



CCS APPLICATION

Certified Clinical Supervisor

298 S. Progress Avenue, Harrisburg, PA 17109
Phone: 717-540-4456 | Fax: 717-540-4458
www.decortboard.org | info@decortboard.org

APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to submitting your application, you must have all requirements completed and documented. Use the table below as a guide for gathering your documentation.

Do not submit any documentation with your application that is not listed on the table or the application unless specifically instructed by a staff member. Do not submit your application until you have completed the application requirements.

| REQUIREMENT | DOCUMENTATION | ✓ |
|--------------------------------------|--|---|
| Application Page with payment | <ul style="list-style-type: none"> Page 7 | |
| Experience & Supervision Information | <ul style="list-style-type: none"> Page 8 Previous relevant employment documentation (if needed). | |
| Current Job Description | <ul style="list-style-type: none"> Obtain from employer. | |
| Supervision Documentation Form | <ul style="list-style-type: none"> Page 9 | |
| Education | <ul style="list-style-type: none"> Official transcripts sent directly to Board (if applicable) Copies of trainings | |
| Acknowledgement & Release | <ul style="list-style-type: none"> Page 10, notarized | |
| Disciplinary Actions? | <ul style="list-style-type: none"> Include letter of explanation with application. | |
| Convicted of a felony? | <ul style="list-style-type: none"> Include letter of explanation with application. | |
| Company paying fee? | <ul style="list-style-type: none"> Include applicant name on payment. | |
| Copy entire application for records | | |

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- Mail:** DCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- Email:** info@decertboard.org *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- 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 your application, email info@decertboard.org.*

REVIEW & APPROVAL PROCESS

- Application submitted to the Board. To confirm receipt of your application, you must email the Board at the above email address.
- Staff reviews application. Allow 5- 10 business days for review and processing of your application.
- Applicant will be emailed if there is any documentation missing from the application or there are questions regarding your application. It is imperative that you write your email legibly.
- Your application is considered approved when you receive an email to register for the examination.
- Follow all instructions to register for the examination provided to you in the email.
- If you have not heard from the Board regarding your application or received an email to register for the examination after 10 business days, email info@decertboard.org.
- Once you pass the examination, you are certified.
- A certificate will be mailed to you automatically within 5-10 business days.

APPLICATION INFORMATION

APPEAL PROCESS

The purpose of appeal is to determine if the Board accurately, adequately and fairly reviewed an application that is denied. A letter requesting an appeal must be sent to the Board in writing within 30 days of the notification of the Board's action. An applicant shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn 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.

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.

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 the Board does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

INTERNATIONAL CERTIFICATES

A seal will be added to your certificate indicating the international status of your certification. The International Certificate provides recognition of your status as an internationally certified substance use disorder professional. Original International Certificates are available for a fee directly from IC&RC at www.internationalcredentialing.org. DCB does not issue international certificates.

REQUESTS TO CHANGE APPLICATION

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

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 exam is required. The examination is a computer based, 150 multiple-choice questions and offered on an on-demand basis at an approved testing site. There are several sites in the state. Candidates may choose the day, time and site.

TIME PERMITTED

Three hours are permitted to complete the examination.

EXAMINATION CONTENT

The examination is developed from the IC&RC Job Analysis which identify domains and tasks for competent practice.

CANDIDATE GUIDE

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

STUDY MATERIAL

Professional study guides and practice exams have been published for the examination. Visit IC&RC's website for more information: www.internationalcredentialing.org.

SPECIAL SITUATIONS & 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 the Board no fewer than 60 days prior to their examination date. Contact the Board on what constitutes official documentation. The Board will plan for appropriate modifications to its procedures when documentation supports this 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 and wait one-year from the date of the final failed examination before they will be permitted to retest again.

CERTIFIED CLINICAL SUPERVISOR REQUIREMENTS

Prior to submitting your application, applicants must have all requirements completed and documented.

PREREQUISITE

The applicant must hold a current reciprocal credential through DCB that is in good standing or have a Master's degree in a relevant field.

- **Credential:** CADC, CAADC, CCDP, or CCDPD; **OR**
- **Degree:** Master's degree in a relevant field.

TRANSCRIPTS DO NOT NEED TO BE RESUBMITTED IF YOU HOLD A CREDENTIAL WITH THE BOARD. The degree must be from an accredited college/university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. An official transcript sent directly from college/university is required. 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 all costs.

Official transcripts are required and must be sent directly from college/university to the Board office. If your college/university uses an e-transcript system, they can be emailed directly to the Board. **It is recommended you request transcripts approximately three weeks prior to sending in your application.**

EXPERIENCE & SUPERVISION

Qualifying experience is based on a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct and indirect observation of a counselor(s) clinical work.

The applicant must be currently employed in the qualifying position at the time of application. Only employment within the last seven (7) years may be counted towards the total experience requirement.

If the applicant's experience requirement is not fulfilled from their current employer, they must include a letter (on company letterhead) from previous employer(s) verifying their duties and dates employed with their application.

- **Experience:** five (5) years of full-time employment or 10,000 hours of part-time of employment providing primary, direct, clinical, substance use disorder or co-occurring counseling to persons whose primary diagnosis is that of substance use disorder or providing supervision of said counseling; **AND**
- **Experience:** two (2) years of full-time employment or 4,000 hours of part-time employment providing clinical supervision to substance use disorder or co-occurring counselors. This experience may be included in the five year counseling requirement.

Supervision is a formal or informal process that is evaluative, clinical, and supportive. It can be provided by more than one person, 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.

- **Supervision:** 200 hours with a minimum of 10 hours in each domain. Hours may be included in the total experience requirement.

CURRENT JOB DESCRIPTION

All applicants must include their current job description with their application. This document is provided by your employer and must be signed and dated by you and your supervisor. Job descriptions are reviewed as a part of experience verification. If your supervisor does not have your job description, you should contact your organization's Human Resource department. The Board does not provide the job description.

- **Current job description:** obtained from employer.

EDUCATION

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses and online education. If you provide this type of education to other professionals, you may use it towards the education requirement with documentation from the organization or college/university. Most three-credit college/university courses are 45 hours. There is no time limit on the use of education for initial certification.

Education review is available prior to application submission with the use of the Education Review Form on the Board website.

- **Education:** 30 total hours of education in the clinical supervision domains.

EXAMINATION

Applicant must pass the IC&RC Examination for Clinical Supervisors.

- **Domains**
 1. Counselor Development
 2. Professional & Ethical Standards
 3. Program Development & Quality Assurance
 4. Assessing Counselor Competencies and Performance
 5. Treatment Knowledge

FEES

The application fee may be paid by check, money order or with VISA, MasterCard, Discover or American Express. One-half of the application 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. If an employer or organization is paying the application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

- **Application Fee Reciprocal Credential:** \$250 *(fee must accompany application and materials)*
- **Application Fee Master's Degree Only :** \$350 *(fee must accompany application and materials)*
- **Retest Fee:** \$150
- **Exam Cancellation Fee:** \$150

DCB APPLICATION FOR CCS

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

TYPE OR PRINT LEGIBLY

Date: _____ DOB: _____ Male Female Self-identify _____

Name: _____ SSN: (last four) _____
Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____
PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

College/University: _____

Name on Transcript: _____

Date Transcript Requested: _____ Delivery Method: _____

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, and click on Ethics.

Military Experience: Not Applicable Active Veteran

Ethnicity: American Indian or Alaska Native Asian Black or African American Caucasian Hispanic Latino
 Native Hawaiian or Other Pacific Islander Not specified: _____

Employment plans for the next two years: Increase Hours Decrease Hours No Change Seek Advancement
 Retire Move to a different career Unknown

PAYMENT INFORMATION

APPLICATION FEE CHECK ONE: \$250 \$350 *DCB will charge the correct amount upon approval of application.*

Check Money Order VISA MasterCard Discover American Express

Number: _____ - _____ - _____ - _____ *Checks & Money Orders made payable to DCB*

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

Billing address: _____
(If different than Home Address)

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

CCS APPLICATION: EXPERIENCE & SUPERVISION INFORMATION

CURRENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Hire Date in Current Position: _____

How many hours do you work per week? _____

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

If yes, a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.

DO NOT SUBMIT A RESUME WITH YOUR APPLICATION. IT WILL NOT BE REVIEWED AND IT DOES NOT FULFILL THE DOCUMENTATION REQUIREMENT FOR EXPERIENCE.

CURRENT SUPERVISOR INFORMATION

Immediate Supervisor Name: _____

Supervisor Position/Title: _____

Email: _____ Phone: _____

Average Number of Hours of Supervision Received Per Week: _____

Do you have more than one supervisor or need to document supervision from a previous employer? Yes No

If yes, provide copies of the CCS Application: Supervision Documentation Form (page 9) to all supervisors. Multiple supervision forms can be submitted with your application.

CCS APPLICATION: SUPERVISION DOCUMENTATION FORM

Form to be completed by Applicant's current and/or previous clinical supervisor(s).

This form is not intended to document all experience or supervision hours of the applicant, rather the minimum hours required for the certification. Please note: the standard hours accepted for clinical supervision is two (2) hours per week. If you document more than that for the applicant (your supervisee) you will need to provide documentation to the Board for the hours to be accepted. This will delay the approval of your supervisee's application.

Supervision is a formal or informal process that is evaluative, clinical, and supportive. It can be provided by more than one person, 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.

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 in the following Domains (check all that apply):

| DOMAIN: | NUMBER OF HOURS: |
|---|------------------|
| <input type="checkbox"/> Counselor Development | _____ |
| <input type="checkbox"/> Professional & Ethical Standards | _____ |
| <input type="checkbox"/> Program Development & Quality Assurance | _____ |
| <input type="checkbox"/> Assessing Counselor Competencies & Performance | _____ |
| <input type="checkbox"/> Treatment Knowledge | _____ |
| TOTAL NUMBER OF HOURS OF CLINICAL SUPERVISION: | _____ |

Supervisor Attestation:

I attest that the above-named applicant is providing primary, direct, clinical, substance use disorder or co-occurring counseling to persons whose primary diagnosis is that of substance use disorders or providing supervision of said counseling. They have primary responsibility for providing counseling in an individual and/or group setting, preparing treatment plans, documenting client progress and is clinically supervised. **Current employers:** I have provided the applicant with their job description, reviewed it with them, signed and dated it. **Previous employers (if applicable):** I have provided the applicant with a letter (on company letterhead) listing and verifying their duties and dates employed.

Supervisor Signature _____

Date _____

CCS APPLICATION ACKNOWLEDGEMENTS & RELEASE

This page must be completed by the applicant. It must be notarized and submitted with the application.

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 credential. 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 and employment 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 the 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

NOTARY PUBLIC ONLY

Name: _____ Date: _____

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

Notary Public Signature **SEAL:**