

ASSURANCE AND RELEASE

I _____, of _____ do hereby submit the following information, assurances and release relating to my initial certification or renewal of certification/licensure with the Rhode Island Board for the Certification of Chemical Dependency Professionals (RIBCCDP)/Rhode Island Board for Licensing of Chemical Dependency Professionals (RIBLCDP)

I acknowledge and understand in answering the following questions that submitting fraudulent, deceitful or misleading statements will be grounds for denial or revocation of certification or renewal of certification.

Have you ever applied for certification/licensure as a chemical dependency professional in another state?
yes no

1) Have you ever had any action taken against your certification/license?
yes no

If the answer to Number Two (2) is Yes, please provide details on reverse side

3) Have you ever been disciplined in any way by a Certification/Licensing Board or Professional Organization?
yes no

If the answer to Number Three (3) is yes, please provide details on reverse side.

I hereby certify that I have read this entire application and that all the material contained herein is true, accurate and complete. I further understand that any intentionally false or misleading statements or omissions shall result in the denial or revocation of my certification/license or renewal of certification/license.

I hereby certify that all information contained in this application and any supporting documents is true to the best of my knowledge. I further certify that I do not use any controlled substances or any alcoholic beverages to the extent that the use impairs my ability to conduct with safety to the public the practice authorized by the license for which I am applying.

I hereby certify that I have read and subscribed to the Ethical Standards and Code of Conduct for Chemical Dependency Professionals prescribed by RIBCCDP.

– I authorize RIBCCDP/RILBCDP, its members, officers and employees, to investigate my background as it relates to the statements contained in my application and further consent to the release of information by third parties to RIBCCDP/RILBCDP which information relates directly to my application and statements contained therein so long as said information remains confidential.

– I further agree to hold RIBCCDP/RILBCDP, its members, officers, employees and examiner's harmless and free from all liability from complaints, causes of action, suits, claims, demands and damages of every nature or kind pertaining or arising out of or relating in any manner whatsoever to actions taken by RIBCCDP/RILBCDP in investigating my application and making a determination regarding my certification.

– I further authorize the RIBCCDP/RILBCDP to release all documentation/information of application for certification/renewal along with all documentation of ethics complaints, Disciplinary Hearings, and disciplinary sanctions taken against me to the Department of Health, the ICRC/AODA and the Rhode Island Board of Licensing for Chemical Dependency Professionals.

I have read and understand the above.

Print Name

Witness

Signature

Date

Address

City, State, Zip Code

**RHODE ISLAND BOARD FOR THE CERTIFICATION OF CHEMICAL DEPENDENCY
PROFESSIONALS**

**31 Smith Ave - 3 Rear
Greenville, Rhode Island 02828**

**CLINICAL SUPERVISOR'S
REFERENCE
FORM
CONFIDENTIAL**

Dear Clinical Supervisor:

Your employee named on the accompanying form is applying to the Rhode Island Board for the Certification of Chemical Dependency Professionals (RIBCCDP) for certification as a criminal justice addictions professional. The information requested here is an essential part of the Board's evaluation of the competence of the applicant and must be on file before the application can be processed.

RIBCCDP believes that you, as a Clinical Supervisor, will have developed a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation together with those received from other references and the data furnished by the applicant will be used to determine eligibility for certification. The process can be only as good as you and others make it by careful and truthful reporting.

The Rhode Island Certification Board reserves the right to request further information from you concerning this applicant. Your cooperation will be very much appreciated in this certification effort.

Please return the completed evaluation along with documentation of the above requirements or a copy of your RCS certificate.

RIBCCDP

CLINICAL SUPERVISOR'S EVALUATION FORM

APPLICANT: _____ DATE: _____

CLINICAL SUPERVISOR: _____

SUPERVISOR'S CREDENTIALS: _____

TELEPHONE #: _____ PROGRAM: _____

ADDRESS:

A. The following items represent the skills needed by a Criminal Justice Addictions Professional. Evaluate the above named applicant as you feel he/she demonstrates their abilities in each area. Mark the rating most nearly descriptive of the counselor's

demonstrated skills.

PLEASE NOTE: Make your evaluations using the scale below.

A rating of 1 is equivalent to NOT APPLICABLE

2 is equivalent to DON'T KNOW

3 is equivalent to POOR

4 is equivalent to AVERAGE

5 is equivalent to ABOVE AVERAGE

6 is equivalent to SUPERIOR

NOTE: The applicant must earn an average of 4 to qualify for certification.

1 2 3 4 5 6

{ } { } { } { } { } Domain 1: Dynamics of Addiction and Criminal Behavior

- Apply knowledge of human growth and development in order to understand addiction and criminal behavior.
- Apply knowledge of criminal behavior, including sociological, psychological, biological, and biochemical theories in order to provide appropriate addiction treatment services.
- Apply knowledge of addiction including sociological, psychological, biological, and biochemical theories in order to provide appropriate addiction treatment services.
- Differentiate and integrate the dynamics of criminal thinking and the addictive process.
- Understand the effects of drugs on the brain and body in order to deliver appropriate addiction treatment services.

1 2 3 4 5 6

{ } { } { } { } { } Domain 2: Legal, Ethical and Professional Responsibility

- Behave in an ethical manner by adhering to established professional codes of ethics, conduct, and standards of practice in order to promote the best interest of the participant.
- Adhere to agency and jurisdictional regulations in order to protect participant rights and the public. - Advise the participant of the specific nature of treatment, confidentiality, and the requirements for treatment within the criminal justice system in order to obtain informed consent.
- Promote the quality of professional services and assure continuing competence by engaging in appropriate professional development, obtaining continuing education, and reading professional literature.
- Obtain regular clinical and administrative supervision and consultation to facilitate proficiency.
- Recognize personal biases, feelings, concerns, and other issues that may interfere with the treatment and criminal justice process.
- Participate in quality improvement and evaluation activities to offer effective services.

1 2 3 4 5 6

{ } { } { } { } { } Domain 3: Criminal Justice System and Processes

- Apply knowledge of relevant laws, jurisdictional regulations, and criminal justice processes.
- Understand the function of the judge, prosecutor, defense counsel, probation, advocates, and guardian *ad litem* in the court system.
- Understanding correctional settings and sentencing options.
- Learn criminal justice theories such as punishment, rehabilitation, restorative justice, and deterrence.

1 2 3 4 5 6

{ } { } { } { } { } Domain 4: Clinical Evaluation: Screening and Assessment

- Establish rapport, including management of a crisis situation and determination of need for additional assistance.
- Gather data systematically from client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender.
- Screen for psychoactive toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.
- Assist the participant identifying the effect of substance use on his or her current life problems and the effects of continued harmful use or abuse.
- Determine the participant's readiness for treatment and change as well as the needs of others involved in the current situation.
- Review the treatment options that are appropriate for participant's needs, characteristics, goals, and financial resources.
- Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
- Construct with the court, participant, and appropriate others an initial action plan based on *court mandates*, participant needs, participant preferences, and resources available.
- Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.
- Select and use a comprehensive assessment process that is sensitive to criminal risk need, age, gender, racial and ethnic culture, and disabilities.
- Analyze and interpret the data to determine treatment recommendations.
- Document assessment findings and treatment recommendations.

1 2 3 4 5 6

{ } { } { } { } { } Domain 5: Treatment Planning

- Use relevant judicial and assessment information to guide the treatment planning process.
- Explain assessment findings and court mandates to the participant and relevant others.
- Examine treatment options in collaboration with the interdisciplinary team, participant, and others.
- Consider the readiness of the participant to engage in treatment.
- Prioritize the participant's needs in the order they will be addressed in treatment.
- Formulate mutually agreed-on and measurable treatment goals and objectives.
- Identify appropriate strategies for each treatment goal.
- Develop with the participant a mutually acceptable treatment plan and method for monitoring and evaluating progress.
- Reassess the treatment plan at regular intervals or when indicated by changing circumstances.

1 2 3 4 5 6

{ } { } { } { } { } Domain 6: Case Management, Monitoring and Participant Supervision Integrate clinical and criminal justice supervision through continuous communication between the treatment and criminal justice systems to ensure accountability and desired outcomes.

- Organize an array of services for the participant's benefit by identifying and prioritizing appropriate resources to comply with court orders and clinical requirements.
- Assist the participant by advocating for services and related resources which address problem areas identified in supervision and case plans to achieve desired outcomes.
- Revise the case plan, including a recommendation for custody/supervision level, by evaluating participant behavior and circumstances to achieve desired outcomes.

1 2 3 4 5 6

{ } { } { } { } { } Domain 7: Counseling

- Provide effective counseling services by applying knowledge of counseling theories and techniques to facilitate participant progress.
- Create a therapeutic relationship by establishing rapport with the participant and significant others to achieve treatment and criminal justice objectives.
- Adapt counseling strategies to the individual characteristics of the participant, including disability, gender, sexual orientation, developmental level, culture, ethnicity, age, health status, and criminality.
- Provide appropriate intervention for the participant and/or significant others to achieve treatment and criminal justice objectives.
- Educate the participant by providing information regarding addiction, criminal attitudes and behavior, life skills, community resources, and other needed services in order to achieve treatment objectives.

- Facilitate the participant's identification, selection, and practice of strategies that help sustain the knowledge, and skills needed for maintaining treatment progress and preventing relapse and recidivism.
- Apply crisis prevention and management skills.
- Develop a comprehensive discharge plan to include continuing care for the participant by addressing ongoing needs in order to enhance recovery, reduce recidivism and ensure public safety.

1 2 3 4 5 6

{ } { } { } { } { } Domain 8: Documentation

- Demonstrate knowledge of accepted principles of participant record management.
- Protect participant rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of participant information with third parties. - Prepare accurate and concise screening, intake, and assessment reports.
- Maintain a complete record of each case, using a variety of case management record keeping tools to provide a complete history of all case activities and their outcomes.
- Report participant status and compliance to the appropriate authority by providing written documentation and/or testimony in order to measure progress and facilitate decision making.
- Provide accurate, timely documentation using accepted record keeping procedures in order to describe services and participant progress.
- Establish rapport, including management of a crisis situation and determination of need for additional assistance.
- Gather data systematically from client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender.
- Screen for psychoactive toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.
- Assist the participant identifying the effect of substance use on his or her current life problems and the effects of continued harmful use or abuse.
- Determine the participant's readiness for treatment and change as well as the needs of others involved in the current situation.
- Review the treatment options that are appropriate for participant's needs, characteristics, goals, and financial resources.
- Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
- Construct with the court, participant, and appropriate others an initial action plan based on *court mandates*, participant needs, participant preferences, and resources available. - Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.
- Select and use a comprehensive assessment process that is sensitive to criminal risk need, age, gender, racial and ethnic culture, and disabilities.
- Analyze and interpret the data to determine treatment recommendations.
- Document assessment findings and treatment recommendations.

c. EVALUATORS STATEMENT

Where did you receive your training in counseling?

How long have you been employed by this program?

Professional certificates or license you hold

Are you involved in the administration/management of the program at which you are employed? _____ a) no

_____ b) Yes, limited to clinical aspects (i.e., supervision of counselors)

_____ c) Yes, limited to administrative responsibilities such as budgeting.

_____ d) Yes, both clinically and administratively

What is/was the overall size of his/her case-load? _____

For what period of time, have you provided supervision for this applicant?

From _____ to _____

Comments/additional information you feel may be pertinent:

I HEREBY CERTIFY THAT I HAVE BEEN IN A POSITION TO OBSERVE AND HAVE FIRSTHAND KNOWLEDGE OF

_____ 'S WORK AT _____
(Name of Applicant) (Name of Working Setting)

- _____ I recommend this applicant for certification
_____ I have some reservations in recommending this applicant
_____ I do not recommend this applicant.

I hereby certify that all of the above materials is, to the best of my knowledge, true.

Signature

Agency

Title

Date

DO NOT RETURN THIS FORM TO APPLICANT - PLEASE RETURN TO THE BOARD.

PROFESSIONAL EXPERIENCE RESUME

Begin with your most recent employment and work backward. Include relevant military service.

EMPLOYER: _____

TYPE OF INSTITUTION/ESTABLISHMENT: _____

FULL ADDRESS: _____

NAME OF IMMEDIATE
SUPERVISOR: _____

SUPERVISOR'S
POSITION: _____

TITLE OF YOUR POSITION: _____

HRS. PER WEEK _____ FROM / / TO / /

YOUR DUTIES AND SPECIALTY:

EMPLOYER: _____

TYPE OF INSTITUTION/ESTABLISHMENT: _____

FULL ADDRESS: _____

NAME OF IMMEDIATE
SUPERVISOR: _____

SUPERVISOR'S
POSITION: _____

TITLE OF YOUR POSITION: _____

HRS. PER WEEK _____ FROM / / TO / /

YOUR DUTIES AND SPECIALTY:

EXECUTIVE PROGRAM DIRECTOR'S EXPERIENCE VERIFICATION
FORM

I _____ herein certify that _____ has
been employed **within the past five (5) years** as a criminal justice addictions professional** at
_____ for _____ hours*, from _____ to _____

I _____ herein certify that _____ has
been employed **prior to the past five (5) years** as a criminal justice addictions professional **,
at _____ for _____ hours*, from _____ to _____

This facility is licensed/accredited/recognized by _____ as a
_____ effective as of _____ .
(Date)

Signature

Date

***hours must be documented cumulatively (total of hours worked)**
****describes a principle job function. Principle function must be criminal justice addictions professional.**

PLEASE PHOTOCOPY AS NEEDED
ATTACH OFFICIAL JOB DESCRIPTION FROM FACILITIES WHERE
EXPERIENCE IS SUBMITTED FOR CREDIT

**TABLE II
TRAINING AND EDUCATION RESUME**

High School/GED	270 documented hours of training/education
AA/AS or Certified AODA Counselor (Non IC&RC)	200 documented hours of training/education
BA/BS or IC&RC Reciprocal AODA Counselor	150 documented hours of training/education
MA/MS or IC&RC Certified Supervisor AODA Counselor	100 hours documented hours of training/education
Above Master's Level or IC&RC AAODA Counselor or other Advanced Credential (i.e. NBCC, CRCC, NASW, MAC, etc)	60 documented hours of training/education
# TRAINING	Date Attended
Hours/CEU's	
1 Confidentiality of Drug & Alcohol Client Records (Required)	12
2 Ethics (required)	6
3 HIV/AIDS Curriculum based risk reduction RIBCCDP approved (Required)	6
4 Best Practice (Required)	6
5	
6	
7	
8	
9	
10	
11	
	TOTAL HOURS

TABLE II
TRAINING AND

EDUCATION RESUME B.

Training in Knowledge/Skill Base Performance Domains Continued:

# TRAINING	Date Attended	Hours/CEU's
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		

TOTAL HOURS _____

CLINICAL SUPERVISION RECEIVED

PERFORMANCE DOMAINS

Domain 1: Dynamics of Addiction and Criminal Behavior

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#HOURS _____ Clinical Supervisor _____

Domain 2: Legal, Ethical and Professional Responsibility

- Behave in an ethical manner by adhering to established professional codes of ethics, conduct, and standards of practice in order to promote the best interest of the participant.
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#HOURS _____ Clinical Supervisor _____

Domain 3: Criminal Justice System and Processes

- Apply knowledge of relevant laws, jurisdictional regulations, and criminal justice processes.
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#HOURS _____ Clinical Supervisor _____

PERFORMANCE DOMAINS

Domain 4: Clinical Evaluation: Screening and Assessment

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- Reassess the treatment plan at regular intervals or when indicated by changing circumstances.

#HOURS _____ Clinical Supervisor _____

Domain 6: Case Management, Monitoring and Participant Supervision

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PERFORMANCE DOMAINS

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#HOURS _____ Clinical Supervisor _____

Domain 8: Documentation

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#HOURS _____ Clinical Supervisor _____

COMMITTEE ON SPECIAL NEEDS

The Committee on Special Needs was established by the Rhode Island Board for the Certification of Chemical Dependency Professionals in September, 1992, to address and comply with those relevant sections and articles of the American's with Disabilities Act of 1990 (ADA) as they pertain to the RIBCCDP's credentialing and certification/licensure process. The Committee will strive to ensure access to the certification process to all applicants and maintain its certification standards. To this end, the Committee on Special Needs has set forth the following protocol:

1. All portfolios for all credentialed disciplines will include both the statement of need for special accommodations and medical release and/or other source, effective May 1, 1993. The Board shall be responsible for approving these forms, and the Committee will be responsible for ensuring that they are included in all portfolios. The Committee shall be responsible for updating these forms as needed, subject to Board approval.
2. Applicants will be required to submit the request for special accommodations to the Board no less than sixty days prior to the date designated for the administration of the appropriate examination.
3. Applicants will be required to submit the medical release and supporting documentation with the portfolio application by the designated deadline (forty-five days prior to the examination).
4. The Board's Administrative Staff will be responsible for referring all requests for special accommodations to the Committee on Special Needs. The Committee will Approve/Disapprove requests for special accommodations on a case-by-case basis, utilizing the judgment and discretion of the Committee to determine whether the applicant is an "individual with a disability" within the meaning of the ADA and whether the accommodations requested by the applicant are reasonable. A requested accommodation can only be refused if it would fundamentally alter the measurement of the skills or knowledge the exam is intended to test or would result in an undue burden. In cases where a request is denied, the Committee will convey this information to the Board for its consideration and final determination. The Committee shall refer any request to the Board, for accommodations that exceed reasonable financial responsibility in compliance with criteria established by the ADA.
5. The Committee will be responsible for approving the request and making the reasonable accommodations for each of the individual situations. This will include the contracting of interpreters and scribes, as well as securing the necessary equipment. The Committee will establish a comprehensive resource list to facilitate this process.
6. The Committee shall be responsible for ensuring that reasonable accommodations are indeed provided where approved and work with the Quality Assurance Committee to ensure that the standards and criteria of the credentialing process are upheld.
7. Applicant appeals and/or grievances will be directed to the Board for its action to be addressed through the Board's existing procedures.
8. This Board reserves the right to seek legal counsel when necessary for clarification of the ADA law or legal action on the part of an applicant has been indicated.
9. All requests for accommodations and any supporting documentation or medical information must be kept strictly confidential.

Policies for the Written Examination:

- 1) All translators must be approved by the Board, must not be a friend, relative or co-worker of the applicant and must be able to speak the "standard" language.
- 2) All translators must follow the exact protocol set forth by the ICRC/AODA for administration of all tests.
- 3) Translators role is simply to read, not interpret, what is presented; interpretation of questions is inappropriate. Questions may be repeated if necessary.
- 4) Translation of questions read is audiotaped.
- 5) Test is proctored in "standard" language.
- 6) Time is extended according to ICRC/AODA guidelines.
- 7) Applicants who request the written examination be translated into their native language must pay all fees incurred. In addition, the applicant must choose an organization approved by the Board to provide this service.

**RHODE ISLAND BOARD FOR THE CERTIFICATION OF
CHEMICAL DEPENDENCY PROFESSIONALS**

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your request for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission. **Also please supply any documentation (e.g., letter from a physician or other professional, evidence of a prior diagnosis or accommodation, etc.) which support this request.**

NAME: _____

ADDRESS: _____

PHONE#: _____ **S.S.#:** _____

ACCOMMODATIONS REQUESTED FOR THE _____ EXAMINATION

PLEASE CHECK ALL THAT APPLY:

- ____ Accessible Testing Site
- ____ Reader as accommodation for visual impairment
- ____ Scribe as accommodation for visual or motor impairment
- ____ Scribe as accommodation for learning disability
- ____ Extended time
 - ____ Time-and-a-half ____ Double time
 - ____ More than double time (specify):

- ____ Separate testing area
- ____ Translator (specify standard language)

____ **Other:** _____

Comments:

Signed: _____ **Date:** _____

**RHODE ISLAND BOARD FOR THE CERTIFICATION OF
CHEMICAL DEPENDENCY PROFESSIONALS**

CONSENT FOR THE RELEASE OF HEALTH CARE INFORMATION

Applicant's Name: _____

Date of Birth: _____

I, _____, hereby authorize

_____ to
(Name and Address of Health Care Provider)

disclose and release to the Rhode Island Board for the Certification of Chemical Dependency Professionals, 31 Smith Avenue - 3 Rear, Greenville, Rhode Island 02828, all health care information relevant to the accommodation request made in the attached Accommodation Request Form which is incorporated herewith including, but not limited to, diagnoses and recommendations as to accommodations. This information is needed for the purpose of reviewing my request for accommodation in taking a certification examination.

I understand that I may revoke this consent at any future time in writing and that this consent expires upon completion of the certification process, or two years from the date of this release, whichever is earlier.

Signature of Applicant

Date