



*Protecting the Citizens
of Florida*

Addiction

Certified Addiction Counselor (CAC)

This booklet includes:

1. Easy to follow instructions.
2. Your personal application form.
3. Mandatory forms to collect training documents and recommendations.

Define Yourself as a Professional through Certification.

About Us

Preface

The Florida Certification Board (FCB) is a nationally recognized, non-profit professional credentialing organization that has been operating in Florida for over 30 years. It currently credentials over 15,000 individuals working in the related fields of addictions, prevention, criminal justice, mental health, child welfare and behavioral health.

The FCB adheres to the highest industry psychometric standards for developing, implementing and administering certification programs and examination instruments. Once certified, each profession is required to strictly observe a Code of Ethical and Professional Conduct and participate in ethical complaint investigation and disciplinary procedures.

The Florida Certification Board is the only agency providing certification for addiction professionals in Florida (Chapter 397, Florida Statutes).

Mission

The FCB serves the public interest by developing, administering and maintaining certification programs that reflect current standards of competent practice for addiction professionals. Our mission is to protect the health, safety, and welfare of the citizens of Florida by regulating our certified professionals through experience, education, and compliance with professional and ethical standards.

Property of the Board

Materials submitted to the FCB as part of the certification process are considered property of the Florida Certification Board. Materials include but are not limited to applications, evaluations, transcripts, and certificates. Applicants are encouraged to keep copies of all materials and paperwork submitted for certification. Certification wall certificates and wallet cards are the property of the FCB and must be surrendered upon Board request.

Board Policy and Procedures

All FCB requirements, policies and procedures are maintained on our website at www.flcertificationboard.org. Applicants and certified professionals are individually responsible for ensuring they are following current FCB policy and procedures.

IT IS YOUR RESPONSIBILITY TO FAMILIARIZE YOURSELF WITH FCB POLICIES. If you have any questions regarding FCB policies, please do not hesitate to contact us directly for guidance.

Table of Contents

- About Us 1
 - Preface 1
 - Mission 1
 - Property of the Board 1
 - Board Policy and Procedures 1
- Table of Contents 2
- Certification Process, Standards and Requirements Overview 4
 - Application Submission Options 4
 - Description of a Certified Addiction Counselor (CAC)..... 5
 - Certification Standards 5
 - International Certification and Reciprocity Consortium (IC&RC) Alcohol and Drug Counselor (ADC) Credential..... 7
 - Fee Schedule 8
- Part 1: The Certification Process 9
 - Application Methods..... 9
 - Step 1: Certification Application 11
 - Certification Application 13
 - Content Specific Training Requirement 15
 - Related Work Experience Requirement..... 17
 - Direct Supervision Requirement 19
 - Recommendation for Certification Requirement 21
 - Step 2: Examination Process 23
 - Examination Process 23

Special Accommodations	24
Cancellation/Rescheduling Policy	24
Step 3: Credential Award	25
Application Appeal Process.....	25
Part 2: Credential Maintenance and Renewal	26
Continuing Education	26
Credential Renewal	28
Part 3: Sample Training Topics by Domain	29
Part 4: Certification Application Forms.....	32
Required Forms, Documentation, and Submission Protocol.....	32

Certification Process, Standards and Requirements Overview

Certification is a designation awarded to individuals who demonstrate their competency in a given field. Competency is achieved through a combination of education and experience. In order to apply for the Certified Addiction Counselor (CAC) credential, applicants must provide verifiable documentation that demonstrates he or she has the specified educational and experiential background necessary for certification.

This *Certified Addiction Counselor (CAC) Candidate Guide for Application* provides policy requirements and standardized forms designed to assist the applicant to gather mandatory documentation. Some of the forms are to be completed by the applicant and provided directly to the FCB via the electronic application portal or mail; some of the forms are to be provided to former employers, supervisors, personal references, or others to complete and mail directly to the FCB on behalf of the CAC applicant. Forms mailed to the FCB will be uploaded to the applicant's electronic file by the assigned certification specialist. Each form indicates the individual who must complete the document.

Please carefully read this document PRIOR to applying for certification as it includes information on certification application, award and maintenance process, policy and mandatory forms.

Application Submission Options

The Florida Certification Board accepts both electronic and hard-copy applications for certification. Throughout this document, you will find directions for both on-line and hard-copy application.

The preferred method of application is electronic, via our on-line portal. There is a \$25 data entry fee for all hard-copy submissions.

- Individual's submitting electronic applications are encouraged to print out a hard copy of all applicant-completed forms to use as a worksheet *prior* to entering data on-line. Additionally, on-line submission requires the applicant to upload specified supporting documentation to the system. For additional assistance in electronic submission, please contact our offices at **850-222-6314**.
- Individual's submitting hard-copy applications are encouraged to make a complete photocopy of the application, including all supporting documentation, *prior* to submitting the application to the FCB. Hard-copy applications, including all supporting documentation, will be entered into the FCB electronic database by certification specialists.

A valid email address is required for both on-line and hard-copy application submissions.

Description of a Certified Addiction Counselor (CAC)

The CAC designation is an intermediate substance abuse credential for those persons who work side-by-side with clinical staff to develop and implement client treatment plans, as well as provide specified substance abuse treatment services. The CAC requires a minimum of a high school diploma or general equivalency degree. Experience hours are prorated for applicants with an AA or AS degree. The CAC is the reciprocal level for individuals holding the IC&RC Alcohol and Drug Counselor (ADC) credential.

Certification Standards

The following table provides an overview of the certification standards and requirements for candidates to earn and maintain Certified Addiction Counselor (CAC) certification.

Topic	Minimum Requirement
Formal Education	High-school Diploma or General Equivalency Degree or higher
Content-Specific Training	<p>250 hours of content specific training, allocated as follows:</p> <ol style="list-style-type: none"> 1. Clinical Evaluation: 25 hours 2. Treatment Planning: 15 hours 3. Counseling: 30 hours 4. Case Management and Referral: 10 hours 5. Client, Family and Community Education: 10 hours 6. Documentation: 10 hours 7. Ethical and Professional Responsibilities: 30 hours 8. Understanding Addiction/Treatment Knowledge: 60 hours** 9. Application to Practice/Professional Readiness: 60 hours*&** <p>*Must include at least 4 hours of HIV-AIDS and 2 hours of Domestic Violence training.</p> <p>**CAC applicants may earn the IC&RC reciprocal credential as part of the CAC process by documenting an additional 10 hours of training in each of these performance domains (20 hours total) and passing the IC&RC ADC written exam.</p> <p>All training must have been completed within the last 10 years.</p>
Related Work Experience	<p>Work experience requirements vary based on the applicant’s formal education.</p> <p>High School Diploma/GED: 6,000 hours of direct experience performing addiction-related services at the level expected of a CAC.</p> <p>Associate/Vocational Degree or higher: 4,000 hours of direct experience performing addiction-related services at the level expected of a CAC.</p> <p>All experience must have been gained within the last 10 years.</p>

Topic	Minimum Requirement
On-the-Job Supervision	<p>On-the-Job Supervision requirements vary based on the applicant's formal education.</p> <p>High School Diploma/GED: 300 hours; must include a minimum of 16 hours per performance domain.</p> <p>Associate/Vocational Degree or higher: 150 hours; must include a minimum of 8 hours per performance domain.</p> <p>All on-the-job supervision must have been completed within the last 10 years.</p>
Recommendations	3 professional letters of recommendation for certification.
Written Exam	<p>Florida Certified Addiction Counselor Exam (required)</p> <p>IC&RC ADC Exam (optional for applicants desiring international reciprocity)</p>
Criminal Background	Must have a clean criminal history for a minimum of 3-years prior to application for certification, including release from all sanctions.*
Code of Ethics	Must read and sign an attestation agreeing to comply with the FCB Code of Ethical & Professional Conduct.
Continuing Education	<p>20 hours per year. Training content must be related to at least one of the CAC performance domains.</p> <p>CEU hours must be non-repetitive (i.e., the same course cannot be claimed more than one time during each credentialed period, even if the course was taken annually.)</p>
Renewal	Annual, on June 30 th of each calendar year.

*The FCB actively acknowledges that, for many, part of recovery includes rehabilitation. In most instances, as long as the applicant has a clean criminal history for at least 3 years prior to applying for certification, a criminal history will not exclude the applicant from certification.

Please DO NOT automatically exclude yourself if you have a criminal background; contact the FCB for guidance and/or technical assistance.

International Certification and Reciprocity Consortium (IC&RC) Alcohol and Drug Counselor (ADC) Credential

The Florida Certification Board is a proud member of the International Certification & Reciprocity Consortium (IC&RC). The IC&RC is a not-for-profit voluntary membership organization comprised of certifying agencies involved in credentialing or licensing alcohol and other drug abuse counselors, clinical supervisors, prevention specialists, co-occurring disorders professionals and criminal justice professionals.

IC&RC and its members are committed to public protection through the establishment of quality, competency-based certification programs for professionals engaged in the prevention and treatment of addictions and related problems. The IC&RC also promotes the establishment and recognition of minimum standards to provide reciprocity for certified professionals. Individuals who hold IC&RC credentials are able to transfer their credentials to any of the IC&RC's 73 member organizations.

The FCB offers two IC&RC credentials:

- IC&RC Alcohol and Drug Counselor (ADC) credential
- IC&RC Prevention Specialist (CPS) credential

Certified Addiction Counselor (CAC) applicants are eligible to earn IC&RC's Alcohol and Drug Counselor (ADC) credential. The minimum standards required for IC&RC ADC certification are met when the applicant has an approved CAC certification application, including additional IC&RC training hours, AND has earned a passing score on the IC&RC ADC exam.

To apply for the IC&RC ADC Credential, complete the following steps:

1. Complete Section 7: International Certification Request (IC&RC) of the *Application for Certification Form*.
2. Register for the IC&RC ADC exam. The fee is \$185 per IC&RC test attempt. Exam approval and registration procedures are exactly the same as for the FCB required exams as described in this guide.
3. Complete the annual renewal process. IC&RC ADC credentials renew on June 30th of each calendar year, in conjunction with the CAP credential. The fee is \$35 per year.

Fee Schedule

The following table provides the current fee structure to earn and maintain Certified Addiction Counselor (CAC) certification.

In the event that the fee schedule changes, the fees posted on the FCB website will take priority.

ALL FEES ARE NON-REFUNDABLE

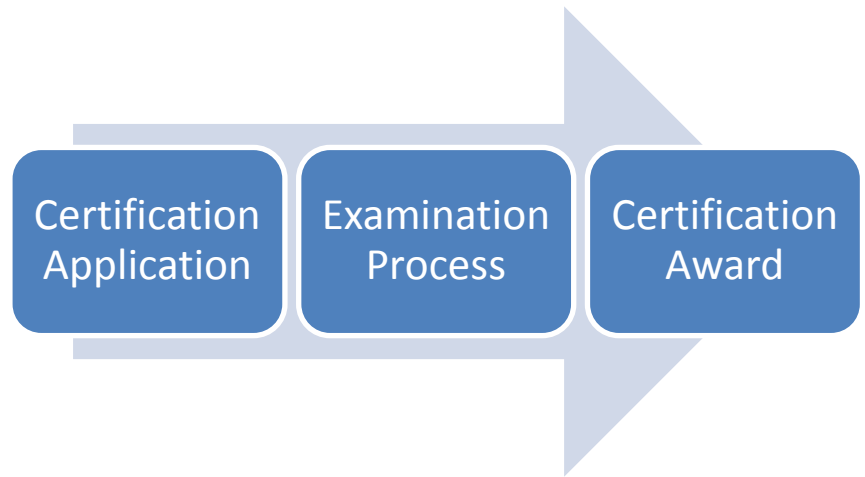
Requirement	Fee
Certification Application	<p>\$150. This fee is valid for a 12-month period. If the CAC credential is not earned with 12-months of paying the certification application fee, a continuation fee must be paid.</p> <p>This fee must be paid (on-line) or submitted (hard-copy) with the <i>Certification Application: Certified Addiction Counselor (CAC)</i>.</p>
Manual Application Processing Fee	<p>\$25. This fee is required for any manual, hard-copy applications submitted to the FCB. The fee covers the cost of data entry.</p> <p>This fee must be submitted with the <i>Certification Application: Certified Addiction Counselor (CAC)</i>.</p>
Florida Certified Addiction Counselor (CAC) Exam	<p>\$150. This fee must be paid with every exam attempt.</p> <p>DO NOT PAY THIS FEE UNTIL YOU ARE APPROVED TO TEST BY AN FCB CERTIFICATION SPECIALIST because the FCB will not refund exam fees if an applicant is not approved to test.</p>
International Certification and Reciprocity Consortium (IC&RC) Alcohol and Drug Counselor (ADC) Exam OPTIONAL EXAM	<p>\$185. This fee must be paid with every exam attempt.</p> <p>DO NOT PAY THIS FEE UNTIL YOU ARE APPROVED TO TEST BY AN FCB CERTIFICATION SPECIALIST because the FCB will not refund exam fees if an applicant is not approved to test.</p>
CAC Annual Renewal	\$75. This fee must be paid on or before June 30 th of each calendar year.
IC&RC ADC Annual Renewal	\$35. This fee must be paid on or before June 30 th of each calendar year.
Renewal Late Fee	\$30. This fee must be paid for renewal payments received between July 1 st and July 31 st of each calendar year.

ALL FEES ARE NON-REFUNDABLE

Part 1: The Certification Process

Earning a professional credential is a multi-step process; applicants have a maximum of 12-months to earn certification. The 12-month period starts on the day the *Certification Application* and fee(s) are received at the FCB office.

The FCB will provide eligible applicants with directions to continue if the “out-of-time” date is reached.



Application Methods

We offer two ways to apply for your certification.



Online Electronic Certification Applications

Our preference is that you apply online using the FCB Application Portal. Online applications offer the quickest processing time and are most cost effective.

You can access the FCB Portal on the home page of the FCB website at www.flcertificationboard.org. Click on the bar that says “Ready to Apply” to access the online application system. If you are using the system for the first time, you will be required to complete a brief registration process prior to completing the certification application online.

This *Candidate Guide for Application* contains the FCB required forms, which should be used as worksheets for completing the online application fields of information. The *Certification Application form* is built into the online system, but all other forms have to be

1. downloaded,
2. filled-out,
3. saved as an electronic file, and
 - a. uploaded into the system (if submitted by the applicant) *or*
 - b. submitted via email or mail by the person responsible for completing the form.

The applicant is responsible for completing and submitting the **Certification Application** (online) and uploading the **Training Verification Form** (and supporting documents) into the online application system at the time of application.

It is important to note that, at this time, the applicant cannot “save” an incomplete application in the system and fill it out in several sessions; please do not begin the application process until you have

the data needed for the Certification Application, the completed Training Verification form, and the supporting training documents (CEU certificates, etc.).

The forms that are completed by supervisors, persons making recommendations, and work verification are uploaded and attached to your online application by an FCB Certification Specialist once they are received. A *Guidebook for Online Certification Application* is available on the FCB website to help you navigate the system and processes.

Download, Print and Mail



If you choose to submit your application in hard-copy format, the application forms are available as editable PDF documents. Visit the FCB website to download the forms. Here are the steps:

- 1) Locate and save the appropriate form(s) to your desktop;
- 2) Open the file and fill in the information using the fields provided;
- 3) Print and verify application is complete before mailing.

It is preferred that the forms be typed instead of completed by hand. **There is an additional \$25 processing fee for all hard-copy submissions.**

Step 1: Certification Application

Your certification application requires you to document your education, training, experience and other specified indicators of competency. Each requirement must be documented according to FCB policies and procedures, using FCB official forms.

Please be aware that you must seek out current and prior employers, education providers, and references that will provide documentation and verification to support your certification application: these persons must submit information directly to the FCB by email, fax or mail. Unless specified, the FCB will not accept forms and/or documentation that are completed and/or submitted by the certification candidate.

The following forms must be received and approved by FCB certification staff via the on-line application portal email or hard-copy mail, as specified below.

Form/Documentation	Individual or entity to complete form/submit documentation to FCB
Certification Application	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
Training Documentation	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
Diploma/Degree	If submitting a High-school Diploma or General Equivalency Degree documentation may be submitted by the applicant via the on-line application portal or via hard-copy mail. If submitting an AA or higher degree post-secondary documentation must be provided to the FCB only by the institution issuing the transcript or degree to the applicant. The FCB will NOT accept unofficial transcripts or transcripts provided by anyone other than the degree granting institution. <i>May only be submitted via the college/university or other institution e-transcript provider or hard-copy mail.</i>
Related Work Verification	The employer or entity overseeing CAC-related work performed by the applicant. <i>May only be submitted via e-mail, or hard-copy mail.</i>
On-the-Job Supervision	The individual providing direct, on-the-job supervision of the applicant's work performance. <i>May only be submitted via e-mail, or hard-copy mail.</i>
Recommendation	The individual providing a recommendation of the applicant for certification. <i>May only be submitted via e-mail, or hard-copy mail.</i>

TIP: The FCB recommends that you provide each individual or entity who you are asking to complete form(s) and/or submit documentation on your behalf with the following:

- A requested due date for submitting the documents;
- the FCB form;
- the FCB email address of admin_assist@flcertificationboard.org **OR** a stamped envelope, addressed to the FCB as follows:

**Florida Certification Board
Attn: Certification Operations
1715 S. Gadsden Street
Tallahassee, FL 32301.**

Certification Application

Requirement: The *Certification Application form* has 8 sections that collect mandatory data for the FCB certification database. All sections must be complete and the applicant must provide documentation of formal education.

- Applicants documenting a High School Diploma or GED may attach a copy of the diploma, or an unofficial copy of a college or university transcript. Eligible High School Diplomas or General Equivalency Degrees (GED) are issued by institutions recognized by state Departments of Education.
- Applicants documenting an AA Degree or higher must contact the college or university to submit an official transcript to the FCB. The FCB will NOT accept unofficial transcripts or transcripts provided by anyone other than the degree granting institution. Eligible AA degrees or higher are issued by colleges or universities accredited by an accrediting organization recognized by the Federal Department of Education and/or the Council on Higher Education Accreditation (CHEA).

How to Document:

Electronic submission: The applicant completes all required fields of data and uploads his or her High School Diploma or General Equivalency Degree.

AA Degree or higher official transcripts are required to document post-secondary education/degrees. Official transcripts may only be provided to the FCB only by the college/university or other institution issuing the transcript or degree to the applicant.

Hard-copy submission: The applicant completes the *Certification Application form*, attaches the Certification Application Fee (\$125) and the Manual Processing Fee (\$25), and his or her High-school Diploma or General Equivalency Degree.

AA Degree or higher official transcripts are required to document post-secondary education/degrees. Official transcripts may only be provided to the FCB only by the college/university or other institution issuing the transcript or degree to the applicant.

FCB Accept/Deny Criteria: The *Certification Application form* will be approved if all sections are completed; fees are paid; the applicant agrees/acknowledges FCB policy statements; official documentation of Education Background is received; and the applicant’s criminal background is approved.

Failure to meet these requirements will result in the denial of the *Certification Application form*. If possible, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.

Application Section	Policy Statement
Demographics/Contact Information	Provide all requested information. If information is not available, enter “N/A” or “none”. Applicants may not omit social security numbers, primary email address, or mailing address.

Application Section	Policy Statement
Education Background	<p>High School Diploma/General Equivalency Degree (GED): Provide all requested information and attach a copy of your High School Diploma or General Equivalency Degree (GED).</p> <p>Eligible High School Diplomas or General Equivalency Degrees (GED) are issued by institutions recognized by state Departments of Education.</p> <p>Applicants who attended college or university may provide a college transcript to satisfy the educational requirement (for this purpose an official transcript is not required.)</p> <p>AA Degree or higher: Official transcripts are required to document post-secondary education/degrees. Official transcripts may only be provided to the FCB only by the college/university or other institution issuing the degree to the applicant.</p>
Work History	Provide your work history for the last 5 years. Attach additional sheets if necessary: be sure to include your name and all information provided on the application. <i>Please note: this section of the application does not satisfy the Related Work Experience requirement.</i>
Recommendations	For tracking purposes, you must provide the names of the three (3) individual's you are asking to provide a Professional Recommendation for Certification. Should a reference change, please contact the FCB to update your application file. <i>Please note: this section of the application does not satisfy the Recommendation requirement.</i>
Background History	You are required to disclose your criminal background history and authorize the FCB to conduct random criminal background checks to assure compliance with the FCB Code of Ethical and Professional Conduct. If you have a felony in your history, you must disclose specified information and provide official documentation showing your release from all court-ordered sanctions. <i>Please Note: carefully read the FCB Criminal Background Policy and the FCB Code of Ethics which is posted on the FCB website at www.flcertificationboard.org to ensure understanding of policy and requirements.</i>
Ethical and Professional Conduct	You are required to acknowledge certain standards and your professional responsibility in this section. Before completing this section, you must have the most recent copy of the FCB Code of Ethical and Professional Conduct, which is posted on the FCB website at www.flcertificationboard.org .
International Certification Request (IC&RC)	You are required to indicate your intent to pursue IC&RC certification. Please note: if you choose to not seek IC&RC certification at the time you apply for the FCB credential, you may apply at a later date if your credential remains active and in good standing.
Assurance and Release	You are required to provide specified assurances and releases to the FCB as part of the certification application process.

Content Specific Training Requirement

Requirement: CAC applicants must complete and document a minimum of **250 hours of training, with a minimum number of training hours in each performance domain as follows:**

1. Clinical Evaluation: 25 hours
2. Treatment Planning: 15 hours
3. Counseling: 30 hours
4. Case Management and Referral: 10 hours
5. Client, Family and Community Education: 10 hours
6. Documentation: 10 hours
7. Ethical and Professional Responsibilities: 30 hours
8. Understanding Addiction/Treatment Knowledge: 60 hours**
9. Application to Practice/Professional Readiness: 60 hours*&**

*Must include at least 4 hours of HIV-AIDS and 2 hours of Domestic Violence training.

**CAC applicants may earn the IC&RC reciprocal credential as part of the CAC process by documenting an additional 10 hours of training in each of these performance domains (20 hours total) and passing the IC&RC ADC written exam.

All training must have been completed with the last 10 years.

Content-specific training for initial application purposes DOES NOT have to be delivered by an FCB approved training provider.

How to Document:

Electronic Submission: The applicant completes all required fields of data on the *Training Verification form* and uploads the completed form and copies of supporting documentation to the system.

Hard-copy Submission: The applicant completes the *Training Verification form*, attaches copies of eligible training documentation in the same order as listed on the form and uploads (for electronic, on-line application) or mails hard-copy, original forms to the FCB office.

Training documentation must provide the following information:

- Applicant's Name
- Title of course/training/educational event*
- Event sponsor/provider
- Delivery date(s)
- Number of Contact Hours

****If the event title does not clearly identify the instructional content, please attach an official description of the event, such as an agenda or syllabus.***

In the absence of complete documentation, contact the training provider and request they provide you with the additional information on their official letterhead: you may submit these letters as supporting documentation of successful completion of training requirements.

If you use college coursework for training credit, you must provide documentation for each entry as follows: (1) Make a photo copy of your transcript, number each course you are using to meet training requirement(s), print out the course description as published by the educational institution, write the number corresponding to the course on your transcript and the course name on the course description. Place this document in the appropriate order as is appears on this form.

How to Calculate Content-specific Training Hours:

College coursework is credited at the rate of 45-clock hours per 3-semester hour course. Partial credit may be calculated for topics covered in the overall course. For example, a course on treatment planning may include partial credit for “documentation” training.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total hours claimed. ***If the total credit hours are not listed on the certificate, attach a copy of the training agenda.***

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total hours claimed. Please attach a copy of the conference program to your application.

FCB Accept/Deny Criteria: Content-specific training will be approved if the training documentation includes all required information; the training was completed within the last 10 years; and there is a clear link between the training event and the content-specific training requirement. Each requirement is verified individually.

Failure to meet these requirements will result in the denial of the training event for certification purposes. If possible, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.

**See Part 3: *Sample Training Topics by Domain*
for examples of eligible content-specific training.**

Related Work Experience Requirement

Requirement: CAC applicants must complete and document a minimum number of hours of paid experience providing addiction related services at the level expected of a CAC.

Work experience requirements vary based on the applicant's formal education.

- **High School Diploma/GED: 6,000** hours of direct experience performing addiction-related services at the level expected of a CAC.
- **Associate/Vocational Degree or higher: 4,000** hours of direct experience performing addiction-related services at the level expected of a CAC.

All experience must have been gained within the last 10 years.

How to Document:

Electronic Submission: The applicant does not enter any data into the system to satisfy this requirement. All activity occurs according to the hard-copy submission guidelines. Certification staff uploads received *Related Work Verification forms* to the applicant's electronic file.

Hard-copy Submission: The applicant completes Part 1 of the *Related Work Experience Verification form*. The applicant's current or former employer's personnel officer or designee completes Part 2 of the form and attaches supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided. If multiple employers need to be contacted to document all hours, provide a separate form to each employer.

The applicant may not complete any part of the form, except Part 1. It is FCB policy that this form is completed by the applicant's employer's personnel officer, or designee only.

The applicant may not submit the completed form and/or any supporting documentation to the FCB: all materials must be submitted directly to the FCB via email or mail by the individual completing Part 2 of the Form: the FCB will not accept Work Experience Verification documentation completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 S. Gadsden Street
Tallahassee, Florida 32301

Email: admin_assist@flcertificationboard.org

Subject Line: Work Experience Verification (applicant name)

How to Calculate Related Work Experience Hours:

Full-time work is credited at the rate of 40 hours per week; 1,040 for 6 months; or 2,080 for 1 year.

Part-time work is credited on an hour-for-hour basis.

FCB Accept/Deny Criteria: Related work experience will be approved if the Form is completed in full, a position description/narrative of duties is provided; work experience was performed within the last 10 years, and there is a clear link between the duties performed and the duties expected of a CAC.

Failure to meet these requirements will result in the denial of the related work experience for certification purposes. If possible, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.

Direct Supervision Requirement

Requirement: CAC applicants must complete and document a minimum number of hours of on-the-job supervision by a qualified supervisor, with a minimum number of supervision hours in each performance domain as follows.

On-the-Job Supervision requirements vary based on the applicant's formal education.

- **High School Diploma/GED: 300** hours; must include a minimum of 16 hours per performance domain.
(Clinical Evaluation, Treatment Planning, Referral, Service Coordination, Counseling, Client/Family/Community Education, Documentation, and Professional and Ethical Responsibilities)
- **Associate/Vocational Degree or higher: 150** hours; must include a minimum of 8 hours per performance domain.
(Clinical Evaluation, Treatment Planning, Referral, Service Coordination, Counseling, Client/Family/Community Education, Documentation, and Professional and Ethical Responsibilities)

All on-the-job supervision must have been completed within the last 10 years.

Definition of a Qualified Supervisor: For certification purposes, a qualified supervisor is an individual who holds any of the following credentials:

- License under Chapter 458, Florida Statutes
- License under Chapter 459, Florida Statutes
- License under Chapter 464, Florida Statutes
- License under Chapter 490, Florida Statutes
- License under Chapter 491, Florida Statutes
- Certified Addiction Professional (CAP)

Supervision provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant is not acceptable toward fulfillment of certification requirements.

How to Document:

Electronic Submission: The applicant does not enter any data into the system to satisfy this requirement. All activity occurs according to the hard-copy submission guidelines. Certification staff uploads received *On-the-Job Supervision Verification forms* to the applicant's electronic file.

Hard-copy Submission: The applicant completes Part 1 of the *On-the-Job Supervision Verification form*. Each qualified supervisor will complete Part 2 of the form. If multiple qualified supervisors need to be contacted to document all hours, provide a separate form to each qualified supervisor.

To document the on-the-job supervision provided to the applicant, the qualified supervisor must maintain employer based documentation, as defined below.

Employer-based documentation: Qualified supervisors must document supervision according to agency protocol. These supervision records are maintained by the employer and are not submitted to the FCB with the on-the-Job Supervision Verification form. Employers are required to maintain supervision records that support the information documented in the FCB's Supervision Verification Form in case of audit.

On-the-Job Supervision Verification Form: Each qualified supervisor who provides supervision for certification purposes must complete an On-the-Job Supervision Verification Form. Collectively, the On-the-Job Supervision Verification Forms must document completion of the total On-the-Job Supervision requirements.

The applicant may not complete any part of the form, except Part 1. It is FCB policy that this form is only completed by the individual who provided the applicant's on-the-job supervision.

The applicant may not submit the completed form and/or any supporting documentation to the FCB: all materials must be submitted directly to the FCB via email or mail by the individual completing Part 2 of the Form: the FCB will not accept On-the-Job Supervision Verification documentation completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 S. Gadsden Street
Tallahassee, Florida 32301

Email: admin_assist@flcertificationboard.org

Subject Line: On-the-Job Supervision (applicant name)

How to Calculate On-the-Job Supervision Hours:

Supervision hours must be reported as documented according to agency protocol. Do not report supervision hours in increments of less than 15-minutes.

FCB Accept/Deny Criteria: On-the-job supervision will be approved if the Form is completed in full, the supervision was provided by a qualified supervisor; the minimum number of required hours of on-the-job supervision are documented in each performance domain; supervision was provided within the last 10 years; and, if audited, employment records support reported supervision hours.

Failure to meet these requirements will result in the denial of the on-the-job supervision hours reported for certification purposes. If possible, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.

Recommendation for Certification Requirement

Requirement: CAC applicants must have three (3) *Professional Recommendation for Certification forms* on-file.

Definition of a Professional Recommendation: For certification purposes, a professional recommendation is provided by an individual who has direct knowledge of the applicant's on-the-job performance as an Addiction Counselor. The professional recommendation should discuss the applicant's work performance as it relates to the role and expectations of a Certified Addiction Counselor (CAC). While the recommendation will discuss the applicant's personality, statements should refer to performance of duties related to addiction counselor services. While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the FCB an idea of the type of individual applying for certification as an Addiction Counselor.

Individuals providing a professional recommendation must be in a non-peer or non-subordinate position to the applicant. Typical individual's eligible to provide a Professional Recommendation for Certification include the applicant's immediate supervisor or any other agency supervisor, trainers, mentors, quality assurance staff, and any other agency management or leadership staff.

A Professional Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

How to Document:

Electronic Submission: The applicant enters the names of the individuals who are expected to submit recommendations for tracking purposes only. All other activity occurs according to the hard-copy submission guidelines. Certification staff uploads received *Recommendation for Certification forms* to the applicant's electronic file.

Hard-copy Submission: The applicant completes Part 1 of the *Recommendation for Certification form*. Each individual providing a Recommendation for Certification will complete Part 2 of the form. Provide a separate form to each individual providing a recommendation.

The applicant may not complete any part of the form, except Part 1. It is FCB policy that this form is completed by the applicant's employer's personnel officer or designee only.

The applicant may not submit the completed form and/or any supporting documentation to the FCB: all materials must be submitted directly to the FCB via email or mail by the individual completing Part 2 of the Form: the FCB will not accept *Recommendation for Certification forms* and/or supporting documentation completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 S. Gadsden Street
Tallahassee, Florida 32301

Email: admin_assist@flcertificationboard.org**Subject Line:** Recommendation for Certification (applicant name)

FCB Accept/Deny Criteria: Recommendations for Certification will be approved if the Form is completed in full and submitted to the FCB by an individual qualified to provide the recommendation.

Failure to meet these requirements will result in the denial of the Recommendation for Certification Form. If possible, applicants have a maximum of 12-months from the date the certification application and fee is received by the FCB to resolve issues and earn certification.

Step 2: Examination Process

Requirement: The CAC credential requires successful completion of the FCB’s Certified Addiction Counselor (CAC) exam. CAC applicants seeking international certification must also pass the International Certification and Reciprocity Consortium (IC&RC) Alcohol and Drug Counselor (ADC) exam. Information in this section applies to both exam instruments.

Approval Criteria: Certified Addiction Counselor (CAC) candidates are approved to register for exam(s) when the Certification Application: Certified Addiction Counselor (CAC) is approved, which includes the following forms and specified supporting documentation.

- Certification Application: Certified Addiction Counselor (CAC)
- A copy of High School Diploma/General Equivalency degree; AA or higher degree
- Official, approved university or college transcript
- Attestation to “no criminal history” or approved criminal history per FCB policy
- Content Specific Training Verification Form and supporting documentation
- Related Work Experience Verification Form and any supporting documentation
- On-the-Job Supervision Verification Form
- 3 Professional Recommendation for Certification Forms and any supporting documentation

Individuals who want to hold the IC&RC ADC credential must also submit the \$185 IC&RC test fee and additional training hours prior to being approved to sit for the IC&RC ADC exam.

Examination Process

Both exams are offered ONLY at computer-based approved testing sites across Florida. Computer-based testing allows candidates to register for the test at a time and location that is most convenient for them.

CAC applicants may only register for the written exam(s) AFTER they have received formal notice from the FCB that their Certification Application has been approved. The approval notice will include information to register for the exam(s); exam registration DOES NOT happen automatically.

Exam development is based on a clear and concise definition of the performance domains, job tasks, knowledge, skills and abilities necessary for competent job performance. This means that the exam is based on what an Addiction counselor does in practice. Both exams are based on statistically valid Role Delineation Studies, which identified performance domains and job tasks expected of addiction professionals.

Each exam is 150 multiple choice questions and each question is directly tied to a job task in the published Role Delineation Study Report. Applicants have 3 hours to take each exam.

Unofficial exam results are provided immediately at the testing site. Official exam results are provided to the FCB with 72 hours of the test administration: the CAC credential will be issued within 5 business days of FCB receiving official notice of passing score. *Note: the credential award date is the date that the final exam is passed, regardless of paperwork processing date.*

Individuals who do not pass the exam(s) may re-test after a 30-day waiting period from the date of taking the failed exam(s). Applicants will not automatically be re-registered to test; they must contact the FCB to schedule a new test date(s).

Special Accommodations

Individuals with disabilities and/or religious obligations that require modifications in examination administration must submit a written request for specific procedural changes to the FCB no fewer than 60-days prior to the desired exam administration date. Official documentation of the disability or religious issue must be provided with the written request. **Contact the FCB for directions on what constitutes official documentation and how to submit a Special Accommodation Request.** This information is also available on our website for download.

Cancellation/Rescheduling Policy

Candidates are required to arrive on time for their exam. Candidates who arrive late will not be permitted to test and will be charged a \$100 cancellation/rescheduling fee for the C AC exam and a \$185 fee for the IC&RC exam.

Candidates who cancel or reschedule their exam less than five days prior to their scheduled date will be charged a \$100 cancellation/rescheduling fee for the C AC exam and a \$185 fee for the IC&RC exam.

Candidates who cancel or reschedule their exam more than five days prior to their scheduled date will be charged a \$25 cancellation/rescheduling fee.

Test scores are valid for a three-year period.

Individuals who allow their credential(s) to become inactive and have a test score older than three-years will be required to retest as part of the reinstatement process.

Step 3: Credential Award

The Certified Addiction Counselor (CAC) credential is issued within 10 business days of the FCB's receipt of official passing test score(s).

The credential issue date is the day the applicant earned a passing score on the required exam. If more than one exam is taken, the credential issue date is the day the final exam is passed.

The CAC credential is issued for a 12-month period, and will always renew on June 30th of the renewal calendar year. Depending on the initial certification award date, first time credential holders may be certified for slightly more or less than a standard 12-month period.

- Credentials earned in June – March will renew in June.
- Credentials earned in April or May will renew the following June.

The full 12-month renewal cycle will start after the credential is renewed for the first time.

Application Appeal Process

When an applicant is denied certification, questions the results of the application review process, questions examination results, or is subject to an action by the FCB or its agents that he or she deems unjustified, the applicant has the right to an inquiry and/or an appeal.

An **inquiry** is when an applicant requests a written summary from the FCB that explains the reason for the action in question. A letter requesting an inquiry must be made to the FCB's Director of Certification, in writing, within 30 calendar days of notification of FCB decision and/or action. An applicant shall be considered notified within 3 days of the date of the FCB's notification. If the applicant does not agree with the decision and/or rationale of the FCB, he or she may request an appeal.

An **appeal** may be made to the FCB's Director of Certification, in writing, within 30 calendar days of notification of FCB decision and/or action on the applicant's inquiry. An applicant shall be considered notified within 3 days of the date of the FCB's notification. The written appeal will be provided to the appropriated committee of the FCB's Behavioral Health Advisory Council for review and action. The applicant will be notified in writing within 5-business days of the committee's decision. The committee's decision is final and not subject to further appeal.

Part 2: Credential Maintenance and Renewal

Maintaining a credential in good standing is very important. To further our mission of public safety, the FCB maintains a public-access database allowing verification of an individual's certification status and ethical history. To remain in good standing, certified professionals must:

1. Actively participate in annual continuing education to maintain a current knowledge and skill base.
2. Follow the FCB Code of Ethical and Professional Conduct.
3. Complete the renewal process in a timely manner, every June.

Please carefully read this section to ensure you understand maintenance and renewal requirements.

Continuing Education

Requirement: CACs must complete 20 hours of continuing education units (CEUs) per year. One CEU is equal to 50 minutes of instruction.

Training content must be related to at least one of the CAC performance domains and CEU hours must be non-repetitive (i.e., the same course cannot be claimed more than one time during each credentialed period, even if the course was taken annually.)

Continuing education units must be earned from a FCB recognized or approved CEU training provider: some training providers hold approval from other entities that is recognized by the FCB, other training providers apply for and hold FCB Training Provider Status.

FCB Recognized Education and Training Providers: The FCB will honor CEUs issued by any of the following providers:

1. FCB approved education and training providers
2. College or university coursework offered by institutions holding Federal Department of Education and/or Council of Higher Education Accreditation (CHEA) recognized accreditation.
3. Training providers approved to offer CEUs by other state or national professional licensing or certification boards.

FCB Approved Education and Training Providers: The FCB will award FCB Education and Training Provider status and a number to approved applicants. A list of approved FCB Education and Training Providers is maintained on our webpage at www.flcertificationboard.org.

How to Document Compliance with CEU Requirements: The certified professional is responsible for maintaining CEU documentation for a minimum of 3 years, in case of audit. Valid documentation includes certificates of completion, official employer training transcripts, or college/university transcripts. CEU documentation must provide the following information:

- Applicant's Name

- Title of course/training/educational event*
- Event sponsor/provider
- Delivery date(s)
- Number of Contact Hours

****If the event title does not clearly identify the instructional content, please attach an official description of the event, such as an agenda or syllabus.***

In the absence of complete documentation, contact the training provider and request they provide you with the additional information on their official letterhead: you may submit these letters as supporting documentation of successful completion of training requirements.

CEU Audit: Approximately 3 months prior to the credential's expiration date, the FCB will randomly select 20% of the certified population for a CEU audit to ensure compliance with the CEU requirement.

Audited individuals will be notified of such approximately 2 months prior to the credential's expiration date.

Audited individuals must submit CEU documentation to the FCB for review and approval PRIOR to the credential expiration date. Please note: payment of renewal fees and non-submission or denial of submitted CEUs may result in the credential being placed on inactive status.

Although only audited individuals are required to submit CEU documentation to the FCB as part of the renewal process, all CACs must maintain documentation of compliance with CEU requirements for 3 years, in case of future audit.

How to Calculate CEU Hours:

One CEU is equal to 50 minutes of instruction.

College coursework is credited at the rate of 45-clock hours per 3 semester hour course. If the entire course is not related to the core competencies of a Certified Addiction Professional, partial credit may be calculated for related topics covered in the overall course.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total hours claimed. If the total credit hours are not listed on the certificate, attach a copy of the training agenda.

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total hours claimed. Please attach a copy of the conference program to your application.

FCB Accept/Deny Criteria: CEU documentation will be approved if the documentation includes all required information; the training was completed between the certification award and expiration dates, and there is a clear link between the training event and the scope of service for a Certified Addiction Counselor.

Failure to meet these requirements may result in disciplinary or ethical action. Credentials will not be renewed until CEU requirements are satisfied.

Credential Renewal

Requirement: Certified Addiction Counselors must renew the credential every year, no later than June 30 of the renewal year.

Renewal Notice Process:

The FCB will send out renewal notices in April and May of the renewal year. Renewal fees must be paid and, if audited, CEU documentation must be approved no later than June 30th of the renewal year.

Individuals who DO NOT meet renewal requirements by June 30th may pay the renewal fee, a \$30 late fee and must submit CEU (regardless of audit status) no later than July 31st of the renewal year.

Individuals who DO NOT meet renewal requirements by August 1st of the renewal year will be automatically placed in inactive status and must complete the FCB Reinstatement Process to recertify.

Part 3: Sample Training Topics by Domain

CAC applicants must document a minimum of 250 hours of content specific training, allocated as follows:

10. Clinical Evaluation: 25 hours
11. Treatment Planning: 15 hours
12. Counseling: 30 hours
13. Case Management and Referral: 10 hours
14. Client, Family and Community Education: 10 hours
15. Documentation: 10 hours
16. Ethical and Professional Responsibilities: 30 hours
17. Understanding Addiction/Treatment Knowledge: 60 hours**
18. Application to Practice/Professional Readiness: 60 hours*&**

*Must include at least 4 hours of HIV-AIDS and 2 hours of Domestic Violence training.

**CAC applicants may earn the IC&RC reciprocal credential as part of the CAC process by documenting an additional 10 hours of training in each of these performance domains (20 hours total) and passing the IC&RC ADC written exam.

This table provides examples of training content that may be eligible for credit in each domain: this table is not exhaustive of all possible eligible training events. If you are unsure about the eligibility of an education event, please contact the FCB for guidance and/or technical assistance.	
Domain: Clinical Evaluation (25 hrs.) Screening Instruments/Assessment Instruments Stages of Substance Use, Misuse, and Abuse Commonly Used Drugs or Pharmacology Signs and Symptoms of Intoxication & Withdrawal Principles of Client Engagement Verbal and Non-Verbal Communication Skills Interviewing Techniques Laboratory Tests for Substances/Interpretation of Laboratory Results Diagnostic Criteria for Substance Use Disorders Cultural Competence or Responsiveness Writing Interpretive Summary Reports Co-Occurring Disorders (Mental & Physical Health) Making Referrals/Collaboration with other Service Providers ASAM Patient Placement Criteria Client Rights and Confidentiality Laws and Regs	Domain: Treatment Planning (15 hrs.) Stages of Change (Transtheoretical Model) Motivational Interviewing Continuum of Care/Recovery Principles Treatment Methodologies Medication-Assisted Treatment Using Evidence-based Practices Writing Goal and Objective Statements Co-Occurring Disorders (Mental and Physical Health) Client-Centered Principles and Practices Treatment Planning Processes and Formats Rules and Regulations Re: Treatment Planning and Updates Cultural Competence/Special Populations Risks to Recovery Client Rights and Confidentiality Laws and Regs Progress Note Writing

This table provides examples of training content that may be eligible for credit in each domain: this table is not exhaustive of all possible eligible training events. If you are unsure about the eligibility of an education event, please contact the FCB for guidance and/or technical assistance.

<p>Domain: Counseling (30 hrs.)</p> <p>Counseling Theories and Methods Evidence-based Practices Building Therapeutic Relationships Individual, Group and/or Family Counseling E-Therapy/Using Telehealth Technologies Crisis Intervention/Verbal De-escalation General and/or Developmental Psychology Behavioral Disorders/Psychopathology Multicultural Counseling/Special Populations Human Sexuality Issues Spirituality or Pastoral Counseling Anger Management Relapse Prevention</p>	<p>Domain: Case Management and Referral (10 hrs.)</p> <p>Case Management Theories and Methods Assessment Skills Case Planning Crisis Prevention and Intervention Skills Collaboration Methods Methods for Making Effective Referrals Documentation and Follow-ups Oral and Written Communication Progress Note Writing Peer Support/Use of Self-Help Groups Natural Support Systems Navigating Community Resources Negotiation Skills/Advocacy</p>
<p>Domain: Client, Family and Community Education (10 hrs.)</p> <p>Training to Become a Trainer Psychoeducation Learning Styles/Teaching Methods Prevention Theory and Practices Specific Health-related Topics – HIV/AIDS, Smoking Cessation, Psychopharmacology, Process of Addiction, etc. Oral Communication Skills/Public Speaking Client-Centered Principles and Practices</p>	<p>Domain: Documentation (10 hrs.)</p> <p>Components of Client Records and Their Uses Writing Skills for Progress Notes, Reports, Plans Clinical Documentation and Terminology Security Measures for Client Records Federal/State Confidentiality Laws and Regulations Duty to Warn Electronic Health Record-Keeping Documentation Styles for Integration with Primary Healthcare</p>
<p>Domain: Ethical and Professional Responsibilities (30 hrs.)</p> <p>Ethical Decision-Making and Professional Behavior Federal, State & Other Governing Laws and Regs Policy in Human Services Professional Consultation Boundaries/Transference Dual Relationships Cultural Competence and Responsiveness Scopes of Practice/Referral to Other Professionals Organizational Dynamics Networking and Public Relations</p> <p style="text-align: center;">Continued Next Page</p>	

This table provides examples of training content that may be eligible for credit in each domain: this table is not exhaustive of all possible eligible training events. If you are unsure about the eligibility of an education event, please contact the FCB for guidance and/or technical assistance.

Domain: Understanding Addiction/Treatment Knowledge (80 hrs.)*&**	Domain: Application to Practice/Professional Readiness (80 hrs.)*
Disease of Addiction Biological, Psychological & Social Processes of Addiction/Brain Science Signs and Symptoms of Substance Use, Misuse and Abuse Diagnostic Criteria Pharmacology Co-Occurring Disorders History and Models of Addiction Treatment Evidence-Based Practices: Selection and Use Service Modalities Recovery Principles and Phases Recovery Capital and Other Supports Self-Help Philosophies and Programs Relationship of Addiction to Crime, Health and other Social Problems Involvement of Family and Significant Others in Treatment and Recovery	Ethics and Ethical Decision-Making Federal, State and Other Governing Laws and Regs Management and Leadership Skills Care for the Caregiver Observation and Communication Skills Special Population Needs Organizational and Professional Cultural Competence Supervision Techniques Understanding Research/Translating Research into Practice Practice Standards for Clinical Care Implementation of Evidence-based Practices Wellness, Alternative Therapies, and Nutrition related to Substance Use Disorder Prevention and Treatment Integration with Primary Healthcare Use of Technology for Service Provision

*Must include at least 4 hours of HIV-AIDS and 2 hours of Domestic Violence training.

**CAC applicants may earn the IC&RC reciprocal credential as part of the CAC process by documenting an additional 10 hours of training in each of these performance domains (20 hours total) and passing the IC&RC written exam.

Part 4: Certification Application Forms

Please use this section to preview directions and required forms for certification application. Each form is posted on the FCB website in an editable format. Please download, complete and use the editable forms for all hard-copy submission and to complete Part I of each form that you must provide to another person to complete and submit to the FCB in support of your Certification Application.

Required Forms, Documentation, and Submission Protocol

Form/Documentation	Individual or entity to complete form/submit documentation to the FCB
Certification Application: Certified Addiction Counselor	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
Training Documentation	The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i>
Diploma/Degree	High-school Diploma or General Equivalency Degree documentation may be provided by the applicant. <i>May be submitted via the on-line application portal or via hard-copy mail.</i> Post-secondary documentation must be provided to the FCB only by the institution issuing the transcript or degree to the applicant. The FCB will NOT accept unofficial transcripts or transcripts provided by anyone other than the degree granting institution. <i>May only be submitted via hard-copy mail.</i>
Related Work Verification	The employer or entity where the applicant performed CAC related job tasks. <i>May only be submitted via e-mail, or hard-copy mail.</i>
On-the-Job Supervision	The individual providing direct, on-the-job supervision of the applicant's performance of CAC job tasks. <i>May only be submitted via e-mail, or hard-copy mail.</i>
Recommendation	The individual providing a recommendation of the applicant for certification. <i>May only be submitted via e-mail, or hard-copy mail.</i>

Certified Addiction Counselor
Application for Certification

This form is to be completed in its entirety by the applicant.

Partial, incomplete or illegible applications will be returned to the applicant. All statements provided on this application are subject to verification. False statements, omissions, alterations to the application, failure to supply requested information and/or failure to agree to follow Florida Certification Board (FCB) policies and procedures may be grounds to disqualify an applicant from certification.

Section 1: Contact and Demographic Information. Please provide all requested information. Enter None or N/A as appropriate.

Last Name

First Name

Middle/Maiden Name

Date of Birth

Social Security Number

Primary Email Address

Home Phone

Cell Phone

Home Address Line 1

Home Address Line 2

City

State

Zip code

County

Current Employer

Current Position Title

Employer's Webpage Address

Business Phone

Work Address Line 1

Work Address Line 2

City

State

Zip code

County

Although the following information is not mandatory, it is requested to assist the FCB in its commitment to equal certification opportunity and affirmative action. It is unlawful for an organization to fail to certify or refuse certification to any individual because of race, color, religion, national origin, marital status or handicap.

I prefer NOT to provide the FCB with my voluntary demographic information.

Race: Black White Native American/Alaskan Native Asian/Pacific Islander Multi-racial

Ethnicity: Hispanic/Latino Non-Hispanic/Latino **Gender:** Female Male

**Certified Addiction Counselor
Application for Certification**

Section 2: Education Background. List each degree/diploma you have earned starting with the most recent award. Add additional pages if necessary.

Most Recent Degree

Degree Type: HSD/GED AA/AS BA/BS MA/MS/MEd PhD MD/OD JD Other

School Name: _____

School Location: _____

City State

Is the name on your transcript the same as on your application for certification? Yes No

If “no” provide your name as it is listed on your transcript: _____

Have you previously submitted this official transcript to the FCB for another credential? Yes No

If “yes” provide the credential name and number: _____

Second Most Recent Degree

Degree Type: HSD/GED AA/AS BA/BS MA/MS/MEd PhD MD/OD JD Other

School Name: _____

School Location: _____

City State

Is the name on your transcript the same as on your application for certification? Yes No

If “no” provide your name as it is listed on your transcript: _____

Have you previously submitted this official transcript to the FCB for another credential? Yes No

If “yes” provide the credential name and number: _____

Section 3: Work History. Please list your employment history for the last five (5) years. Report employment dates in the following format: May 2009 – Aug 2011. Add additional pages if necessary.

Employer: _____

Type of Position (select all that apply): Full-time Part-time Paid

Employer Webpage Address: _____

Position Title: _____

Employment Dates: _____

Immediate Supervisor: _____

Describe Duties: _____

Certified Addiction Counselor
Application for Certification

Section 3 Continued: Work History. Please list your employment history for the last five (5) years. Report employment dates in the following format: May 2009 – Aug 2011. Add additional pages if necessary.

Employer: _____

Type of Position (select all that apply): Full-time Part-time Paid

Employer Webpage Address: _____

Position Title: _____

Employment Dates: _____

Immediate Supervisor: _____

Describe Duties:

Employer: _____

Type of Position (select all that apply): Full-time Part-time Paid

Employer Webpage Address: _____

Position Title: _____

Employment Dates: _____

Immediate Supervisor: _____

Describe Duties:

Section 4: Recommendations. You are required to have three (3) professional letters of recommendation as part of your FCB application file. Please carefully read the Candidate Guide for Application for full requirements.

A specific form is used for this – the Recommendation for Certification Form. These are to be completed by persons (non-relatives only) who have direct professional knowledge of your work, skills and character. It is expected that you have given the Recommendation for Certification Form to specific people who will complete the form and submit it to the FCB via mail, email or fax. For tracking purposes, it is important that we have the names of the persons who will be submitting the forms in support of your application for certification.

Please list your anticipated references below. Should a reference change, please contact the FCB to update your application file.

Name: _____

Name: _____

Name: _____

**Certified Addiction Counselor
Application for Certification**

Section 5: Background History Part A.

As a condition of my candidacy for certification with the Florida Certification Board (FCB), I understand that the FCB will conduct a criminal background check. I understand that once certified I may be selected for random audit to assure compliance with the FCB Code of Ethics. Yes No

By checking the affirmative box below, I authorize the FCB and/or any other company authorized by the FCB to access such information as may be necessary to conduct a criminal background check. Yes No

I release from liability all persons and entities supplying such information. I indemnify the Florida Certification Board and/or any other company authorized by the FCB against any liability which may result from making such requests. Yes No

Section 5 Background History Part B.

Have you ever been convicted, pled nolo contendere, or had an adjudication of guilt withheld for any crime which is a felony or 1st degree misdemeanor? yes no If you answered "yes", provide the following information for each charge. Attach additional pages as necessary.

Charge: _____

Date and Location Charge Took Place: _____

Disposition of Charge: guilty not-guilty dismissed other

Sanctions Applied: _____

Date of Release from Sanctions: _____

Description of Incident/Charge(s): _____

Section 6: Ethical and Professional Conduct. You are required to acknowledge certain standards and your professional responsibility in this section. Before completing this section, you must have the most recent copy of the FCB Code of Ethics, which is posted on the FCB website at www.flcertificationboard.org.

By checking the acknowledgement box below, I affirm that I understand that I am required to follow the professional standards of conduct detailed in the FCB Code of Ethics. I also affirm that I understand that the FCB Code of Ethics applies to both certification applicants and certified individuals.

I acknowledge. I do not acknowledge.

By checking the acknowledgement box below, I affirm that I have received a copy of the FCB Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

I acknowledge. I do not acknowledge.

By checking the acknowledgement box below, I further affirm that I have read and understand all of my obligations, duties, and responsibilities under each principle and provision of the FCB Code of Ethics. I will read and understand all future amendments and modifications to the FCB Code of Ethics.

I acknowledge. I do not acknowledge.

Signature

Date

**Certified Addiction Counselor
Application for Certification**

Section 7: International Certification Request (IC&RC).

Certified Addiction Counselor (CAC) applicants are eligible to earn IC&RC's Alcohol and Drug Counselor (ADC) credential.

The minimum standards required for IC&RC ADC certification are met when the applicant has earned the CAC credential AND has earned a passing score on the IC&RC ADC exam. *Note: Applicants approved to take the CAC exam are also approved to take the IC&RC ADC exam. Applicants do not have to hold the CAC credential prior to sitting for the IC&RC ADC exam; however, the ADC credential will not be awarded until the CAC credential is earned.*

I am seeking IC&RC ADC certification. I am not seeking IC&RC ADC certification.

Section 8: Assurance and Release.

I give my permission to the Florida Certification Board (FCB) and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omission shall result in the denial or revocation of certification. I consent to the release of information contained in my application, certification record, or other pertinent data submitted to or collected by the FCB to officers, staff, and members of the Board of Directors and it's Advisory Boards, Councils and review committees.

I further agree to hold the FCB, its board members, employees and examiners free from any civil liability for damages for complaints by reason for any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the FCB to issue certification.

I hereby affirm that the information provided for this application is correct and that I believe that I am qualified for the level of certification for which I am applying.

I acknowledge. I do not acknowledge.

Signature

Date

Important Information:

1. Apply On-Line from the FCB website {www.flcertificationboard.org} **OR** mail your completed form to the Florida Certification Board:

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

2. You must provide the FCB with an official transcript of your college or university degree. Post-secondary documentation must be provided to the FCB only by the institution issuing the transcript or degree to the applicant. The FCB will NOT accept unofficial transcripts or transcripts provided by anyone other than the degree granting institution. Official transcripts *may only be submitted via hard-copy mail or the institutions e-transcript provider*. Your application will not be approved without your official transcript on file with the FCB.
3. Eligible college or university transcripts are issued by institutions accredited by accreditation bodies recognized by the United States Department of Education and/or the Council on Higher Education Accreditation (CHEA). The institution must have been accredited at the time of award for the degree to be valid for certification purposes.

Certified Addiction Counselor Training Verification Form

Requirement: CAC applicants must complete and document a minimum of 250 hours of training, with a minimum number of training hours in each performance domain as follows:

1. Clinical Evaluation: 25 hours
2. Treatment Planning: 15 hours
3. Counseling: 30 hours
4. Case Management and Referral: 10 hours
5. Client, Family and Community Education: 10 hours
6. Documentation: 10 hours
7. Ethical and Professional Responsibilities: 30 hours
8. Understanding Addiction/Treatment Knowledge: 60 hours**
9. Application to Practice/Professional Readiness: 60 hours*&**

**Must include at least 4 hours of HIV-AIDS and 2 hours of Domestic Violence.*

***CAC applicants may earn the IC&RC reciprocal credential as part of the CAC process by documenting an additional 10 hours of training in each of these performance domains (20 hours total) and passing the IC&RC ADC exam.*

All training must have been completed with the last 10 years.

How to Document: The applicant completes the Training Verification Form, attaches copies of eligible training documentation in the same order as listed on the form and uploads (for electronic, on-line application) or mails hard-copy, original forms to the FCB office.

Training documentation must provide the following information:

- Applicant's Name
- Title of course/training/educational event*
- Event sponsor/provider
- Delivery date(s)
- Number of Contact/Clock Hours

**If the event title does not clearly identify the instructional content, please attach an official description of the event, such as an agenda or syllabus.*

In the absence of complete documentation, contact the training provider and request they provide you with the additional information on their official letterhead: you may submit these letters as supporting documentation of successful completion of training requirements.

If you use college coursework for training credit, you must provide documentation for each entry as follows: (1) Make a photo copy of your transcript, number each course you are using to meet training requirement(s), print out the course description as published by the educational institution, write the number corresponding to the course on your transcript and the course name on the course description. Place this document in the appropriate order as is appears on this form.

How to Calculate Content-specific Training Hours:

College coursework is credited at the rate of 45-clock hours per 3 semester hour course. Partial credit may be calculated for topics covered in the overall course. For example, a course on treatment planning may include partial credit for "documentation" training.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total hours claimed. If the total credit hours are not listed on the certificate, attach a copy of the training agenda.

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total hours claimed. Please attach a copy of the conference program to your application.

Certified Addiction Counselor Training Verification Form (1 of 9)

Training Topic: Clinical Evaluation

Training Requirement: Minimum of 25 hours of training in topics directly related to Clinical Evaluation.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ Training Report and Documentation Example ↓					
<i>ASAM Placement Criteria</i>	<i>Florida Council on Community Mental Health</i>	<i>4-16-13</i>	<i>16</i>	<i>Conference Brochure</i>	
↑ Training Report and Documentation Example ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

**Certified Addiction Counselor
Training Verification Form (2 of 9)**

Training Topic: Treatment Planning

Training Requirement: Minimum of 15 hours of training in topics directly related to Treatment Planning.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ <i>Training Report and Documentation Example</i> ↓					
<i>Stages of Change</i>	<i>Community Connections, Inc.</i>	<i>8-8-13</i>	<i>6</i>	<i>Certificate of Completion</i>	
↑ <i>Training Report and Documentation Example</i> ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

Certified Addiction Counselor Training Verification Form (3 of 9)

Training Topic: Counseling

Training Requirement: Minimum of 30 hours of training in topics directly related to Counseling.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ Training Report and Documentation Example ↓					
<i>Crisis Intervention</i>	<i>Woodland Behavioral Health</i>	<i>3-3-12</i>	<i>6</i>	<i>Certificate of Completion</i>	
↑ Training Report and Documentation Example ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

Certified Addiction Counselor Training Verification Form (4 of 9)

Training Topic: Case Management and Referral

Training Requirement: Minimum of 10 hours of training in topics directly related to Case Management and Referral.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ <i>Training Report and Documentation Example</i> ↓					
<i>Methods for Effective Referrals</i>	<i>FADAA Annual Conference</i>	<i>8-15-11</i>	<i>2</i>	<i>Conference Certificate of Attendance and Conference Brochure</i>	
↑ <i>Training Report and Documentation Example</i> ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

Certified Addiction Counselor Training Verification Form (5 of 9)

Training Topic: Client, Family and Community Education

Training Requirement: Minimum of 10 hours of training in topics directly related to Client, Family and Community Education.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ Training Report and Documentation Example ↓					
<i>Adult Learning Principles</i>	<i>Florida State University</i>	<i>Fall 2012</i>	6	<i>Transcript</i>	
↑ Training Report and Documentation Example ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

Certified Addiction Counselor Training Verification Form (6 of 9)

Training Topic: Documentation

Training Requirement: Minimum of 10 hours of training in topics directly related to Documentation.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ <i>Training Report and Documentation Example</i> ↓					
<i>Clinical Documentation</i>	<i>Addiction Training, Inc.</i>	<i>11-10-11</i>	<i>2</i>	<i>Certificate of Completion</i>	
↑ <i>Training Report and Documentation Example</i> ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

Certified Addiction Counselor Training Verification Form (7 of 9)

Training Topic: Ethical and Professional Responsibilities

Training Requirement: Minimum of 30 hours of training in topics directly related to Ethical and Professional Responsibilities.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ <i>Training Report and Documentation Example</i> ↓					
<i>HIPAA & Confidentiality</i>	<i>CMS</i>	<i>11-10-11</i>	<i>4</i>	<i>Certificate of Completion</i>	FCB Use Only
↑ <i>Training Report and Documentation Example</i> ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

Certified Addiction Counselor Training Verification Form (8 of 9)

Training Topic: Understanding Addiction/Treatment Knowledge

Training Requirement: Minimum of 60 hours of training in topics directly related to Understanding Addiction/Treatment Knowledge.

I am NOT seeking IC&RC ADC Certification

I am seeking IC&RC ADC Certification. I have attached an additional 10 hours of training, for a total of 70 hours in this domain.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ Training Report and Documentation Example ↓					
<i>History of Addiction Treatment</i>	<i>Florida State University</i>	<i>Spring 2012</i>	<i>45</i>	<i>Transcript</i>	FCB Use Only
↑ Training Report and Documentation Example ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

Certified Addiction Counselor Training Verification Form (9 of 9)

Training Topic: Application to Practice/Professional Readiness

Training Requirement: Minimum of 60* hours of training in topics directly related to Application to Practice/Professional Readiness.

*must include at least 4 hours of HIV-AIDS and 2 hours of Domestic Violence

I am NOT seeking IC&RC ADC Certification

I am seeking IC&RC ADC Certification. I have attached an additional 10 hours of training, for a total of 70 hours in this domain.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
↓ Training Report and Documentation Example ↓					
<i>Care for the Caregiver</i>	<i>Illuminate Consulting</i>	<i>11-10-11</i>	<i>4</i>	<i>Certificate of Completion</i>	FCB Use Only
↑ Training Report and Documentation Example ↑					
Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only

Certified Addiction Counselor Related Work Experience Verification Form

Directions

Thank you for taking the time to assist the applicant named above to verify and document his or her related work experience in pursuit of the Certified Addiction Counselor (CAC) designation.

Please carefully read the Description of a Certified Addiction Counselor and the Related Work Experience Requirement as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet Certified Addiction Counselor Related Work Experience Requirements, please contact our offices directly at 850-222-6314.

To document the applicant's related work experience you must complete this form in its entirety and attach supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided.

Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the applicant's employer's personnel officer or designee only.

Upon completion, please submit the form and supporting documentation directly to the FCB via mail or email: the FCB will not accept Work Experience Verification documentation completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email: admin_assist@flcertificationboard.org

Subject Line: Work Experience Verification (applicant name)

Description of a Certified Addiction Counselor (CAC)

A Certified Addiction Counselor (CAC) designation is an intermediate substance abuse credential for those persons who work side-by-side with clinical staff to develop and implement client treatment plans, as well as provide specified substance abuse treatment services. The CAC requires a minimum of a high school diploma or general equivalency degree. Experience hours are prorated for applicants with an AA or AS degree. The CAC is the reciprocal level for individuals holding the IC&RC Alcohol and Drug Counselor (ADC) credential.

Related Work Experience Requirements

Work experience requirements vary based on the applicant's formal education.

1. **High School Diploma or General Equivalency Degree: 6,000** hours of direct experience performing addiction-related services at the level expected of a CAC.
2. **Associate/Vocational Degree or higher: 4,000** hours of direct experience performing addiction-related services at the level expected of a CAC.

All experience must be paid, work experience. Volunteer experience or experience spent participating in treatment are not eligible for certification purposes.

All experience must have been gained within the last 10 years.

**Certified Addiction Counselor
Related Work Experience Verification Form**

Part 1: To be completed by the applicant prior to providing to the employer for completion.

Applicant Information. Please list your employment history for which you are requesting credit for certification and verification by your employer. Report employment dates in the following format: May 2009 – Aug 2011. Use a separate form for each position and/or employer.

Applicant Name: _____
Employer: _____
Type of Position (select all that apply): Full-time Part-time
Position Title: _____
Employment Dates: _____
Immediate Supervisor: _____

Part 2: To be completed by the personnel officer or designee only.

Section A: Verifier's Information

Last Name	First Name
Title	Employer
Employer Webpage Address	Business Phone
Work Address Line 1	
Work Address Line 2	
City	State
Zip code	County

Section B: Experience Attestation

I have read and understand the on-the-job experience requirements for Addiction Counselor (CAC) certification. The following information can be verified by employment records maintained by the agency.

Applicant's Position Description Attached? Yes No*

*If no, please attach a written description of the applicant's duties on agency letterhead.

Applicant's Dates of Employment: _____

Type of Position (select all that apply): Full-time Part-time

Average number of hours per week providing related services: _____

By my signature, I attest that the above material is true to the best of my knowledge.

Signature _____
Date

Certified Addiction Counselor On-the-Job Supervision Verification Form

Directions

Thank you for taking the time to document the direct supervision you provided to the applicant named in Part 1 of this form. Your documentation directly assists the candidate pursuit of the Certified Addiction Counselor (CAC) designation.

Please carefully read the Definition of a Qualified Supervisor, Description of a Certified Addiction Counselor and the On-the-Job Supervision Requirement as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet CAC On-the-Job Supervision Requirements, please contact our offices directly at 850-222-6314.

To document the on-the-job supervision you provided the applicant, you must maintain employer based documentation, as defined below, and you must complete this form in its entirety.

Employer-based documentation: Qualified supervisors must document supervision according to agency protocol. These supervision records are maintained by the employer and are not submitted to the FCB with the Direct Supervision Attestation Forms. Employers are required to maintain supervision records that support the information documented in the FCB's Direct Supervision Attestation Form in case of audit.

On-the-Job Supervision Verification Form: Each qualified supervisor who provides supervision for certification purposes must complete an On-the-Job Supervision Verification Form. Collectively, the On-the-Job Supervision Verification Forms must document completion of the total On-the-Job Supervision requirements.

Each On-the-Job Supervision Verification Form must be completed by the individual providing supervision. Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed only by the individual providing direct supervision to the applicant.

Upon completion, please submit the form and supporting documentation directly to the FCB via mail or email: the FCB will not accept On-the-Job Supervision documentation completed and/or submitted in part or whole by the applicant.

Mail: **Email:** admin_assist@flcertificationboard.org

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Subject Line: On-the-Job Supervision Verification (applicant name)

Definition of a Qualified Supervisor: For certification purposes, a qualified supervisor is an individual who holds any of the following credentials:

- License under Chapter 458, Florida Statutes
- License under Chapter 459, Florida Statutes
- License under Chapter 464, Florida Statutes
- License under Chapter 490, Florida Statutes
- License under Chapter 491, Florida Statutes
- Certified Addiction Professional (CAP)

Supervisors MUST attach a copy of their current license or CAP credential to document eligibility to provide supervision for certification purposes.

Supervision provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant is not acceptable toward fulfillment of certification requirements.

Certified Addiction Counselor On-the-Job Supervision Verification Form

Description of a Certified Addiction Counselor (CAC)

A Certified Addiction Counselor (CAC) designation is an intermediate substance abuse credential for those persons who work side-by-side with clinical staff to develop and implement client treatment plans, as well as provide specified substance abuse treatment services. The CAC requires a minimum of a high school diploma or general equivalency degree. Experience hours are prorated for applicants with an AA or AS degree. The CAC is the reciprocal level for individuals holding the IC&RC Alcohol and Drug Counselor (ADC) credential.

On-The-Job Supervision Requirements

On-the-Job Supervision requirements vary based on the applicant's formal education.

1. **High School Diploma or General Equivalency Degree:** 300 hours of direct supervision of the applicant's performance of addiction-related services at the level expected of a CAC. A minimum of 16 hours of supervision must be provided and documented for each performance domain.
2. **Associate/Vocational Degree or higher:** 150 hours of direct supervision of the applicant's performance of addiction-related services at the level expected of a CAC. A minimum of 8 hours of supervision must be provided and documented for each performance domain.

All on-the-job supervision must have been completed within the last 10 years.

Performance Domains:

- **Clinical Evaluation:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as intake, orientation, screening and assessment(s) to determine appropriateness for placement and/or develop diagnostic impressions and treatment recommendations.
- **Treatment Planning:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as developing and/or updating treatment plans, including mutually agreed upon needs, goals, measurable objectives, treatment methods and discharge criteria.
- **Counseling:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she provides individual and/or group counseling to clients and family members, and performs counseling-related services such as relapse prevention and recovery support.
- **Case Management and Referral:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks directly related to ensuring that client needs that cannot be met in the current treatment setting are addressed with other community resources in a manner that ensures ongoing continuity of care.
- **Client, Family and Community Education:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as developing and delivering education and training on health and high-risk behaviors associated with substance abuse, the continuum of care, medication-assisted treatment and other related topics.
- **Documentation:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as documenting clinical treatment, writing reports and maintaining client records.
- **Ethical and Professional Responsibilities:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks across all domains in a manner that follows generally accepted legal, ethical, and professional standards.
- **Administrative Supervision:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs administrative supervision tasks such as human resources management, policy development and implementation, and leadership. This domain does not refer to clinical supervision of other staff.

Certified Addiction Counselor On-the-Job Supervision Verification Form

Part 1: To be completed by the applicant prior to providing to the qualified supervisor for completion.

Applicant Information. Please list the position you held for which you are requesting documentation of on-the-job supervision by a qualified supervisor. Report employment dates in the following format: May 2009 – Aug 2011.

Use a separate form for each qualified supervisor documenting on-the-job supervision..

Name: _____

Employer: _____

Type of Position (select all that apply): Full-time Part-time

Position Title: _____

Employment Dates: _____

Immediate Supervisor: _____

Part 2: To be completed by the applicant's qualified supervisor only.

Section A: Qualified Supervisor Contact Information

Last Name First Name

Title Employer

Employer Webpage Address Business Phone

Work Address Line 1

Work Address Line 2

City State

Zip code County

Section B: Supervision Attestation

I am a qualified supervisor because I am:

- Licensed under chapter 458, Florida Statutes
- Licensed under chapter 459, Florida Statutes
- Licensed under chapter 464, Florida Statutes
- Licensed under chapter 490, Florida Statutes
- Licensed under chapter 491, Florida Statutes
- A Certified Addiction Professional (CAP)

Supervisors MUST attach a copy of their current license or CAP credential to document eligibility to provide supervision for certification purposes.

**Certified Addiction Counselor
On-the-Job Supervision Verification Form**

Section B: Supervision Attestation Continued

I have read and understand the on-the-job supervision requirements for Addiction Counselor (CAC) certification. I provided the following on-the-job supervision to the applicant and maintain supervision records supporting my attestation according to agency protocol. I consent to an audit of such records if requested.

I provided on-the-job supervision of the applicant as he or she performed addiction-related duties at the level expected of a CAC. Yes* No

*If yes, how many total hours of on-the-job supervision have you provided? _____

Allocated total hours of on-the-job supervision across performance domains.

- **Clinical Evaluation:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as intake, orientation, screening and assessment(s) to determine appropriateness for placement and/or develop diagnostic impressions and treatment recommendations. _____
- **Treatment Planning:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as developing and/or updating treatment plans, including needs, goals, measurable objectives, treatment methods and discharge criteria. _____
- **Counseling:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she provides individual and/or group counseling to clients and family members, and performs counseling-related services such as relapse prevention and recovery support. _____
- **Case Management and Referral:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks directly related to ensuring that client needs that cannot be met in the current treatment setting are addressed with other community resources in a manner that ensures ongoing continuity of care. _____
- **Documentation:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks such as documenting clinical treatment, writing reports and maintaining client records. _____
- **Ethical and Professional Responsibilities:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks across all domains in a manner that follows generally accepted legal, ethical, and professional standards. _____

Type of Position Supervised (check all that apply): Full-time Part-time

Time period during which supervision was provided: _____

As a qualified supervisor, do you have any concerns about the applicant's ability to competently perform as a Certified Addiction Counselor? Yes* No

*If yes, the FCB will contact you for additional information, which may result in non-acceptance of your on-the-job supervision to meet certification requirements.

By my signature, I attest that the above material is true to the best of my knowledge.

Qualified Supervisor's Signature

Date

Supervisors MUST attach a copy of their current license or CAP credential to document eligibility to provide supervision for certification purposes.

Certified Addiction Counselor Professional Recommendation for Certification Form

Directions

Thank you for taking the time to provide a Professional Recommendation for Certification for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate's pursuit of the Certified Addiction Counselor (CAC) designation.

Please carefully read the [Definition of a Professional Recommendation](#) and the [Description of a Certified Addiction Counselor](#). Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a Certified Addiction Counselor (CAC), please contact our offices directly at 850-222-6314.

This Professional Recommendation for Certification Form must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the individual providing the applicant's recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the FCB via mail or email: the FCB will not accept Professional Recommendation for Certification Forms completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email: admin_assist@flcertificationboard.org

Subject Line: Professional Recommendation (applicant name)

Definition of a Professional Recommendation: For certification purposes, a professional recommendation is provided by an individual who has direct knowledge of the applicant's on-the-job performance as an addiction professional. The professional recommendation should discuss the applicant's work performance as it relates to the role and expectations of a Certified Addiction Counselor (CAC). While the recommendation will discuss the applicant's personality, statements should refer to performance of duties related to addiction services at the level expected of a CAC. While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the FCB an idea of the type of individual applying for certification as a Certified Addiction Counselor.

Individuals providing a professional recommendation must be in a non-peer or non-subordinate position to the applicant. Typical individual's eligible to provide a Professional Recommendation for Certification include the applicant's immediate supervisor or any other agency supervisor, trainers, mentors, quality assurance staff, and any other agency management or leadership staff.

A Professional Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

Description of a Certified Addiction Counselor (CAC)

A Certified Addiction Counselor (CAC) designation is an intermediate substance abuse credential for those persons who work side-by-side with clinical staff to develop and implement client treatment plans, as well as provide specified substance abuse treatment services. The CAC requires a minimum of a high school diploma or general equivalency degree. Experience hours are prorated for applicants with an AA or AS degree. The CAC is the reciprocal level for individuals holding the IC&RC Alcohol and Drug Counselor (ADC) credential.

Certified Addiction Counselor Professional Recommendation for Certification Form

Part 1: To be completed by the applicant prior to giving to the individual providing the Professional Recommendation for Certification as an Addiction Counselor (CAC).

Applicant Information. For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Professional Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a professional recommendation for certification.

Your name: _____

Name of individual providing the recommendation: _____

Part 2: To be completed by the individual providing the applicant with a Professional Recommendation for Certification as an Addiction Counselor.

Section A: Contact Information. Please write "none" or "N/A" as necessary.

Last Name

First Name

home cell work

Primary Email Address

Primary Phone Number

Phone Type

Contact Address Line 1

City

State

Zip code

County

Title

Employer

Employer Webpage Address

Business Phone

Section B: Nature of Relationship with Applicant for Certification. Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, including how you are eligible to provide the applicant with a Professional Recommendation for Certification as an Addiction Counselor (CAC).

**Certified Addiction Counselor
Professional Recommendation for Certification Form**

Section C: Recommendation. Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a Certified Addiction Counselor (CAC). Please include specific examples of incidents where you observed the applicant successfully demonstrating skills expected of a Certified Addiction Counselor.

Section D: Attestation.

I hereby affirm that I have been in a firsthand position to observe the applicant listed in Part 1 of this form perform addiction-related services at the level expected of a CAC.

I affirm. I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm. I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as an Addiction Counselor (CAC).

I affirm. I do not affirm.

Signature

Date



*Protecting the Citizens
of Florida*

Addiction

1715 South Gadsden Street, Tallahassee, FL 32301
(850) 222-6314 | (850) 222-6247 fax
www.flcertificationboard.org