

**MASSACHUSETTS BOARD OF SUBSTANCE ABUSE  
COUNSELOR CERTIFICATION, INC.**

**MBSACC**

**CCDP & CCDP-D CERTIFICATION APPLICATION**

\_\_\_\_\_  
**APPLICANT'S NAME (PLEASE PRINT)**

**AREA BELOW IS FOR OFFICE USE ONLY - DO NOT WRITE IN THIS AREA**

DATE REC'D. _____	TO REVIEW _____	LEVEL APPV'D. _____
CHECK # _____	CHECK AMNT. _____	CHECK DATE _____
GRP. # _____	APPV'D.: Y / N / H	NOTICE SENT _____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT INFORMATION

Information in the following sections is mandatory except where specifically indicated

*(Please Print Legibly)*

NAME: \_\_\_\_\_  
Last First Middle **Initial**

ADDRESS: \_\_\_\_\_  
Number & Street or P.O. Box  
\_\_\_\_\_  
City State Zip

S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      GENDER: M F  
For Identification Purposes Only      (Must Be 18 Or Older To Apply)      (Please Circle Gender)

AGENCY: \_\_\_\_\_  
\_\_\_\_\_

AGENCY  
ADDRESS: \_\_\_\_\_  
Number & Street or P.O. Box  
\_\_\_\_\_  
City State Zip

## CONTACT INFORMATION

**(DO NOT OMIT AREA CODES)**

HOME: (\_\_\_\_) \_\_\_\_\_      CELL: (\_\_\_\_) \_\_\_\_\_      WORK: (\_\_\_\_) \_\_\_\_\_  
Area Code Area Code Area Code

**(PLEASE PRINT LEGIBLY)**

HOME E-MAIL ADDRESS: \_\_\_\_\_

WORK E-MAIL ADDRESS: \_\_\_\_\_

**EDUCATION**

List highest degree earned: \_\_\_\_\_

Name of College/University where degree was earned? \_\_\_\_\_

List name on transcript (if different from name on this application): \_\_\_\_\_

List any/all MBSACC credentials held (i.e., CAC, CADC, CCS, etc.): \_\_\_\_\_

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Select the level of Certification for which you are applying:

- CCDP** (CERTIFIED CO-OCCURRING DISORDERS PROFESSIONAL)
- CCDP-D** (CERTIFIED CO-OCCURRING DISORDERS PROFESSIONAL-DIPLOMATE) – Master’s Degree or higher

Due to physical limitations special accommodations will be required in order for me to take the written exam:       YES       NO

(IF YOU CHECKED “YES,” AN **EXAMINEE REQUEST FOR REASONABLE ACCOMMODATIONS** FORM WILL BE SENT TO YOU. THIS FORM MUST BE COMPLETED AND RETURNED TO THE CERTIFICATION OFFICE A MINIMUM OF 90 DAYS PRIOR TO THE EXAM.)

***ETHNIC BACKGROUND:***

- African American/Black       Asian       Caucasian       Hispanic
- Native American       Other \_\_\_\_\_  
(Please Specify)

***CLINICAL SUPERVISOR VERIFICATION FORMS:***

List any Supervisors who will be completing a verification form for you.

NAME OF SUPERVISOR	AGENCY	SUPERVISOR’S JOB TITLE

**AUTHORIZATION & RELEASE FORM**

*I understand that Certification through MBSACC is an entirely voluntary process, and I agree to abide by its policies and procedures for as long as I hold Certification.*

*I hereby authorize MBSACC, its committees, and staff to make inquiry of any agency, facility, organization, or individual for any additional information that might be necessary to fully and properly evaluate my application for Certification and to investigate my background as it relates to statements contained in the application for counselor Certification.*

*I hereby authorize MBSACC to contact any of the supervisors listed in my application, and request that each of the supervisors contacted fully and frankly respond to all inquiries made by MBSACC regarding my application. I understand that evaluations on me that are submitted by supervisors and/or colleagues are confidential, and I hereby relinquish my right to view these evaluations.*

*I hereby release and hold harmless MBSACC, its Board of Directors, Officers, employees, and examiners 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 agree to hold free/harmless MBSACC, its Board of Directors, Officers, employees, and examiners from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they take in connection with this application and subsequent examinations and/or the failure of MBSACC to issue Certification to me.*

*I acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding my experience and/or qualifications will be sufficient reason for disapproval of my application or revocation of my Certification (if granted) at a later date.*

*Upon submittal of my application, I give permission to MBSACC, its committees, or representatives to contact and question, as necessary, any person, institution, or organization for any ethics or appeals investigation.*

*You must sign this form in the presence of a witness who is willing to attest to the fact that you signed in his/her presence. The witness must sign where so designated. The witness may be anyone who is familiar with your signature.*

\_\_\_\_\_  
APPLICANT NAME (Please print here)

\_\_\_\_\_  
WITNESS NAME (Please print here)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

# PROFESSIONAL WORK EXPERIENCE

**PHOTOCOPY THIS PAGE** BEFORE MAKING ANY ENTRIES IF YOU WILL REQUIRE ADDITIONAL SPACE IN WHICH TO LIST MORE THAN ONE JOB (OR MORE THAN ONE POSITION HELD WITHIN THE SAME AGENCY).

AN OFFICIAL JOB DESCRIPTION FOR THIS POSITION MUST BE ATTACHED AND MUST BE SIGNED AND DATED BY BOTH THE APPLICANT AND THE SUPERVISOR OF RECORD.

On this page, list **only** those hours providing direct counseling to clients with co-occurring disorders.

AGENCY: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

CITY

ST

ZIP

AGENCY PHONE: ( \_\_\_\_\_ )  
AREA CODE EXT.

APPLICANT'S JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S TITLE: \_\_\_\_\_

NUMBER OF FULL-TIME HOURS WEEKLY: \_\_\_\_\_

NUMBER OF PART-TIME HOURS WEEKLY: \_\_\_\_\_

DATES OF EMPLOYMENT:

DATES OF EMPLOYMENT:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

TOTAL # OF HOURS WORKED IN THIS POSITION: \_\_\_\_\_

NUMBER OF CO-OCCURRING DISORDERS COUNSELING HOURS PER WEEK SPENT IN THE FOLLOWING AREAS: (List counseling hours **only** – do not list hours spent in other Core Functions such as Screening, Intake, etc.)

INDIVIDUAL COUNSELING \_\_\_\_\_ GROUP COUNSELING \_\_\_\_\_

In this space, please provide a description of your primary job responsibilities as a Co-occurring Disorders counselor at the time of this reported employment.

# PROFESSIONAL WORK EXPERIENCE

**PHOTOCOPY THIS PAGE** BEFORE MAKING ANY ENTRIES IF YOU WILL REQUIRE ADDITIONAL SPACE IN WHICH TO LIST MORE THAN ONE JOB (OR MORE THAN ONE POSITION HELD WITHIN THE SAME AGENCY).

**AN OFFICIAL JOB DESCRIPTION FOR THIS POSITION MUST BE ATTACHED AND MUST BE SIGNED AND DATED BY BOTH THE APPLICANT AND THE SUPERVISOR OF RECORD.**

On this page, list **only** those hours providing direct counseling services to clients with **either** substance abuse **or** mental health disorders.

AGENCY: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

AGENCY PHONE: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE EXT. APPLICANT'S JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ SUPERVISOR'S TITLE: \_\_\_\_\_

NUMBER OF FULL-TIME HOURS WEEKLY: \_\_\_\_\_ NUMBER OF PART-TIME HOURS WEEKLY: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

TOTAL # OF HOURS WORKED IN THIS POSITION: \_\_\_\_\_

NUMBER OF COUNSELING HOURS PER WEEK SPENT IN THE FOLLOWING AREAS:  
(List counseling hours **only** – do not list hours spent in other Core Functions such as Screening, Intake, etc.)

INDIVIDUAL COUNSELING \_\_\_\_\_ GROUP COUNSELING \_\_\_\_\_

*In this space, please provide a description of your primary job responsibilities as a Co-occurring Disorders counselor at the time of this reported employment.*

## **EDUCATION RESUME**

**PHOTOCOPY THIS PAGE** BEFORE MAKING ANY ENTRIES IF YOU WILL REQUIRE ADDITIONAL SPACE IN WHICH TO LIST YOUR EDUCATION.

**REQUIRED:** (For a breakdown of the number of hours required in each category listed below, refer to the Information Packet under the level of Certification for which you are applying.)

- CATEGORY I - *Co-occurring Disorders Specific Training*
- CATEGORY II - *Alcohol/Drug Specific Training*
- CATEGORY III - *Mental Health Specific Training*
- CATEGORY IV - *Ethics Training*

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS/CREDITS	CATEGORY HOURS
				<i>Category I</i> ___ hrs. <i>Category II</i> ___ hrs. <i>Category III</i> ___ hrs. <i>Category IV</i> ___ hrs. (LIST MULTIPLE CATEGORIES IF APPLICABLE)

*Briefly describe the content of this training –*

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS/CREDITS	CATEGORY HOURS
				<i>Category I</i> ___ hrs. <i>Category II</i> ___ hrs. <i>Category III</i> ___ hrs. <i>Category IV</i> ___ hrs. (LIST MULTIPLE CATEGORIES IF APPLICABLE)

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TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS/CREDITS	CATEGORY HOURS
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				Category I ____ hrs. Category II ____ hrs. Category III ____ hrs. Category IV ____ hrs. (LIST MULTIPLE CATEGORIES IF APPLICABLE)

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TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS/CREDITS	CATEGORY HOURS
				Category I ____ hrs. Category II ____ hrs. Category III ____ hrs. Category IV ____ hrs. (LIST MULTIPLE CATEGORIES IF APPLICABLE)

*Briefly describe the content of this training –*



## SUPERVISION

**Applicant's Name** \_\_\_\_\_

**Level of Certification applied for:**                       CCDP                       CCDP-Diplomate

**(NOTE:** *The CCDP requires documentation of 200 hours of supervision, and no domain may have less than 20 hours. The CCDP-Diplomate requires documentation of 100 hours of supervision, and no domain may have less than 10 hours.*)

**TO SUPERVISOR:** *Please complete this form indicating the applicant's on-the-job supervision in the performance domains. (This should **not** reflect the number of hours the applicant has worked, but rather the number of on-the-job hours of supervision you have provided to the applicant in each domain.)*

PERFORMANCE DOMAINS	# HOURS RECEIVED IN EACH
1. <i>Screening &amp; Assessment</i>	
2. <i>Crisis Prevention &amp; Management</i>	
3. <i>Treatment &amp; Recovery Planning</i>	
4. <i>Counseling</i>	
5. <i>Management &amp; Coordination of Care</i>	
6. <i>Education of the Person, His/Her Support System &amp; the Community</i>	
7. <i>Professional Responsibility</i>	

**TOTAL # OF HOURS** \_\_\_\_\_

AGENCY WHERE SUPERVISION TOOK PLACE: \_\_\_\_\_

*I attest that the above reported information is, to the best of my knowledge, an accurate accounting of the supervision I have provided to this applicant.*

\_\_\_\_\_  
**SUPERVISOR'S NAME (PLEASE PRINT)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERVISOR'S SIGNATURE**

# **CODE OF ETHICAL CONDUCT**

## **UNLAWFUL CONDUCT**

- Rule 1.1 *Once certified, a certified professional shall not be convicted for any misdemeanor or felony relating to the individual's ability to provide substance abuse and other behavioral health services as determined by MBSACC.*
- Rule 1.2 *A certified professional shall not be convicted of any crime that involves the use of any controlled or psychoactive substance.*

## **SEXUAL MISCONDUCT**

- Rule 2.1 *A certified professional shall, under no circumstances, engage in sexual activities or sexual contact with clients, whether such contact is consensual or forced.*
- Rule 2.2 *A certified professional shall not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client.*
- Rule 2.3 *A certified professional shall not engage in sexual activities or sexual contact with former clients because of the potential harm to the client.*
- Rule 2.4 *A certified professional shall not provide clinical services to individuals with whom they have had a prior sexual relationship.*

## **FRAUD-RELATED CONDUCT**

- Rule 3.1 *A certified professional shall not:*
- 1. present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;*
  - 2. prepare, make, or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss, or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or*
  - 3. present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information, which would affect a future claim or benefit application, or be paid under any employee benefit program;*
  - 4. seek to have an employee commit fraud or assist in an act of commission or omission to aid fraud related behavior.*
- Rule 3.2 *An individual shall not use misrepresentation in the procurement of certification or recertification, or assist another in the preparation of procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes, but is not limited to, the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.*
- Rule 3.3 *An individual shall not use a designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which he/she is not entitled.*
- Rule 3.4 *A certified professional shall not provide service under a false name or a name other than the name under which his or her certification is held.*
- Rule 3.5 *A certified professional shall not sign or issue, in his/her professional capacity, a document or a statement that the professional knows (or should have known) to contain a false or misleading statement.*

## **FRAUD-RELATED CONDUCT (Cont'd.)**

- Rule 3.6 *A certified professional shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.*
- Rule 3.7 *A certified professional who participates in the writing, editing, or publication of professional papers, video/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e., co-authors, researchers, etc.) used in creating his/her opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the certified professional should seek permission from the author/creator of such materials. The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of the Code of Ethical Conduct.*

## **EXPLOITATION OF CLIENTS**

- Rule 4.1 *A certified professional shall not develop, implement, or maintain exploitive relationships with clients and/or family members of clients.*
- Rule 4.2 *A certified professional shall not misappropriate property from clients and/or family members of clients.*
- Rule 4.3 *A certified professional shall not enter into a relationship with a client which involves financial gain to the certified professional or a third party resulting from the promotion or the sale of services unrelated to the provision of services or of goods, property, or any psychoactive substance.*
- Rule 4.4 *A certified professional shall not promote for personal gain any treatment, procedure, product, or service to a client.*
- Rule 4.5 *A certified professional shall not ask for, nor accept, gifts or favors from clients and/or family members of a client.*
- Rule 4.6 *A certified professional shall not offer, give, or receive commission, rebates, or any other forms of remuneration for a client referral.*
- Rule 4.7 *A certified professional shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the certified professional is employed.*

## **PROFESSIONAL STANDARDS**

- Rule 5.1 *A certified professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, or physical disability.*
- Rule 5.2 *A certified professional who fails to seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with his/her professional functioning shall be in violation of this rule. Where any such conditions exist and impede the ability to function competently, a certified professional must request inactive status of his/her MBSACC credential for medical reasons for as long as necessary.*
- Rule 5.3 *A certified professional shall meet and comply with all terms, conditions, or limitations of certification.*
- Rule 5.4 *A certified professional shall not engage in conduct that does not meet the generally accepted standards of practice.*
- Rule 5.5 *A certified professional shall not perform services outside of his/her area of training, expertise, competence, or scope of practice.*

## **PROFESSIONAL STANDARDS (Cont'd.)**

- Rule 5.6 A certified professional shall not reveal confidential information obtained as the result of a professional relationship without prior written consent from the recipient of services, except as authorized or required by law.*
- Rule 5.7 The certified professional shall not permit publication of photographs, disclosure of client names or records, or the nature of services being provided without securing all requisite releases from the client, or the parents or legal guardians of the client.*
- Rule 5.8 The certified professional shall not discontinue professional services to a client, nor shall he/she abandon a client, without facilitating an appropriate closure of professional services for the client.*
- Rule 5.9 A certified professional shall not fail to obtain an appropriate consultation or make an appropriate referral when the client's problem is beyond his/her area of training, expertise, competence, or scope of service.*

### **SAFETY & WELFARE**

- Rule 6.1 A certified professional shall not administer to himself/herself any psychoactive substance in such a manner as to be dangerous or injurious to a recipient of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the professional to provide services safely and competently.*
- Rule 6.2 All certified professionals are mandated to report child abuse.*

### **RECORD KEEPING**

- Rule 7.1 A certified professional shall not falsify, or amend, or knowingly make incorrect entries, or fail to make timely essential entries into the client record.*

### **ASSISTING UNQUALIFIED/UNLICENSED PRACTICE**

- Rule 8.1 A certified professional shall not refer a client to a person that he/she knows (or should have known) is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.*

### **COOPERATION WITH THE BOARD**

- Rule 9.1 A certified professional shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding, or attempt to prevent a disciplinary proceeding or other legal action, from being filed, prosecuted, or completed. Interference attempts may include, but are not limited to:*
- 1. the willful misrepresentation of facts before the disciplinary authority or its authorized representative(s);*
  - 2. the use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;*
  - 3. the use of threats or harassment against, or an inducement to, any person in an effort to prevent (or attempt to prevent) a disciplinary proceeding or other legal action from being filed, prosecuted or completed;*
  - 4. refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the certified professional's credential until the ethical complaint is resolved.*

**COOPERATION WITH THE BOARD (Cont'd.)**

*Rule 9.2 A certified professional shall:*

- 1. not make a false statement to MBSACC or any other disciplinary authority.*
- 2. promptly alert colleagues informally to potentially unethical behavior so said colleague could take corrective action;*
- 3. report violations of professional conduct of other certified professionals to the appropriate certifying/disciplinary authority when he/she knows (or should have known) that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.*

*Rule 9.3 A certified professional shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of alleged violation. Failure to report a violation may be grounds for discipline.*

*Rule 9.4 A certified professional with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with the MBSACC investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in the MBSACC investigation or disciplinary proceeding shall be grounds for disciplinary action.*

*Rule 9.5 A certified professional shall not file a complaint or provide information to MBSACC which he/she knows (or should have known) is false or misleading.*

*Rule 9.6 In submitting information to MBSACC, a certified professional shall comply with any requirements pertaining to the disclosure of client information established by the federal or state government.*

*I, the undersigned, have read and subscribe to the MBSACC Code of Ethical Conduct, and I agree to surrender my Certification, if required, for any violation of this code.*

\_\_\_\_\_  
**APPLICANT'S NAME (PLEASE PRINT)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**