

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



**CERTIFIED CRIMINAL JUSTICE
ADDICTIONS PROFESSIONAL
APPLICATION**

APPLICANT'S NAME (PLEASE PRINT)

PERSONAL E-MAIL ADDRESS (IF ANY)

WORK E-MAIL ADDRESS (IF ANY)

FOR OFFICE USE ONLY - DO NOT WRITE IN AREA BELOW

DATE REC'D. _____ TO REVIEW _____ LEVEL APPV'D. _____

CHECK # _____ CHECK AMNT. _____ CHECK DATE _____

GRP. # _____ APPV'D.: Y / N / H NOTICE SENT _____

COMMENTS: _____

APPLICANT INFORMATION

(PLEASE PRINT LEGIBLY)

NAME: _____
LAST FIRST M.I.

ADDRESS: _____
NUMBER & STREET OR P.O. BOX

CITY STATE ZIP (DO NOT OMIT ZIP)

GENDER: M F S.S.#: - - DOB: / /
(PLEASE CIRCLE ONE) (FOR IDENTIFICATION PURPOSES ONLY) (MUST BE 18 OR OLDER TO APPLY)

AGENCY: _____
NAME

ADDRESS: _____
NUMBER & STREET OR P.O. BOX

CITY STATE ZIP (DO NOT OMIT ZIP)

CONTACT NUMBERS (DO NOT OMIT AREA CODES)

HOME: () CELL: () WORK: () EXT.

DUE TO PHYSICAL LIMITATIONS, SPECIAL ACCOMMODATIONS WILL BE REQUIRED IN ORDER FOR ME TO TAKE THE WRITTEN CERTIFICATION EXAM: YES NO

If you check **YES**, an **Examinee Request for Reasonable Accommodations** form will be sent to you by the certification office which you must complete and return to the letterhead address within 90 days prior to the exam date. if there is insufficient time to process your request, you will be scheduled for the next available exam date

ON THE LINE THAT FOLLOWS, PLEASE LIST ANY/ ALL OF THE MBSACC CREDENTIALS YOU CURRENTLY HOLD. IF NONE, LIST "NA."

THE SUPERVISOR VERIFICATION FORMS WILL BE COMPLETED BY THE FOLLOWING INDIVIDUALS:

NAME OF SUPERVISOR	AGENCY	SUPERVISOR'S JOB TITLE
NAME OF SUPERVISOR	AGENCY	SUPERVISOR'S JOB TITLE
NAME OF SUPERVISOR	AGENCY	SUPERVISOR'S JOB TITLE

APPLICANT INFORMATION

EDUCATION

I have earned my: HIGH SCHOOL DIPLOMA GED (Proof may be required)

List in the table below all formal education for which you have received a degree:

NAME & LOCATION (City & State) OF COLLEGE/UNIVERSITY	DATES ATTENDED	DATE GRADUATED	DEGREE EARNED

HAVE YOU EVER COMITTED A FELONY? YES NO

(IF YES, YOU MUST PROVIDE A BRIEF EXPLANATION OF THE CIRCUMSTANCES AND
THE RESULT ON A SEPARATE SHEET OF PAPER AND INCLUDE IT WITH THE APPLICATION)

NOTE: You are not required to furnish information for any offense committed prior to your 17th birthday or for a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace; or for a conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting therefrom (whichever is later) occurred five or more years prior to the date of application, unless you have been convicted of any other offense within five years immediately preceding the date of this application.

The information requested in this box is supplied voluntarily and does not affect eligibility. It is requested for demographic purposes only and will not be provided (in connection with your name or any other identifying data) to any outside agent/agency for any reason without your express written permission. We do consider this information to be important, however, and we thank you for your cooperation in providing it.

Are you now, or have you ever been, in recovery from alcohol and/or other drug abuse? Yes No

Please check the box that best describes your ethnic background:

- African American/Black
- Asian
- Caucasian
- Hispanic
- Native American
- Other _____
(Please specify)

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

CCJP CODE OF ETHICAL BEHAVIOR *

It is expected that the delivery of substance abuse treatment with criminal justice involvement, recipients of CCJP Certification will:

GENERAL RESPECT AND CARING –

- ❖ Perform duties with the attitude that change can occur, and accept responsibility for facilitating that change.
- ❖ Demonstrate appropriate respect for the dignity, worth, knowledge, insight, experience, and areas of expertise of others.
- ❖ Accept responsibility for the consequences of their actions.
- ❖ Make every reasonable effort to ensure that psychological knowledge is not misused, intentionally or unintentionally, to harm others.
- ❖ Encourage others, if appropriate, to relate with integrity, to respect the dignity of persons, and to expect respect for their own dignity.

CONFLICT OF INTEREST –

- ❖ Avoid relationships (e.g., with students, employees, or clients) and other situations which might present a conflict of interest or which might reduce their ability to be objective and unbiased in their determination of what might be in the best interest of others.

DO NO HARM –

- ❖ If referring a client to a colleague or other professional, maintain appropriate contact, support, and responsibility for caring until other service begins.
- ❖ Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death. This includes reporting to appropriate authorities or an intended victim, and would be done even when a confidential relationship is involved.

CONFIDENTIALITY –

- ❖ Embrace, as a primary obligation, the duty of protecting client's rights and not disclose confidential information acquired in teaching, practice, or investigation without appropriately executed consent within the standards and guidelines of Federal and State regulations.
- ❖ Adhere strictly to established rules of confidentiality of all records, materials, and knowledge concerning persons served in accordance with all current government and program regulations.

INFORMED CONSENT –

- ❖ Seek as full and active participation as possible from others in decisions which affect them.
- ❖ Practice within the guidelines and standards of Federal and State regulations regarding informed consent and human subjects protocols.

COMPETENCE AND SELF KNOWLEDGE –

- ❖ Espouse objectivity and integrity, and maintain the highest standards in the services offered.
- ❖ Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
- ❖ Accurately represent their own and their associates' qualifications, education, experience, competence, and affiliations in all spoken, written, or printed communications, being careful not to use description or information which could be misinterpreted.
- ❖ Take immediate steps to obtain consultation or to refer a client to a colleague or other appropriate professional, whichever is more likely to result in providing the client with competent service, if it becomes apparent that a client's problems are beyond their competence.
- ❖ Keep themselves up-to-date with relevant knowledge, research methods, and techniques, through the reading of relevant literature, peer consultation, and continuing education activities, in order that their service or research activities and conclusions will benefit, and not harm, others.
- ❖ Develop and utilize strategies to maintain one's own physical and mental health.

RELIANCE ON THE DISCIPLINE –

- ❖ Seek consultation from colleagues and/or appropriate groups and committees, and give due respect to their advice in arriving at a responsible decision if faced with difficult situations.

* Based on codes from the National Association of Alcoholism and Drug Abuse Counselors, the Canadian Psychological Association, the California Association of Addiction Recovery Resources, and the Addiction Technology Transfer Center Curriculum Committee.

BY AFFIXING MY SIGNATURE BELOW, I ATTEST THAT I WILL ABIDE BY AND ADHERE TO ALL OF THE ITEMS IN THE CODE OF ETHICAL BEHAVIOR LISTED ABOVE.

Signature

Date

FAILURE TO OBSERVE THIS CODE OF ETHICAL BEHAVIOR MAY RESULT IN REVOCATION OF CERTIFICATION

PROFESSIONAL WORK EXPERIENCE

The experience requirement is 6,000 hours (equivalent to 3 years, full-time) of supervised work experience completed within the ten (10) years immediately prior to the date application is made.

Supervised work experience is defined as paid or voluntary work performed by addiction professionals: 1) operating in a criminal justice setting providing direct services to individuals currently involved in the Criminal Justice System, or 2) primarily working with clients with a recent (within the past 5 years) criminal history. Supervised work experience must be in the IC&RC CCJP Performance Domains.

NOTE: In this section, list **only** work experience in a criminal justice setting and/or working with clients with a recent criminal history. An official job description must be attached. The job description must be signed and dated by both the applicant and the supervisor of record. If additional entry space is required for listing individual jobs, use the next page.

AGENCY: _____

TYPE OF AGENCY/FACILITY: _____

AGENCY ADDRESS: _____

City

State

Zip

AGENCY
PHONE: (_____) _____
Area Code Ext.

APPLICANT'S
JOB TITLE: _____

SUPERVISOR'S
NAME: _____

SUPERVISOR'S
TITLE: _____

NUMBER OF FULL-TIME HOURS WORKED WEEKLY BY APPLICANT: _____

DATES OF FULL-TIME EMPLOYMENT: FROM _____ TO _____
M/Y M/Y

NUMBER OF PART-TIME HOURS WORKED WEEKLY BY APPLICANT: _____

DATES OF PART-TIME EMPLOYMENT: FROM _____ TO _____
M/Y M/Y

TOTAL NUMBER OF HOURS WORKED IN THIS POSITION (from start date to end date of position): _____

NUMBER OF SUBSTANCE ABUSE COUNSELING HOURS PER WEEK SPENT IN THE FOLLOWING AREAS: (DO NOT INCLUDE HOURS, SUCH AS STAFF MEETINGS, REPORT/RECORD KEEPING, TRAININGS, ETC., THAT ARE NOT SPECIFICALLY SPENT IN COUNSELING)

INDIVIDUAL COUNSELING: _____

GROUP COUNSELING: _____

IN THIS SPACE, PLEASE LIST YOUR PRIMARY JOB RESPONSIBILITIES AS A CRIMINAL JUSTICE ADDICTIONS PROFESSIONAL AT THE TIME OF THE REPORTED EMPLOYMENT:

PROFESSIONAL WORK EXPERIENCE

IF YOU HAVE HAD MULTIPLE JOBS, OR MORE THAN ONE POSITION WITHIN THE SAME AGENCY, THAT YOU NEED TO LIST IN ORDER TO MEET THE REQUIREMENTS, USE THIS PAGE TO LIST THAT INFORMATION. IF YOU REQUIRE EVEN MORE SPACE TO LIST THOSE JOBS OR POSITIONS, FEEL FREE TO PRINT OUT ANOTHER COPY OF THIS PAGE FOR THAT PURPOSE.

AGENCY: _____

TYPE OF AGENCY/FACILITY: _____

AGENCY ADDRESS: _____

City

State

Zip

AGENCY
PHONE: (_____)
Area Code Ext.

APPLICANT'S
JOB TITLE: _____

SUPERVISOR'S
NAME: _____

SUPERVISOR'S
TITLE: _____

NUMBER OF FULL-TIME HOURS WORKED WEEKLY BY APPLICANT: _____

DATES OF FULL-TIME EMPLOYMENT: FROM _____ TO _____
M/Y M/Y

NUMBER OF PART-TIME HOURS WORKED WEEKLY BY APPLICANT: _____

DATES OF PART-TIME EMPLOYMENT: FROM _____ TO _____
M/Y M/Y

TOTAL NUMBER OF HOURS WORKED IN THIS POSITION (from start date to end date of position): _____

NUMBER OF SUBSTANCE ABUSE COUNSELING HOURS PER WEEK SPENT IN THE FOLLOWING AREAS: (DO NOT INCLUDE HOURS, SUCH AS STAFF MEETINGS, REPORT/RECORD KEEPING, TRAININGS, ETC., THAT ARE NOT SPECIFICALLY SPENT IN COUNSELING)

INDIVIDUAL COUNSELING: _____

GROUP COUNSELING: _____

IN THIS SPACE, PLEASE LIST YOUR PRIMARY JOB RESPONSIBILITIES AS A CRIMINAL JUSTICE ADDICTIONS PROFESSIONAL AT THE TIME OF THE REPORTED EMPLOYMENT:

EDUCATION RESUME

PERFORMANCE DOMAINS

The following are IC&RC's CCJP Performance Domains as they relate to both adults and juveniles:

Domain #1 – Dynamics of Addiction and Criminal Behavior; **Domain #2** – Legal, Ethical, and Professional Responsibility; **Domain #3** – Criminal Justice System and Processes; **Domain #4** - Clinical Evaluation: Screening and Assessment, **Domain #5** - Treatment Planning; **Domain #6** - Case Management, Monitoring, and Participant Supervision, **Domain #7** - Counseling; and **Domain #8** - Documentation.

THE REQUIREMENT FOR TRAINING/ EDUCATION IS A TOTAL OF 270 HOURS IN THE FOLLOWING CATEGORIES (NO CATEGORY MAY HAVE LESS THAN 90 HOURS):

CATEGORY A – Alcohol/ Drug Specific Studies

(This category must include a minimum of 10 hours in both Domain #1 and Domain #2)

CATEGORY B – Criminal Justice Studies

(This category must include a minimum of 10 hours in Domain #3)

CATEGORY C – Counseling Techniques

(This category must include a minimum of 10 hours in each of Domains #4, #5, #6, #7 and #8)

Each course or training listed below must be accompanied by appropriate documentation (i.e., transcript, Certificate of Attendance, etc.)

TITLE OF COURSE OR TRAINING	DATE	INSTITUTION (OR INDIVIDUAL OFFERING THE TRAINING)	NUMBER OF TRAINING HOURS	INDICATE CATEGORY OF TRAINING
				CATEGORY ____ (Indicate A, B, OR C)

Briefly describe the content of this course or training -

TITLE OF COURSE OR TRAINING	DATE	INSTITUTION (OR INDIVIDUAL OFFERING THE TRAINING)	NUMBER OF TRAINING HOURS	INDICATE CATEGORY OF TRAINING
				CATEGORY ____ (Indicate A, B, OR C)

Briefly describe the content of this course or training -

TITLE OF COURSE OR TRAINING	DATE	INSTITUTION (OR INDIVIDUAL OFFERING THE TRAINING)	NUMBER OF TRAINING HOURS	INDICATE CATEGORY OF TRAINING
				CATEGORY ____ (Indicate A, B, OR C)

Briefly describe the content of this course or training -

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				CATEGORY ____ (Indicate A, B, OR C)

Briefly describe the content of this course or training -

TITLE OF COURSE OR TRAINING	DATE	INSTITUTION (OR INDIVIDUAL OFFERING THE TRAINING)	NUMBER OF TRAINING HOURS	INDICATE CATEGORY OF TRAINING
				CATEGORY ____ (Indicate A, B, OR C)

Briefly describe the content of this course or training -

SUPERVISION

APPLICANT'S NAME (PLEASE PRINT)

SUPERVISOR'S NAME (PLEASE PRINT)

Clinical Supervision is defined as the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance. Supervision hours are to be face-to-face supervision received by the applicant in the Criminal Justice Addictions Professional performance domains. The Supervision hours must have been obtained within the ten years immediately prior to making application. Applicants are required to provide documentation of 200 hours of Supervision. There can be no less than 10 hours of supervision in each domain.

Clinical Supervisor Directions:

*Please complete this form indicating the applicant's SPT hours. On this form, indicate the number of hours of on-the-job supervision you have provided to the applicant, **not** the number of hours the applicant has worked.*

Please remember, a minimum of 10 hours is required in each domain; however, the accumulated hours must be equal to or greater than 200 hours.

DOMAINS	# HOURS
Domain #1 – Dynamics of Addiction & Criminal Behavior	_____
Domain #2 – Legal, Ethical, and professional Responsibility	_____
Domain #3 – Criminal Justice System and Processes	_____
Domain #4 – Clinical Evaluation: Screening and Assessment	_____
Domain #5 – Treatment Planning	_____
Domain #6 – Case Management, Monitoring, and Participant Supervision	_____
Domain #7 – Counseling	_____
Domain #8 – Documentation	_____

AGENCY WHERE SUPERVISION TOOK PLACE: _____

I verify that the above information is, to the best of my knowledge, an accurate Accounting of the applicant's supervision hours under my supervision.

SUPERVISOR'S NAME (PLEASE PRINT)

SUPERVISOR'S SIGNATURE

DATE