DELAWARE CERTIFICATION BOARD

CADC APPLICATION

Certified Alcohol & Drug Counselor

APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

Do not apply until all requirements are met.

TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** DCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** info@decertboard.org *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email info@decertboard.org.*

REVIEW & APPROVAL PROCESS

1. Application submitted to DCB. To confirm receipt of application, email DCB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. An application is considered approved when applicant receives an email from the testing company to register for the examination.
5. Follow all instructions to register for the examination provided in the email.
6. If you have not heard from DCB regarding your application or received an email from the testing company to register for the examination after 10 business days, email info@decertboard.org.
7. Once the applicant has passed the examination, they are certified.
8. A certificate will be mailed to the applicant within 10 business days.

CERTIFIED ALCOHOL & DRUG COUNSELOR REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application except for the official college transcript which is sent to DCB directly prior to application.

FORMAL EDUCATION

REQUIRED: Minimum associate's degree OR higher specific to the ADC domains.

It is recommended that transcripts are requested/ordered approximately three weeks prior to the applicant sending in their application. An official transcript must be mailed directly to DCB or emailed to info@decertboard.org by the educational institution.

The degree must be within the ADC domains and from an accredited college/university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. If the degree is from outside the United States, a degree equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and to pay all costs.

If the applicant has a sealed official transcript in their possession, they may mail it in the sealed envelope to DCB with their application. If the application is completed online, the transcript will need to be sent to the DCB via the postal service, prior to the application submission.

If the applicant has outstanding debt or other issues which prevent the college/university from releasing their official transcript, the applicant must resolve these issues with the school prior to applying for certification.

CLINICAL WORK EXPERIENCE

REQUIRED: Two and a half (2.5) years of full time or 5000 hours of part-time work experience in the specific ADC domains.

Qualifying work experience is defined as:

1. Providing primary, direct, clinical, substance use disorder (SUD) or co-occurring counseling to persons whose primary diagnosis is that of SUD and/or
2. Providing supervision to counselors of persons whose primary diagnosis is that of SUD.

The primary responsibility for providing SUD counseling in an individual and/or group setting, preparing treatment plans, documenting client progress and is clinically supervised. No other work experience in the drug and alcohol field can be used for counselor certification other than what is stated above.

Qualifying work experience:

1. Can be from multiple employers to accumulate the required years/hours however, they must include documentation from previous employer(s) verifying their title, duties and dates employed with their application. The applicant must contact previous employers and request detailed documentation of their employment.
2. CANNOT be documented via a resume as proof of previous work experience. Resumes will not be accepted.

3. Must have been within the last seven (7) years. Volunteer work is not acceptable. Time spent participating in or facilitating mutual support groups is not acceptable.

The applicant **must be currently employed as a drug and alcohol counselor** at the time of application.

Examples of positions/titles that typically are not eligible for counselor certification include but are not limited to case managers, technicians, peer and recovery counselors/specialists, intake/admissions workers, drug court/probation and parole professionals, etc.

Clinical internships completed as part of a college degree program may be eligible to use toward the required work experience.

Internships must:

1. Be ones in which the student was providing drug and alcohol counseling as described under the Work Experience section of this application;
2. Be well documented by the agency in which the internship occurred;
3. Have been supervised; and
4. Appear on the official college transcript.

CURRENT JOB DESCRIPTION

REQUIRED: Copy of current counselor job description, obtained from current employer, and signed by both the applicant and their immediate clinical supervisor must be submitted.

All applicants must include a copy of their current counselor job description., which is signed and dated by the applicant and their immediate clinical supervisor.

Job descriptions determine and verify eligible current work experience. Job description must clearly delineate drug and alcohol counseling as a primary function of the position.

If the applicant held different counselor positions with their current employer, they must provide all relevant job descriptions with the application. For instance, if the applicant started as a counselor assistant, then was promoted to a Counselor I and then a Counselor II, all three (3) job descriptions shall be included.

In lieu of job description(s), employer may provide an official position description on agency letterhead. This required documentation must include the applicants' dates of employment (to/from) employment status (full-time or part-time), title of position, a detailed description of the duties and responsibilities for the position, and the average number of hours per week the applicant worked.

ON-THE-JOB CLINICAL SUPERVISION

REQUIRED: 250 hours of on-the-job clinical supervision in the specific ADC domains. A minimum of 10 hours of clinical supervision must be in each specific ADC domain.

Supervision is a formal or informal process that is evaluative, clinical, educative, and supportive. It ensures quality of clinical care and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

DCB has no requirements for who provides clinical supervision. The person providing clinical supervision is at the discretion of the agency and/or any state requirements.

Clinical supervision can be provided in an individual, one-on-one setting and/or observation of skills or group supervision setting.

Clinical supervision can be provided by **more than one supervisor.** In this case, each clinical supervisor should complete the supervision portion of the application on behalf of the applicant

EDUCATION/TRAINING

REQUIRED: 300 hours of relevant education/training in the specific ADC domains, to include 6 of those hours in substance use disorders ethics.

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses, and online education.

There is **no limit to the amount of online education** that may be submitted.

Most three-credit college/university courses count as 45 hours. One training CE/CEU counts as one hour.

Out of state education is acceptable.

All education/training must be documented. College courses are documented with an official college transcript. Trainings are documented with copies of training certificates.

Training certificates must have the applicant's name, title of training, date(s) of training, the number of hours being awarded, and the name of training organization. Training certificates submitted without this required information on them will not be accepted.

If a training title on a certificate of attendance does not clearly indicate the education content, attach a copy of the training description.

Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

Training must be non-repetitive meaning the same training cannot be claimed more than one time even if the training is taken on different dates from different providers.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided that the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

There is **no time limit** on when the education/training was received.

EXAMINATION

REQUIRED: Once application is approved, applicant must pass the IC&RC Examination for Alcohol and Drug Counselors (ADC examination).

Examination information provided on page 6 and on IC&RC's website: www.internationalcredentialing.org.

CERTIFICATION FEE

REQUIRED: $350.00 (fee includes examination and must accompany certification application)

The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment. Fee payment information provided on page 9 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to DCB.

Applications received without payment will not be processed.

One-half of the fee is refundable if application is denied or cancelled prior to the examination. No refund will be issued if application is denied or cancelled after examination.

APPLICATION INFORMATION

GENERAL INFORMATION

Email addresses provided to DCB must be active accounts that are checked regularly. The DCB will not be able to contact the applicant nor register them for the examination without an email address. Please print legibly.

Applicants must either live or work in DE at the time of application.

This certification is an international, reciprocal credential recognized and transferrable to many other states and countries.

APPEAL PROCESS

The purpose of appeal is to determine if DCB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to DCB within 30 days of the notification of DCB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the DCB Executive Committee who will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

FELONIES & DISCIPLINARY ACTIONS

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through DCB does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

REQUESTS TO CHANGE APPLICATION

Professionals who wish to have their application re-reviewed for another credential DCB offers prior to taking the examination or after an unsuccessful attempt at the examination will incur a $50 application change/review fee.

CERTIFICATION TIME PERIOD

Certification encompasses two calendar years beginning on the date the applicant passes the examination. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

EXAMINATION INFORMATION

TYPE OF EXAMINATION

The successful completion of an IC&RC examination is required. The examination is computer based, 150 multiple-choice questions, and offered at approved testing sites statewide. Candidates choose the day, time, and site for their examination. Once an application is approved, candidates will receive an email from the testing company with instructions for scheduling their examination.

TIME PERMITTED

Three hours are permitted to complete the examination.

EXAMINATION CONTENT

The examination is developed from the IC&RC Job Analysis which identifies domains and tasks for competent practice. Domains for the examination are Screening, Assessment, & Engagement; Treatment Planning, Collaboration, & Referral; Counseling; Professional & Ethical Responsibilities.

CANDIDATE GUIDE

The domains, including the task statements per domain, sample examination questions, and a list of references from the IC&RC Job Analysis are included in the Candidate Guide. Candidate Guides are available from the DCB website.

STUDY MATERIAL

Professional study guides and practice exams have been published for the examination. This information can be found on the IC&RC's website at: www.internationalcredentialing.org.

SPECIAL SITUATIONS AND ACCOMMODATIONS

Individuals with disabilities and/or religious obligations that require modifications in examination administration may request specific procedure changes in writing with official documentation to DCB no fewer than 60 days prior to their examination date. Contact DCB on what constitutes official documentation. DCB will coordinate appropriate modifications to the examination process when documentation supports the need.

CANCELLATION/RESCHEDULING POLICY

Candidates are required to arrive on time for their examination. Candidates who arrive late will not be permitted to take the examination and will be charged a $150.00 cancellation/rescheduling fee. Candidates who cancel or reschedule their examination less than five days prior to their scheduled date will be charged the full examination fee. Candidates who cancel or reschedule more than five days before their scheduled date will be charged a $25.00 cancellation/rescheduling fee.

RETESTING

Candidates who fail the examination can retest after a 90-day wait period from the date of their last examination. Candidates will be sent instructions and fee information. Candidates have three (3) opportunities to retake an examination. If a candidate fails the examination four (4) times, they must submit a study plan to DCB and wait one-year from the date of the final failed examination before they will be permitted to retest again.

CADC: APPLICANT INFORMATION

Application can be completed and saved. You may then print the appropriate pages to submit to DCB.

TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): _____

Applicant Name: _____

Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Date of Birth (mm/dd/yyyy): _____ **SSN** (*last four*): _____

Have you ever received any disciplinary action from another certification/licensing authority? □ Yes □ No
If yes, provide full details on a separate sheet.

Have you read and understood the DCB Code of Ethical Conduct? □ Yes □ No
The Code of Ethical Conduct is located at www.decertboard.org/ethics.

CONTACT INFORMATION

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____

Primary Email: _____

***REQUIRED*: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

Secondary Email: _____

DEMOGRAPHICS

Data is never released with identifying information. It is used to report workforce data to state and federal agencies.

What is your gender?
□ Female
□ Male
□ Nonbinary
□ Prefer to self-describe: _____
□ Prefer not to disclose

Do you identify as transgender?
□ Yes
□ No
□ Prefer not to disclose

How do you describe your sexual orientation or sexual identity?
□ Heterosexual or straight
□ Gay or lesbian
□ Bisexual
□ Queer
□ Questioning or unsure
□ Prefer to self-describe: _____
□ Prefer not to disclose

Which best describes you?
□ Asian or Pacific Islander
□ Black or African American
□ Hispanic or Latino
□ Native American or Alaska Native
□ White or Caucasian
□ Multiracial or Biracial (please specify): _____
□ Not listed (please specify): _____
□ Prefer not to disclose

What is your yearly income?

□ Less than $20,000
□ $20,000 to $34,999
□ $35,000 to $49,999
□ $50,000 to $74,999
□ $75,000 to $99,999
□ Over $100,000
□ Unsure

Do you have military experience?

□ Active duty
□ Veteran
□ Not Applicable

Language(s) spoken fluently (check all that apply)**:**

□ American Sign Language
□ Arabic
□ Chinese
□ English
□ French
□ German
□ Indigenous Language
□ Italian
□ Korean
□ Polish
□ Portuguese
□ Russian
□ Spanish
□ Tagalog (Filipino)
□ Vietnamese
□ Other, please specify: _____

Employment plans for the next two years *(check all that apply)*:

□ Obtain full time employment/Increase hours
□ Obtain part-time employment/Decrease hours
□ No change
□ Retire
□ Move to a different career/field
□ Unknown

PAYMENT INFORMATION

FEE OF $350 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):

☐ Check ☐ Money Order ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Checks & Money Orders made payable to DCB

☐ My employer/organization is mailing payment directly to DCB.

Number: _____ - _____ - _____ - _____

Sec. Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____
(If different than Home Address) _____

Email for receipt *(if paying by credit card only)*: _____

CADC: FORMAL EDUCATION

REQUIRED: Minimum associate's degree OR higher in a relevant field.

I am including a sealed official transcript with my CADC application. ☐ Yes ☐ No

I have ordered an official transcript to be sent to DCB. ☐ Yes ☐ No

College/University: _____

Name on Transcript: _____

Date Transcript Requested: _____

Delivery Method:

☐ Mailed to DCB

☐ Emailed to DCB

CADC: EDUCATION/TRAINING

REQUIRED: 300 hours of education/training in the specific ADC domains, to include 6 of those hours in substance use disorders ethics.

I have included copies of training certificates. ☐ Yes ☐ No

I have included a copy of my training tracking system/learning management system report. ☐ Yes ☐ No

My college transcript provides all or some of the relevant education. ☐ Yes ☐ No

CADC: CLINICAL WORK EXPERIENCE & JOB DESCRIPTION

REQUIRED: Two and a half (2.5) years of full-time or 5000 hours of part-time CLINICAL work experience specific to the ADC domains.

REQUIRED: Copy of current counselor job description, obtained from current employer, and must be signed by both the applicant and their immediate clinical supervisor.

CURRENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

How many hours do you work per week? _____

Total hours/years worked in current position? _____

I have attached my current counselor job description, dated, and signed by both me and my supervisor. ☐ Yes ☐ No

Do you need to document previous employment to fulfill the experience requirement? ☐ Yes ☐ No

*If yes, complete the section below **AND** submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.*

PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE)

Letter (on company letterhead) from previous employer(s) verifying your title, duties & dates employed must be included with your application.

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____ End Date in Position: _____

How many hours did you work per week? _____

Total hours/years worked in previous position? _____

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____ End Date in Position: _____

How many hours did you work per week? _____

Total hours/years worked in previous position? _____

CADC: ON-THE-JOB CLINICAL SUPERVISION

REQUIRED: 250 hours of on-the-job clinical supervision in the specific ADC domains. A minimum of 10 hours of clinical supervision must be in each specific ADC domain.

Information below is to be completed by applicant's current and/or previous clinical supervisor(s).

This page is to document the clinical supervision hours provided to the applicant, **not their total work hours.**

The total hours of clinical supervision should be 250 hours but could be more depending on the applicants' length of employment or could be less if the applicant was provided clinical supervision from a previous employer.

Applicants may copy this page and provide it to previous clinical supervisors.

Applicant Name: _____

CLINICAL SUPERVISOR INFORMATION

Name: _____

Position/Title: _____

Licenses, Certifications and/or Degrees: _____

Email: _____ Phone: _____

Employer Name: _____

Employer City: _____ Zip: _____

CLINICAL SUPERVISION DOCUMENTATION

Clinical Supervision was provided to the above-named applicant in the following Domains:

DOMAIN	EXACT NUMBER OF HOURS
☐ Principles of Substance Use and Co-Occurring Disorders	
□ Screening, Assessment, & Engagement	
☐ Treatment Planning, Collaboration, Counseling & Referral	
☐ Professional & Ethical Responsibilities	

TOTAL NUMBER OF HOURS OF CLINICAL SUPERVISION: _____

Supervisor Attestation:

I attest that the above-named applicant has been provided with clinical supervision as documented above.

_____ _____

Supervisor Signature Date

CADC: ACKNOWLEDGEMENTS & RELEASE

This page must be completed by the applicant.

RELEASE

I request that the Delaware Certification Board (DCB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the DCB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my application;
- Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by DCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize DCB to gather information from third parties regarding education, employment and/or supervision and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to DCB before, during, or after application for certification is made will be investigated by DCB and could result in the nullification of the application or denial or revocation of certification.

INITIAL EACH STATEMENT

_____ I have read and understood this Acknowledgements and Release.

_____ I either live or work in Delaware at least 51% of the time.

_____ I understand one-half of the application fee is refundable if application is denied or cancelled prior to the examination and no refund will be issued if application is denied or cancelled after examination.

_____ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

_____ I understand that if I request to have my application re-reviewed for another credential DCB offers prior to the examination, or after an unsuccessful attempt at the examination I will incur a $50 change/review fee.

Applicant: _____ Signature: _____ Date: _____

PRINT NAME LEGIBLY

CADC: CHECKLIST

Applicant Name: _____

Page must be completed and submitted with the application. Do not submit your application until checklist is reviewed, completed and all documentation is compiled.

Prior to applying, all requirements must be met and documented. Use the table below as a guide for gathering documentation.

Do not submit any documentation with an application that is not listed on the table or the application unless specifically instructed by a staff member. Do not apply until all requirements are met.

REQUIREMENT	DOCUMENTATION	✓
Application page with payment	• Page 8 & 9	
Formal Education page	• Page 10	
Education	• Official college transcript • Copies of training certificates (if applicable)	
Clinical Work Experience	• Page 11 • Previous relevant employment documentation (if needed)	
Current job description	• Obtain from employer	
Supervision page	• Page 12	
Acknowledgement & Release page	• Page 13, notarized	
Checklist page	• Page 14	
Disciplinary Actions?	• Include letter of explanation with application	
Convicted of a felony?	• Include letter of explanation with application	
Company paying fee?	• Include applicant name on payment	
Copy entire application for records		

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2. **Email:** info@decertboard.org *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email info@decertboard.org.*

I acknowledge, that to the best of my ability, I have submitted a completed application.

Signature: _____ Date: _____