

THE MASSACHUSETTS BOARD OF SUBSTANCE ABUSE COUNSELOR CERTIFICATION, INC.

MBSACC

REGISTRATION APPLICATION

APPLICATIONS MUST BE SUBMITTED ON ORIGINAL FORMS ONLY

(PLEASE PRINT CLEARLY)

NAME: _____
LAST FIRST MIDDLE INITIAL

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

CITY STATE ZIP

S.S. #: _____ - _____ - _____ DOB: ____/____/____
(For Identification Purposes) (Must be 18 or older to apply) MALE FEMALE
(Please Circle Gender)

CONTACT NUMBERS

HOME

CELL

WORK

() _____
Area Code

() _____
Area Code

() _____
Area Code 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 US. THE COMPLETED FORM MUST BE SUBMITTED A MINIMUM OF NINETY (90) DAYS PRIOR TO THE EXAM FOR WHICH YOU ARE APPLYING.)*

DO NOT WRITE IN AREA BELOW - FOR OFFICE USE ONLY

DATE REC'D. _____ CHECK # _____ CHECK AMNT _____ CHECK DATE _____

GRP. # _____ APPVD.? Y / H / N NOTICE SENT DATE _____

DETAIL IF "H" OR "N" _____

FINAL APPVL. Y / N FINAL NOTICE SENT _____

PERSONAL DATA FORM

The information requested in this box is for demographic purposes. If we were to provide demographic information to outside agents/agencies, we would never connect that information with any applicant's name or other identifying information, so that the information you provide about yourself remains secure.

Date of Birth: / /
MM DD YY

- | | | |
|---|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other <u> </u>
<small>(PLEASE SPECIFY)</small> |

Are you now, or have you ever been, in recovery from alcohol or other drug abuse? YES NO

THE FOLLOWING INFORMATION IS REQUIRED AND MUST BE COMPLETED

Have you ever been convicted of a felony? YES NO

(If you check YES, you must provide a brief description of the circumstances surrounding the felony and the results thereof on a separate sheet of paper.)

NOTE You are not required to furnish information for any offense committed prior to your 17th birthday of 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.

EDUCATION

I HAVE EARNED MY: HIGH SCHOOL DIPLOMA GED

LIST YOUR FORMAL EDUCATION (BEGINNING WITH THE MOST RECENTLY COMPLETED) –

INSTITUTION	DATES ATTENDED	DEGREE EARNED

PLEASE READ THE FOLLOWING BEFORE SIGNING

BY AFFIXING MY SIGNATURE BELOW, I AFFIRM THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR SIGNIFICANT OMISSIONS MADE BY ME HEREIN SHALL BE SUFFICIENT CAUSE FOR THE REJECTION OF THIS APPLICATION.

 APPLICANT'S NAME (PLEASE **PRINT** HERE)

 APPLICANT'S SIGNATURE

 DATE

EDUCATION RESUME

(THIS SECTION MAY BE PHOTOCOPIED IF ADDITIONAL ENTRY SPACE IS REQUIRED.)

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

Please refer to the Information Packet under the level of Certification for which you are applying to obtain the number of hours required for that level in each of the categories listed below.

- CATEGORY I** - Alcohol/Drug Specific Studies (AD)
- CATEGORY II** - Counseling Techniques (CT)
- CATEGORY III** - Behavioral Sciences (BS)
- CATEGORY IV** - Ethics Training (ET)

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
				Category I ___ hrs. Category II ___ hrs. Category III ___ hrs. Category IV ___ hrs.

Briefly describe the objectives and content of this training -

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
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Briefly describe the objectives and content of this training –

PROFESSIONAL CODE OF ETHICS

The Professional Code of Ethics applies equally to all certified counselors regardless of whether or not there is a previous history of personal use of alcohol or other drugs. The Massachusetts Board of Substance Abuse Counselor Certification believes that all people have rights and responsibilities through every stage of human development. The goal is for counselors to treat individuals with the dignity, honor, respect, and reverence entitled to them as human beings. We also believe that each client has the right to receive services which meet the highest professional standards and entitle human beings to the physical, social, psychological, spiritual, and emotional care to meet their human needs.

PROFESSIONAL CODE OF CONDUCT

- A. The counselor is dedicated to the concept that substance abuse is treatable and that all efforts with the substance abusing client should be directed toward the recovery of the client, as well as others who may be affected.*
- B. The counselor respects the client by maintaining an objective, non-possessive relationship at all times.*
- C. The counselor does not discriminate among clients, colleagues, or other professionals on the basis of race, religion, age, sex, sexual orientation, or national background; or engage in sexual harassment in any form.*
- D. The counselor respects the confidentiality of the clients. No records, materials, or communications concerning the client is released without an approved release of information signed by the client.*
- E. The counselor shall strive to improve institutional policies and management functions while, at the same time, respecting these existing policies.*
- F. The counselor assesses personal and vocational strengths and limitations, biases, and effectiveness and is willing to recognize when it is in the client's best interest to release the client to other professionals in the community.*
- G. The counselor does not work in isolation, but maintains inter-professional associations and develops inter-professional relationships for the purpose of clinical consultations and referrals.*
- H. The counselor is always cognizant of the mental and medical needs of the client served and refers to other specialized health care services for evaluations and treatment as necessary.*
- I. The counselor has affiliations with professional and inter-professional groups and organizations in the community.*
- J. The counselor does not offer specialized counseling services to an individual who is receiving counseling or therapy from another professional person, except by agreement with the other professional or after termination of the client's relationship with the other professional.*
- K. The counselor is careful in all publicity, public pronouncement, or publication to distinguish and differentiate between his/her private opinions and professional opinions.*
- L. The counselor takes responsibility for his/her continued professional growth through further education and training. He/she shall maintain a high level of physical, mental, and emotional well-being, including the responsible, appropriate, and legal use of alcohol and other drugs.*

I have read and subscribe to the MBSACC Professional Code of Ethics/ Conduct.

NAME (Please Print)

SIGNATURE

DATE

I agree to surrender my Certification, if required, for any violation of the Professional Code of Ethics/ Conduct.

NAME (Please Print)

SIGNATURE

DATE