCCURRING DISORDERS	6		
CM501 ETHICS AND LEGAL ISSUES	6		
CM502 ADVOCACY	3		
CM503 HOW TO UTILIZE SUPERVISION AND PROFESSIONAL DEVELOPMENT	6		
CM504 CULTURAL COMPETENCY	6		
CM505 SSA AND ENTITLEMENTS	6		



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EVALUATIONS

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 evaluation forms may be reproduced.** Evaluations must be filled out by two separate individuals.

**Name of Supervisor Completing Evaluation Form (Supervisor
must be a Licensed Professional within the Specialty)**

Name of Colleague Completing Evaluation Form



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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

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 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 Community Mental Health Associate – Mental Health Core Credential.

Supervisor's Signature _____

Date _____

Professional Licensure/Certification and Number _____



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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.

Name of Applicant _____

Name and Title of Colleague _____

Name of Agency _____

Agency Address _____ Agency 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 Community Mental Health Associate – Mental Health Core Credential.

Colleague's Signature _____

Date _____

Professional Licensure/Certification if any _____



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APPLICANT COVER LETTER

Applicant's Name _____

Provide on this form the following information (must be typewritten or printed legibly):

1. A brief summary of Professional Experience and Skills:

2. Motivation for the Community Mental Health Associate – Mental Health Core Credential:

Attach a copy of your resume covering the past five years.

STATUS

The following pertain to all Certifications.

Inactive Status

- Inactive Status occurs when a counselor's recertification becomes more than 30 days late.
- Inactive Status means the Board does not consider the counselor to be actively certified or in good standing at that time.
- A counselor may remain on Inactive Status for a maximum of 12 months, at which time the counselor's credential will be terminated.
- For each month the counselor remains on Inactive Status, there will be a \$15 fee in addition to the \$200 recertification fee. The Inactive Status fee will not exceed \$180 (for the maximum 12 months).

Lapsed (Terminated) Status

- Lapsed Status occurs when a counselor permits their credential to lapse after the Inactive Status expires.
- Lapsed Status is considered permanent.
- If a lapsed counselor decides re-activate their credential again, they must follow the reinstatement procedure listed below:

Reinstatement Procedure

- Counselor must submit in writing three recommendations for reinstatement: one licensed or certified counselor, one supervisor, and one colleague.
- Counselor must provide verification educational hours equal to those required for Recertification.
- Submission is to include \$87.50 per year for each year lapsed to a maximum of four years.
- Submission of \$180 late fee for the 12 months on Inactive Status.
- A letter requesting reinstatement with specific information on why the lapse occurred and covering the time period must be submitted. The letter must also state reasons for re-entering the field.
- If an ethical complaint is involved, a personal interview may be required.



ETHICAL STANDARDS FOR COMMUNITY MENTAL HEALTH ASSOCIATE

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 CMHA shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- A. The CMHA shall avoid bringing personal or professional issues into the consumer mentor relationship. Through an awareness of the impact of stereotyping and discrimination, the CMHA guards the individual rights and personal dignity of clients.
- B. The CMHA 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 CMHA shall espouse objectivity and integrity, and maintain the highest standards in the services the member offers.

- A. The CMHA 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 CMHA, as educator, has primary obligation to help others acquire knowledge and skills in dealing with disabilities.
- C. The CMHA 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 CMHA 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 CMHA shall recognize that the profession is founded on recognized standards of competency which promote the best interests of society, of the client, of the member and of the professional as a whole. The CMHA shall recognize the need for ongoing education as a component of professional competency.

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

Principle 4: Legal and Moral Standards

The CMHA shall uphold the legal and accepted moral codes which pertain to professional conduct.

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

Principle 5: Public Statements

The CMHA shall honestly respect the limits of present knowledge in public statements concerning matters addressed by consumer mentor.

- A. The CMHA, 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 shall be represented as less than scientifically validated.

The CMHA shall acknowledge and accurately report the substantiation and support for statements made. 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 CMHA 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 CMHA 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 CMHA 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 CMHA 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 CMHA 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 CMHA's.

- A. The CMHA shall disclose their code of ethics, professional loyalties and responsibilities to all clients.
- B. The CMHA shall terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship professional.
- C. The CMHA shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
- D. The CMHA 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 CMHA shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensure the delivery.

Principle 8: Confidentiality

The CMHA 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 CMHA 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 interviews, the use of material for insurance purposes, the use of material for training or observation by another party.
- B. The CMHA shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The CMHA 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 CMHA shall adhere to all federal and New Jersey laws regarding confidentiality and the CMHA's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- D. The CMHA shall discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be made to avoid undue invasion of privacy.
- E. The CMHA shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.



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Principle 9: Client Relationships

It is the responsibility of the CMHA to safeguard the integrity of the consumer mentor relationship and to ensure that the client has reasonable access to effective treatment. The CMHA shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- A. The CMHA shall inform the client and obtain the client’s agreement in areas likely to affect the client’s participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- B. The CMHA shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- C. The CMHA shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- D. The CMHA shall not under any circumstances engage in sexual behavior with current or former clients.
- E. The CMHA shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

The CMHA shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- A. The CMHA shall refrain from offering counseling services to a client.
- B. The CMHA shall cooperate with the APCB, Inc. Ethics Committee and promptly supply necessary information unless constrained by the demands of confidentiality.
- C. The CMHA shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The CMHA shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client first, and then of the counselor, the agency, and the profession.

- A. The CMHA shall inform the client of all financial policies when coordinating client services.
- B. The CMHA shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- C. The CMHA shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- D. The CMHA shall not at any time use one’s relationship with clients for personal gain or for the profit of an agency of any commercial enterprise of any kind.
- E. The CMHA shall not accept a private fee for professional work with a person who is entitled to such services and still requests private services.

Principle 12: Societal Obligations

The CMHA shall to the best of their ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background.

By signing, I attest that I have read the above Ethical Standards and agree to abide by them.

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____



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APPLICANT'S RECOGNITION STATEMENT

The applicant identified below 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.
3. 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.

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____



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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 Community Mental Health Associate (CMHA).

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 of 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.

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 110 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.

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____



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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