

**MASSACHUSETTS BOARD OF  
SUBSTANCE ABUSE COUNSELOR CERTIFICATION**

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

**CCS APPLICATION INSTRUCTIONS**

*Attached are the instructions for completing the CLINICAL SUPERVISOR (CCS) Application Packet; however, please make note of the following first:*

*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.*

*All **Work Experience** must be documented via the Clinical Supervisor Verification Form/s. Applicants must provide a job description, signed by the clinical supervisor of record for each work entry listed. Applicants must also provide a current résumé.*

*With regard to the **Education Requirement**, all training must have been officially submitted to and approved by MBSACC or you must apply for approval of the training yourself by submitting an official Training Approval Application which can be obtained from the Certification Office. For purposes of documentation, Certificates of Attendance and transcripts for courses must be furnished. Please note that the following items will **not** be considered for credit in meeting the education requirement: 1) "prior learning/life experience," 2) courses certified by use of a challenge examination, 3) correspondence/home study courses, 4) courses for auditing purposes, 5) courses of independent study, and/or 6) in-service training.*

*Application for the CCS certification may be made once all the requirements have been met. Approved applicants must take and pass the IC&RC International Examination for Clinical Supervisors.*

*If you have any questions regarding the packet or instructions, or if you need additional assistance, please feel free to call the MBSACC Certification Office at (508) 842-8707.*

# **FEE SCHEDULE AND GENERAL INFORMATION**

## *FEE SCHEDULE*

The fees for CCS credential are as follows:

Application Review Fee .....	\$125.00
CCS Examination.....	\$300.00
Final Processing Fee.....	\$ 60.00

All checks should be made payable to **MCVCAC**. **All fees are non-refundable.**

The Application Review Fee **must** accompany the application. The Final Processing Fee should be submitted upon notification that you have successfully passed the IC&RC International CCS Examination. Once we have received the Final Processing Fee a CCS certificate will be drawn up for you. You should allow 3 - 4 weeks for delivery.

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## **GENERAL INFORMATION**

The application portfolio must be complete and **postmarked** by the deadline date before it can be presented to the Board for review. Individuals must meet all of the requirements before making application.

Photocopied applications will not be accepted; however, if you anticipate the need for additional space in filling out certain sections, you may photocopy that section for extra space. In the event that an additional Clinical Supervisor Verification Form is needed, photocopies are allowed.

Please print legibly except where signatures are required. Applications which are typed are not admissible and will be returned to the applicant for correction.

Please do not place application materials in binders, report covers, etc. You may use a paper clip or other metal fastener to keep your materials together.

MBSACC will not accept any Clinical Supervisor Verification Forms returned by the applicant. Verification Forms must be returned **directly to this office** by the supervisor completing the form. Please be sure that the individual completing your Verification Form is aware of this necessity.

**DO NOT** send your application via a delivery service (i.e., UPS, Federal Express, etc.) as they cannot deliver to a post office box.

**IMPORTANT:** As a reminder, the CCS does not replace the CADC, and both credentials must be independently maintained.

# **INSTRUCTIONS FOR COMPLETING APPLICATION PACKET**

## **APPLICATION FORM**

*On the front cover, please fill in the top section completely, printing clearly. Do not write in the area marked "For Office Use Only."*

## **EDUCATION RESUME -**

*This part of the application pertains to your education/training. In the space provided list each separate course, workshop, and other formal training which you are submitting for consideration in satisfying the education requirement. Photocopy the section prior to writing on it if you will need additional space for entries. Attach additional sheets to the application. You must provide Certificates of Attendance and official training descriptions for workshops, seminars, etc. For college courses you must provide an official transcript along with an official course description.*

## **PROFESSIONAL WORK EXPERIENCE RESUME -**

*This part of the application pertains to your work history in the alcohol/drug abuse treatment field. In the space provided start with the most recent employment first and work backward. Photocopy the section prior to writing on it if you will need additional space for entries.*

*An official job description must be included for each separate position listed. The job description must be signed and dated by the applicant and the clinical supervisor.*

*The applicant must provide evidence of a Bachelor's (or higher) degree in counseling or a closely related field. The degree must be from a regionally-accredited academic institution. Evidence must be in the form of an official transcript.*

## **PROFESSIONAL CODE OF ETHICS/CONDUCT -**

*Your application will not be complete without your signature in BOTH places at the bottom of this form.*

*(CONT'D.)*

## **CLINICAL SUPERVISOR VERIFICATION FORM -**

*The applicant must fill in his/her name on the line provided on the front cover, and fill in the applicant information section completely on the back cover of the form before releasing it to the supervisor for verification. Please request that the supervisor complete the form and mail it directly to MBSACC. If more than one supervisor will be completing a verification for you, and you need additional forms, you may photocopy the original form prior to writing on it.*

*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.**