

**MASSACHUSETTS BOARD OF
SUBSTANCE ABUSE COUNSELOR CERTIFICATION**

P.O. BOX 1801
New Bedford, MA 02741-1801
(508) 842-8707

CARC APPLICATION INSTRUCTIONS

Enclosed are the instructions for completing the Application Packet. Please make note of the following:

*With regard to **Work Experience**, applicants must provide a job description, signed by the supervisor of record, for each separate work entry.*

*With regard to the **Education Requirement**, applicants must provide an official course description for all academic courses, as well as training descriptions for any workshops, seminars, etc., which are being submitted for consideration. This is in addition to transcripts and Certificates of Attendance which must be furnished for documentation purposes. Please remember that all Certificates of Attendance must have the participant's name officially recorded on the certificate by an agent of the sponsoring agency. **Certificates will not be accepted if the applicant has filled in his/her own name.***

Application for Certification may be made once all of the requirements have been met. The IC&RC Peer Recovery Examination is waived during the legacy period.

***Any** portion of the application portfolio (**this includes any supervisory verification forms and the application review fee**) postmarked after the legacy period deadline date (June 30, 2017) will render your application incomplete and the application will not be reviewed during the legacy period.*

***IMPORTANT: DO NOT** send anything to the letterhead address via a delivery service such as UPS or FedEx, etc., to meet a deadline date, or for any other reason. Delivery services such as these cannot deliver to a post office box at a postal station. Doing so will only cause a delay in the receipt of your submittal. Just mail submittals through the post office, and simply make sure that it is **postmarked** by any deadline date that you must meet.*

MBSACC will not be responsible for any information regarding certification that you obtain outside this office. If you have any questions, please call the Certification Office at (508) 842-8707.

THE 51% RULE

*The **51% Rule** states that an applicant must be working and/or living in this state at least 51% of their time when application for Certification is made.*

INSTRUCTIONS FOR COMPLETING APPLICATION PACKET

GENERAL INFORMATION

Individuals must meet all requirements regarding experience, education/training, and supervision at the time of initial application.

All applicants for Certification must live and/or work in the state of Massachusetts a minimum of 51% of the time.

All materials submitted to MBSACC as part of the application (and throughout the Certification process) are considered to be the property of MBSACC. Said materials include (but are not limited to) the application portfolio, verification forms, any supporting documentation (such as certificates of attendance and transcripts). The applicant waives all rights to the application (or any part thereof) once it has been submitted; the applicant may not request return of the application (or any part thereof), even if the application has been declined.

*Please print (**legibly**) except where signatures are required.*

Please do not place application materials in binders, report covers, etc. You may use a paper clip to keep materials together if you wish.

*MBSACC will **not** accept Supervisory Verification Forms which have been sent in by the applicant with the application submittal. Supervisory Forms **must** be returned directly to MBSACC by the Supervisor.*

APPLICATION INSTRUCTIONS

APPLICATION FORM

Front Cover - be sure to print your name where indicated.

Please do not write anything in the area designated as "For Office Use Only."

Pages 2 & 3 APPLICANT INFORMATION

Information on these pages is mandatory except where specifically indicated. Do not omit area codes or zip codes where requested.

The Peer Recovery Examination is waived during the legacy period so the section referring to special exam accommodations does not pertain to you.

(Cont'd.)

INSTRUCTIONS (CONTINUED)

Page 4 AUTHORIZATION AND RELEASE FORM

Read this form carefully. Your application will not be processed unless this form has been signed, dated and witnessed.

Page 5 WORK EXPERIENCE

This part of the application pertains to your work history in the field of alcohol and drug abuse treatment. If more than one job title has been held within a given organization, list each job title as an individual position. Begin by listing the most recent position first. If you require additional blank entry space in which to list positions you've held, photocopy page 5 (five).

List the number of years and months in full-time and part-time experience with the entire range of the four Performance Domains of an Addiction Recovery Coach list.

Pages 6 & 7 EDUCATION RÉSUMÉ

In the spaces provided, list each separate course, workshop, and other formal training which you are submitting to satisfy the education requirement. If you require additional blank space in which to list your training/education, photocopy page 7 (seven).

*You must provide Certificates of Attendance with documentation of training hours for workshops, seminars, conferences, etc. **Each Certificate of Attendance must have the applicant's name officially recorded on it by an agent of the sponsoring agency.** For college courses you must provide an official transcript.*

Pages 8 & 9 PROFESSIONAL CODE OF ETHICS / CONDUCT

*Your application will not be considered complete without your printed name, signature, and date in **both** places at the bottom of the form.*

(Cont'd.)

INSTRUCTIONS (CONTINUED)

BASIC EDUCATION DOCUMENTATION:

*All applicants are required to provide a copy of **either** their High School Diploma **or** their GED with their application. If an applicant has continued education, an official transcript from an accredited college or university may be submitted in lieu of the copy of the diploma or GED.*

CLINICAL SUPERVISOR VERIFICATION FORM

In order to fully document all of your work experience, more than one supervisor may be required to complete a verification form; if this is the case, you should photocopy the verification form while it is blank. Any supervisor who completes a verification form must have provided direct supervision to the applicant.

*The form must be returned **to the Certification Office directly by the supervisor**, postmarked no later than the application deadline date.*

SPECIAL NOTE: *Under no circumstances is the applicant permitted to fill out his/her own verification form and then have the supervisor sign and mail it back to us. The supervisor of record must complete the verification in its entirety, and mail it **directly** to MBSACC without providing a copy to the applicant or disclosing its contents. Failure to comply could void the entire application.*

REMEMBER TO ENCLOSE YOUR FEE (\$250.00) MADE PAYABLE TO MBSACC. YOUR APPLICATION WILL NOT BE COMPLETE WITHOUT IT