

**OVERVIEW OF CERTIFICATION PROCESS – CAC-AD**  
**REVISED OCTOBER 1, 2015**

**THIS APPLICATION IS NOT A PRE-APPLICATION CREDENTIAL EVALUATION**

**Application:** An application for certification and attachment forms are **required** of all applicants. The application must be typed or printed legibly. The application must be notarized. Incomplete and non-legible applications will be returned.

**FEES** – Application Fee of **\$150** must be submitted with the application. **FEES ARE NON-REFUNDABLE.**

**Criminal History Records Check:** All applicants are required to complete a state and federal criminal history records check **before** they are approved to take any exam and obtain certification or licensure. (Separate form will be mailed to the applicant upon application approval).

**Education** – Applicants must hold an Bachelor’s degree or higher in a Health and Human Services counseling field from a regionally accredited college/university **OR** hold a degree judged by the Board to be substantially equivalent in subject matter and training. Applicants who hold a degree in a Health and Human Service counseling field must have at least **33** credits of alcohol and drug counseling coursework that **must include the following** 3 semester credit (5 quarter credit) courses:

- (a) Medical Aspects of Chemical Dependency (Pharmacology);
- (b) Addictions Treatment Delivery;
- (c) Ethics that includes alcohol and drug counseling issues;
- (d) Group Counseling;
- (e) Individual Counseling;
- (f) Abnormal Psychology; **AND**
- (g) 6 semester credits (10 quarter credits) in an alcohol and drug internship, practicum, and field placement;

**AND** three of any of the following 3 semester credit hour (5 quarter credit hour) courses in:

- (h) Family Counseling;
- (i) Theories of Counseling;
- (j) Human Development;
- (k) Topics in substance related and addictive disorder; **OR**
- (l) Treatment of Co-Occurring Disorders.

Applicants who hold a Bachelor’s degree judged substantially equivalent by the Board must have at least **45** credits that includes the required **33** credits and remaining **12** credits in a Health and Human Service counseling area (ex: Psychology, Social Work, Human Services, Alcohol and Drug/Chemical Dependency/Substance Abuse Counseling, etc.).

**Supervision:** 1 year **AND** 2,000 hours of supervised experience under an alcohol and drug approved supervisor.

**Examination** – Applicants must pass the ICRC/AODA Examination and Maryland State Law Test.

- (1) The ICRC is administered by computer in Belair, Columbia, and Annapolis
- (2) The Maryland Law Test is administered twice a month from January – October and administered once in November and December at the Board Office.
- (3) In order to sit for the examinations, all applicants must meet the education AND supervision requirements.

**APPLICANTS CHECKLIST FOR CERTIFIED ASSOCIATE COUNSELOR  
ALCOHOL AND DRUG CERTIFICATION (CAC-AD)**

<b>HAVE YOU...</b>	<b>YES</b>	<b>NO</b>
1. Completed your application - Is it notarized <b>and</b> has your signature? (Page 3)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Enclosed a NON- REFUNDABLE check / money order for <b>\$150.00</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Payable to the Board of Professional Counselors & Therapists.	<input type="checkbox"/>	<input type="checkbox"/>
4. Submitted photograph affixed to application (page3)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Included official transcript for appropriate education a minimum of a Bachelor's Degree in a Human Services Counseling field?	<input type="checkbox"/>	<input type="checkbox"/>
6. Listed <b>33</b> credits of alcohol and drug course work on the course description form that included the course numbers and course titles found on the official transcripts?	<input type="checkbox"/>	<input type="checkbox"/>
7. Included any course descriptions or syllabi <b>only</b> for courses that have a different title from what is listed on the application course form?	<input type="checkbox"/>	<input type="checkbox"/>
8. Included documentation 1 year AND 2000 hours of supervised experience?	<input type="checkbox"/>	<input type="checkbox"/>

**MARYLAND APPLICATION FOR CERTIFIED ASSOCIATE COUNSELOR ALCOHOL AND DRUG**



**Maryland Board of Professional Counselors and Therapists**  
**4201 Patterson Avenue**  
**Baltimore, MD 21215 3<sup>rd</sup> Floor**  
**410-764-4732**  
[www.dhmf.maryland.gov/bopc](http://www.dhmf.maryland.gov/bopc)

**FOR OFFICE USE ONLY**

CERT NUM/DATE: \_\_\_\_\_  
 ICRC SCORE/DATE: \_\_\_\_\_  
 LAW SCORE/DATE: \_\_\_\_\_  
 BCKGRD RESULTS: \_\_\_\_\_  
 REVIEWER: \_\_\_\_\_  
 DATE REVIEWED: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

**TYPE OR PRINT ALL INFORMATION**

**VETERANS AND SPOUSAL PREFERENCE**

1) Are you an active service member or the spouse of an active service member? Yes  No

(If yes please enclose copy of military identification).

2) Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes  No  (If yes please enclose copy of military identification).

**DEMOGRAPHIC INFORMATION**

Social Security No.		Date of Birth:		Place of Birth:		
Last Name		Maiden		First Name		
				MI		
Home Address:						
	Street	City	County	State	Zip Code	
If less than 3 years provide prior address.						
	Street	City	County	State	Zip Code	
Mailing Address:(If different than above)						
	Street	City	County	State	Zip Code	
Business Name and Address:						
	Name	Street	City	County	State	Zip Code
Home Phone:	Work:	Cell:	Email:			
Province/Country if not U.S.						

**GENDER AND ETHNICITY:** *This information is optional and will be used for statistical purposes by authorized personnel.*

Gender:  Male  Female

Ethnicity: Are you of Hispanic or Latino origin? Yes  No

*Check all that apply.*

American Indian or Alaska Native

Black or African American  White

Asian

Native Hawaiian or other Pacific Islander

**SECTION I:**

**Academic History and Credentials**

Criteria:

         **Bachelor's degree or higher in a Human Service counseling field from a regionally accredited college or university.**

Directions: Please list your relevant educational history below, beginning with your most recent college education. **Official Transcripts are required.**

<b>College or University</b>	<b>Date(s) of Attendance</b>	<b>Degree Awarded/Major</b>

**SECTION II.**

**Supervised Experience in Alcohol and Drug Counseling**

Criteria: 1 year and 2000 hours of supervised experience in alcohol and drug counseling under the supervision of an alcohol and drug approved supervisor.

Directions: List your experience in Alcohol and Drug Counseling. Please make sure to list the month and year of supervised experience and the full name of your supervisor(s).

Dates	Agency/Employer	Supervisor	Applicant's Position Title
<i>Ex: 10/2014 – 10/2015</i>	<i>John Doe Drug Counseling Group</i>	<i>John Doe, LCADC</i>	<i>Addiction Counselor</i>

**Additional Experience**


**SECTION III:****EXAMINATION**

All applicants must pass the **ICRC/AODA** written examination and **Maryland State Law Test**

**Have you taken and passed the ICRC/AODA examination** Yes  No

If you have passed the ICRC/AODA examination, please include official results.

**Have you taken and passed the Maryland Law Test** Yes No

If No, you must meet the education requirements before you will be authorized to take the ICRC or Law Test.

**ADDITIONAL INFORMATION**

A. Have you ever been denied initial application, reinstatement, or renewal of a license and/or certification by any state licensing or disciplinary board? (*including Maryland*)  Yes  No

If "yes" explain reason(s).

B. Has any state licensing or disciplinary board ever taken any action against your license and/or certification, including but not limited to limitations of practice, required education, admonishment, reprimand, revocation, suspension?  Yes  No

If yes, explain circumstance(s).

C. Has an investigation or charge ever been brought against you by any state licensing or Disciplinary board?  Yes  No

If yes, explain circumstance(s).

D. Have you ever been charged with a crime, pled guilty, nolo contendere, or been convicted of or received probation before judgment of any criminal act (excluding traffic violations) in any state? (*including Maryland*)  Yes  No

**If "yes" provide the following information: Use separate sheet if necessary. If information is not provided the application is incomplete. Provide an explanation and True Test Copy of Disposition of Charges issued by the court from the state where the criminal act occurred. Include the Date of Conviction:**

Where convicted

Charge

E. Are you currently (*or have ever been*) an Alcohol and Drug Counselor Trainee?  Yes  No  
If "yes", when does your "Trainee Status" expire?

F. Are you currently (or have ever been) a CSC-AD (Certified Supervised Counselor-Alcohol and Drug)  Yes  No If "Yes", when does your certification expire?

G. Are you currently licensed as an (*check appropriate box*) LCPC?  LGPC?  LCMFT?  LGMFT?   
LCPAT  LGPAT  LBA (Behavior Analyst)  None of the above

H. Are you currently licensed by another **Maryland** Board in Mental Health Counseling or other Health Occupation?  Yes  No  
If yes, please specify license held (Ex: LCSW-C, LGSW, Psychologist, Nurse)

I. Are you currently licensed by a Mental Health Counseling Board ***outside of Maryland***?  Yes  No  
If yes, please complete the "Out of State CAC-AD application."

J. Do you have any physical or mental condition that currently impairs your ability to practice counseling or that would cause reasonable questions to be raised about your physical, mental, or professional competency?  Yes  No (Explain yes answer)

**AFFIDAVIT**

**In making this application to the Maryland Board of Professional Counselors and Therapists for the issuance of a certificate, I agree to abide by the rules and regulations of the Maryland Board of Professional Counselors and Therapists and to take all examinations necessary to the processing of my application. Upon issuance of a certificate, I agree to be bound by the Code of Ethics. I further understand that the fee submitted with this application is NON-REFUNDABLE.**

**I agree to hold the Maryland Board of Professional Counselors and Therapists, its members, officers, agents, and examiners free from any damage or claim of damage or complaint by reason of any action taken in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to issue me a certificate. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.**

**I understand, by law, it is my responsibility to notify the Board in writing if I change my address of residence.**

**I do hereby affirm that all statements made herein are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of the information in this application and other activities for the purpose of verifying my qualifications for certification.**

**Applicant Signature \_\_\_\_\_**

**Date: \_\_\_\_\_**

**NOTARY**

**State of \_\_\_\_\_**

**City/County of \_\_\_\_\_**

**I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, before me, a Notary Public of the State and City/County aforesaid, personally appeared \_\_\_\_\_**

**\_\_\_\_\_, and made oath in due form that the contents of the foregoing Affidavit are true.**

**Notary Public Signature \_\_\_\_\_**

**Commission Expires \_\_\_\_\_**

**ATTACH APPLICANT PHOTOGRAPH IN THIS AREA (RECENT 2"x2")**







5. **Recommendation:** I recommend this application for certification as a **Certified Associate Counselor-Alcohol and Drug (CAC-AD)**

Yes

No

**Additional Comments:**

6. The above information is based upon my best judgment. I am willing to answer additional questions concerning this evaluation if the Board deems it necessary.

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

**After completing this form, please enclose it in a sealed envelope, sign the sealed flap and return it to this applicant.**



5. **Recommendation:** I recommend this application for certification as a **Certified Associate Counselor-Alcohol and Drug (CAC-AD)**

Yes

No

**Additional Comments:**

6. The above information is based upon my best judgment. I am willing to answer additional questions concerning this evaluation if the Board deems it necessary.

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

**After completing this form, please enclose it in a sealed envelope, sign the sealed flap and return it to this applicant.**

**ALCOHOL AND DRUG  
SUPERVISION VERIFICATION FORM  
CAC-AD**

<b>I, (Supervisors Name) _____</b>		<b>certify that I supervised</b>	
_____			
<b>(Applicant's Name)</b>		<b>From</b>	<b>To</b>
<b>At</b>			
<b>(Place of Employment)</b>		<b>(Employment Address)</b>	
<input type="checkbox"/> <b>Full Time</b>	<input type="checkbox"/> <b>Part Time</b>	<b>(indicate # of hours) Number of hours:</b>	
<b>Did this applicant complete 1 year of supervised experience under your supervision?</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>If no, number of years:</b>			
<b>Did this applicant complete 2,000 hours of supervised experience under your supervision?</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>If No, number of hours:</b>			
<b>Was the Applicant's practice satisfactory or better?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b>			
<b>Title of Applicant's position:</b>			
<b>Applicant's job duties:</b>			

**Detailed Information of Job Duties**

**Please place a check mark in the box and indicate the number of hours this applicant performed one or more of the following duties under your supervision:**

- Group Counseling** \_\_\_\_\_ hrs
- Individual Counseling** \_\_\_\_\_ hrs
- Family Counseling** \_\_\_\_\_ hrs
- Screening** \_\_\_\_\_ hrs
- Intake** \_\_\_\_\_ hrs
- Orientation** \_\_\_\_\_ hrs
- Case Management** \_\_\_\_\_ hrs
- Crisis Intervention** \_\_\_\_\_ hrs
- Education & Prevention** \_\_\_\_\_ hrs
- Referral** \_\_\_\_\_ hrs
- Consultation** \_\_\_\_\_ hrs
- Reports and Record Keeping** \_\_\_\_\_ hrs
- Assess and diagnosis (Diagnostic impression)** \_\_\_\_\_ hrs
- Treatment Planning** \_\_\_\_\_ hrs
- Meeting with supervisor** \_\_\_\_\_ hrs

**Total Hours** \_\_\_\_\_ **out of 2000 hours**

**I certify that I am an approved alcohol and drug supervisor as specified in COMAR 10.58.07.02(2). I further certify that I provided the supervision described above, and that it's a true and accurate representation of this supervisor.**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**License/Certificate/Approved  
Supervisor number & expiration date**

\_\_\_\_\_  
**Supervisor Phone Number**

\_\_\_\_\_  
**Email Address**

## COURSE DESCRIPTION FORM: CAC-AD

**Requirements:** Bachelor's Degree in Health or Human Service Counseling field with 33 credits from the list below that includes 3 credits in Ethics and 6 credits of an alcohol and drug internship/practicum/field placement, **OR** a Bachelor's Degree in a program of study judged by the Board to be substantially equivalent, that has a counseling emphasis in terms of subject matter and extent of training required for certification, from an accredited institution approved by the Board, with a minimum of 45 credits in counseling including the required alcohol and drug coursework for CAC-AD.

Each course must be 3-credits (or 5 quarter credits), with the exception of 6 credits required for the internship/practicum/field placement course. *A course applied to one core area cannot be used again to fulfill another core area.* If the titles of the courses on your transcript are different from those listed below, you ***must*** include the catalog course description or college syllabi. If you fail to include description(s), your application will be returned and you will have to pay another review fee.

**ALL COURSE WORK MUST BE FROM A REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY. DO NOT LIST CONTINUING EDUCATION/WORKSHOP OR TRAINING HOURS.**

Name	Street Address/ P.O. Box	City	State	Zip Code
Email	Home Phone Number	Cell	Business Phone	

<i>Required Courses 3 credits must be in each core area below. 6 credits required for internship/practicum/Field placement.</i>	<i>Please Write in Course number(s) &amp; Course title(s) on this form. Courses must be on official transcript(s)</i>	<i>Credits Earned</i>	<i>College/University</i>	<i>Date</i>	<i>Grade</i>
<b>Required Counseling Courses for CAC-AD (Certified Associate Counselor Alcohol and Drug)</b>					
<i>Ex: Pharmacology</i>	<i>ADC 102: Intro To Pharmacology</i>	<i>3</i>	<i>BCCC</i>	<i>Sept – Dec 2014</i>	<i>A</i>
(a) Medical Aspects of Chemical Dependency (Pharmacology)					
(b) Individual Counseling Techniques					
(c) Group Counseling					
(d) Abnormal Psychology					
(e) Addictions Treatment Delivery					



**Maryland Board of Professional Counselors and Therapists**

**Course Descriptions for Alcohol and Drug Certification**

**Each course must be at least 3 semester credit (5 quarter credit) with the exception of the 6 semester credit (10 quarter credit course requirement for the alcohol and drug internship/practicum/field placement.**

**Continuing Education/Trainings/Workshops certificates are NOT ACCEPTABLE for certification.**

- A. Medical Aspects of Chemical Dependency:** (1) Brain structure and function as it relates to psychoactive drugs, and (2) Classes of psychoactive drugs, including their addiction potential, withdrawal syndromes, and associated medical problems. **Examples of courses in this area:** (1) Intro to Psychopharmacology (2) Pharmacological Aspects of Addiction.
- B. Addictions Treatment Delivery covering:** (1) Screening (2) Intake (3) Orientation (4) Case Management (5) Crisis intervention (6) Education and prevention (7) Referral (8) Consultation (9) Reports and record keeping (10) Assessment and diagnosis based on standard criteria and (11) Treatment planning. **Examples of courses in this area:** (1) Substance Abuse Counseling (2) Addictions Counseling Theories and Approaches
- C. Ethics (with a focus on Alcohol & Drug) covering:** (1) Self disclosure of recovering counselors (2) Ethics of being a two-hatter (3) Self-help fellowship participation (4) Avoiding dual relationships (5) Relapsing Counselor (6) Confidentiality Laws
- D. Alcohol and Drug Counseling Internship/Practicum/Field Placement (6 credits)**
- E. Individual Counseling covering:** (1) The formation of therapeutic relationships, and (2) Therapeutic communication skills. **Examples of courses in this area:** (1) Counseling Methods (2) Techniques of Counseling
- F. Group Therapy covering:** (1) Therapeutic factors in groups (2) Stages of development, (3) Types of therapy groups. **Examples of courses in this area:** (1) Group Counseling (2) Group Therapy and Practice..
- G. Family counseling covering:** (1) Family systems theory and dynamics (2) Family processes in addiction and (3) Family recovery Models. **Examples of courses in this area:** (1) Marriage and Family Counseling (or Therapy) (2) Family Systems and Intervention
- H. Abnormal Psychology covering:** (1) Major categories of mental disorders, and (2) Theoretical models of mental disorders. **Examples of courses in this area:** (1) Abnormal Psychology (2) Psychopathology
- I. Topics in substance related and addictive disorder:** (1) Various theories of addictive disorders (2) Models of treatment and (3) Other topics related to alcohol and drug dependency. **Examples of courses in this area:** (1) Alcoholism and Other Drug Dependency (2) Issues in Theories in Alcoholism and Other Drug Dependence
- J. Theories of Counseling covering** major theoretical schools and theorists. **Examples of courses in this area:** (1) Theories of Counseling (or Psychotherapy) (2) Introduction to Psychotherapy Theories
- K. Human Growth and Development covering:** (1) Developmental stages and (2) Expected milestones. **Examples of courses in this area:** (1) Human Growth & Development (2) Personality Development
- L. Treatment of Co-Occurring Disorders covering:** (1) Screening, assessment and treatment of people with co-occurring disorders (2) types of integrated treatment. **Examples of courses in this area** (1) Dual Diagnosis (2) Treatment of Substance Abuse and Mental Health Disorders