

**MASSACHUSETTS BOARD OF  
SUBSTANCE ABUSE COUNSELOR CERTIFICATION**

560 LINCOLN STREET  
P.O. BOX 7070  
WORCESTER, MA 01605  
(508) 842-8707

**CPS APPLICATION INSTRUCTIONS**

**GENERAL INFORMATION –**

*Please read the Certification requirements and the entire application packet before completing the application form. Applicants must have met all of the requirements before making application for Certification.*

*Applicants should inform their supervisor(s) that the Supervisor Verification Form(s) must be mailed by the supervisor directly back to MBSACC. Any Supervisor Verification Form that is submitted to us with the application by the applicant will render the application inadmissible. Again, the Supervisor Verification Form(s) must be returned to us directly by the supervisor.*

*The application will not be reviewed until all the materials pertinent to the application have been received. All materials submitted to MBSACC as part of the application, and during the Certification process, are considered to be the property of MBSACC. Said material includes (but is not limited to) the application portfolio, any and all verification form(s), and any supporting documentation. The applicant waives all rights to the application (or any part thereof) once it has been submitted and cannot request its return, even if the application has been denied.*

*You must provide all required documentation regardless of what MBSACC may already have on file for you for other certifications you hold. Complete every form with all the information required. Incomplete forms will be returned to the applicant for completion. You must hand-**print** everything you fill in, except where signatures are required. Applications that are not legible will not be accepted for review, and a new application will have to be submitted.*

**DO NOT** put your application and/or accompanying materials in a binder, report cover, or the like. If you must keep materials together, please use only paper clips. **DO NOT** send applications via a delivery service, such as UPS, FedEx, etc., as they cannot deliver to post office boxes at a postal station. Send your application only via regular mail, on or before the postmark date.

**If you have any questions before submitting your application, call the Certification Office at (508) 842-8707.**

# **APPLICATION FORM**

## **Front Cover –**

*Print name on line provided. Do not write in area marked for office use only.*

## **Page 2 – Applicant Information**

*Fill in the main box. **All** zip codes and area codes **must** be provided. Be sure to check the appropriate box regarding “Special Accommodations” for taking the exam. Also, list the name(s) of the supervisor(s) who will be completing the Supervisor Verification Form(s).*

## **Page 3 – Personal Data**

*Please complete **all** sections. In the **Education** section, be sure to indicate which you have attained regarding diploma or GED. With regard to degrees, list the highest degree you have **already** earned (i.e., Associate, Bachelor, etc.), not what you are in the process of earning. Read the **Felony** section very carefully, and if it applies to you, you **must** include a brief description of the felony on a separate piece of paper. Your application will not be complete without it. Complete everything else on this page before continuing on.*

## **Page 4 – Authorization and Release Form**

*Read this form carefully. Your application will not be processed unless you have read, completed, signed, and dated this form where designated. The witness who signs on the Witness Signature line is attesting that s/he was present and witnessed your signing of this document.*

## **Page 5 – Professional Work Experience**

*This page pertains to your experience in providing alcohol, tobacco, and/or other drug (ATOD) prevention activities/services. Begin by listing your most recent employment first. If more than one position or classification has been held within a given organization/agency, treat each one as a separate entry. This page may be **photocopied** as needed to list all entries.*

*A formal job description, on official facility letterhead, must be included for each separate position that you list under work experience.*

## **Pages 6 and 7 – Education Resume**

*You may **photocopy page 7** if you require additional entry space. Be sure to give a brief description in the space so designated under each box for each training you list.*

*You must provide Certificates of Attendance for each training you list. Refer to the Continuing Education Credit Guidelines in the CPS Information Packet for a description of what constitutes proper documentation. Trainings that have not been properly documented will not be considered. For college courses, an official transcript from the academic institution must be submitted.*

**CPS Code of Ethical Conduct** – See Prevention Think Tank Code of Ethical Conduct (separate document). This form must be submitted with your application. Your application will not be considered complete without your printed name, signature, **and** date at the end of this form.

## **SUPERVISOR VERIFICATION FORM**

### **Front Cover –**

*If the work experience that you must document was completed under more than one supervisor, or at more than one agency, then each supervisor will have to complete a verification form. This form may be **photocopied** for that purpose. The applicant must fill in the box on the front cover of this form, and then give it to the appropriate supervisor to complete.*

*The Supervisor Verification Form is strictly confidential; therefore, the supervisor must return the form directly to MBSACC (upon completion) to the address listed on the form. Please inform all supervisors of the deadline date by which the verification form must be postmarked to MBSACC.*

*Be sure to inform all supervisors who are completing verification forms that the forms must be **hand-printed/written**.*

*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 APPLICATION FEE.  
YOUR APPLICATION WILL NOT BE COMPLETE WITHOUT IT.**