

CCDP AND CCDP-D CERTIFICATION APPLICATION INSTRUCTIONS

GENERAL INFORMATION

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

*The **51% Rule** states that an applicant **must** be working and/or living in this state at least 51% of their time when application for Certification is made.*

The supervisor(s) who will be completing the Clinical Supervisor Verification Form(s) must be made aware that they must mail the form(s) directly back to MBSACC. Any verification form that is submitted to us with the application by the applicant will render the application void. Again, the 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, evaluations, 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 turned down.

*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 **legibly** 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 purchased and submitted. Typed applications are not admissible.*

***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 paper clips only.*

***Do not** send applications via a delivery service such as UPS, FedEx, etc. They cannot deliver to post office boxes at a postal station. Send your application via regular mail on or before the postmark date.*

If you have any questions, call the Certification Office at (508) 842-8707.

APPLICATION FORM

Front Cover -

Fill in the main box only. Do not write in the area marked for office use only. All zip codes and area codes **must** be provided (where applicable).

Applicant Information (pages 2 & 3)

Information on these pages is mandatory except where specifically indicated otherwise. Do **not** omit area codes or zip codes where requested.

Under **EDUCATION**, list the highest degree you have already earned (i.e., Associate, Bachelor, etc.), not what you are in the process of earning.

If you are applying for the CCDP, you must submit an official transcript of your Bachelor Degree. If you are applying for the CCDP-D, you must submit an official transcript of your Master Degree.

Please check to make sure that you have completed everything else on these pages before continuing.

Authorization and Release Form (page 4)

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

Professional Work Experience (pages 5 and 6)

Page 5 of the application pertains to your experience in counseling clients with co-occurring disorders specifically. Begin by listing your most recent employment first. If more than one position or classification has been held within a given organization, treat each one as a separate entry. This page may be photocopied as many times as needed to list each entry.

Page 6 of the application pertains your experience in counseling clients with **either** substance abuse **or** mental health disorders. **Do not** list on this page any experience in counseling clients with co-occurring disorders (that is, experience you listed on page 5). This page may also be photocopied as many times as needed to list each entry.

A formal job description, on official facility letterhead, must be included for each separate position that you list on pages 5 and 6. Each job description must be signed and dated by **both** the applicant and the clinical supervisor.

All experience must have been accrued within ten years immediately prior to the submittal of the application.

Education Résumé (pages 7 and 8)

Before completing this section, please refer to the Education Section of the Basic Certification Requirements for the CCDP or the CCDP-D (whichever applies), as well as the Continuing Education Credit Guidelines, which have been included with these instructions.

Use one box for each separate training. If you require additional entry space, you should photocopy page 8. Be sure to give a brief description in the space provided 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 for a description of what constitutes proper documentation. Trainings without proper documentation will not be considered. For college courses an official transcript from the academic institution must be submitted.

Supervision (page 9)

*Applicants must fill in the box at the top of the page, and then give the page to the supervisor who will verify the supervision hours. If more than one supervisor will be verifying hours for you to meet the requirement (as stated in the "**NOTE**" near the top of page 9), you should print out additional blank pages, but fill in this section before providing the sheet to the supervisor.*

*The supervisor should return this completed page to the applicant for submittal with the application; however, the Clinical Supervisor Evaluation Form must be returned **directly** to the Certification Office by the supervisor without providing any copy(s) thereof to the applicant.*

Code of Ethical Conduct (pages 10 - 13)

*Your application will not be considered complete without your printed name, signature, **and** date at the end of this form.*

CLINICAL SUPERVISOR VERIFICATION FORM

Front Cover

The applicant must fill in the box on the front cover of this form, and give it to the clinical supervisor to complete. If the work experience that you must document was completed under more than one clinical supervisor, or at more than one agency, then each supervisor will have to complete a verification form. After filling in the applicant information box, you should make a photocopy of the form for each supervisor.

*The Clinical Supervisor Verification Form is strictly **confidential**; therefore, the clinical supervisor must return the Verification Form **directly** to MBSACC at the address listed on the form.*

*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.**