

**MASSACHUSETTS BOARD OF
SUBSTANCE ABUSE COUNSELOR CERTIFICATION**

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CADC-II 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 an official agency job description, signed by the clinical 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 description 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.** If no name appears on a Certificate of Attendance, it will not be admissible; if the attendee's name has been hand-printed/ written on the certificate, it will not be admissible unless the agent of the sponsoring agency prints his/her full name **and** the date in parentheses **beside** the attendee's name on the certificate.*

*Application for Certification may be made once all of the requirements have been met. Approved applicants must take and pass the IC&RC **Advanced** International Certification Exam.*

GENERAL INFORMATION

Individuals must meet all requirements regarding experience, education/training, and supervision at the time of initial application. No one will be allowed to complete these requirements during the application process. You have one year from the time you apply in which to complete the certification process.

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, any evaluations, any supporting documentation (such as certificates of attendance and transcripts), and test results. 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 type or 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 Evaluation Forms which have been sent in by the applicant with the application submittal. Supervisory Evaluation Forms **must** be returned directly to MBSACC by the Supervisor.*

INSTRUCTIONS FOR COMPLETING APPLICATION PACKET

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. Under special accommodations, if you check "yes" an Examinee Request for Reasonable Accommodations Form will be sent to you. This form must be completed and returned to MBSACC a minimum of 90 days prior to the exam.

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 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 this page.*

Pages 6 & 7 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 7(seven).

List the number of years and months in full-time and part-time experience in direct alcohol and other drug abuse counseling.

*An official agency job description must be included for each separate position listed. The job description must be signed and dated by the applicant **and** the applicant's clinical supervisor.*

Pages 8 & 9 EDUCATION RÉSUMÉ

*Remember to include an official transcript documenting a Master's (or higher) degree in a Human Services Behavioral Sciences field (**with a counseling practicum**) from a regionally-accredited college or university within the United States or from colleges and universities outside the United States deemed equivalent by MBSACC.*

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 9 (nine).

*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.*

*In this section, **do not** include practicums/field placements as they are not considered in meeting the training/education requirement; however, they may be considered under the experience section.*

INSTRUCTIONS (CONTINUED)

Page 10 SUPERVISION

On these pages, document time spent in supervision, not time spent performing the function.

If Supervision was completed under more than one supervisor or at more than one agency, please be sure to make copies of these pages to give to other clinical supervisors.

CLINICAL SUPERVISOR EVALUATION FORM

In order to fully document all of your work experience, more than one supervisor may be required to complete an evaluation form; if this is the case, you should photocopy the evaluation form while it is blank. Any supervisor who completes an evaluation form must have provided direct clinical supervision to the applicant for a minimum of six (6) months.

*Before providing the evaluation form to the supervisor you must complete the information requested in the box on the front cover, and affix your signature in all places where required. The form must be returned **to the Certification Office directly by the supervisor**. Any supervisory form sent in with the application by the applicant will render that application **void**.*

*Under no circumstances is the applicant allowed to complete any portion of the Clinical Supervisor Evaluation Form, with the exception of the box marked **TO BE COMPLETED BY APPLICANT** on the front cover of the form. To do so would result in an automatic denial of the application and could constitute an ethical violation which could jeopardize any future application. The supervisor must complete the entire evaluation form.*

**REMEMBER TO ENCLOSE YOUR REVIEW FEE (\$125.00)
MADE PAYABLE TO MCVCAC.
YOUR APPLICATION WILL NOT BE COMPLETE WITHOUT IT.**