









**RHODE ISLAND BOARD FOR THE CERTIFICATION OF  
CHEMICAL DEPENDENCY PROFESSIONALS  
31 Smith Avenue -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 Co-Occurring Disorder 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 your credentials.**

Sincerely,

The Rhode Island Board For The Certification  
Of Chemical Dependency Professionals

\_\_\_\_ CCDP –D

\_\_\_\_ CCDP

\_\_\_\_ PCCDP



1 2 3 4 5 6

**4. Counseling**

- Ability to provide a safe, empathetic environment in order to facilitate a collaborative relationship with the person and significant other.
- Develop an ongoing therapeutic alliance.
- Utilizes appropriate integrated counseling strategies and techniques.
- Ability to evaluate the effectiveness of counseling intervention strategies.
- Develop integrative discharge and aftercare plans.

**5. Management & Coordination of Care**

- Ability to collaborate with the individual and others to identify and prioritize strengths and needs and match to appropriate services.
- Develop treatment and service options in a collaborative manner.
- Ability to access, coordinate, and facilitate referrals, community, peer and natural support systems to maximize treatment and recovery opportunities as identified in the comprehensive, integrated treatment plan.
- Ability to monitor and evaluate the delivery and coordination of services.

**6. Education of the Person, their Support System & the Community**

- Ability to educate the person and family about the symptoms of specific disorders, their interactive effects, and the relationship between symptoms and stressors.
- Ability to educate the person and family about the recovery process.
- Ability to educate the person and family about self-help and peer groups in the recovery process.
- Ability to educate the person and family about self-advocacy.
- Ability to educate the community about co-occurring disorders, the impact on the individual, family, and community and the efficacy of treatment.

**7. Professional Responsibility**

- Behaves in an ethical manner by adhering to multi-disciplinary codes of ethics and standards of practice.
- Ability to follow appropriate policies and procedures by adhering to federal, state, and agency regulations regarding substance use and mental health treatment as they relate to integrated care.
- Ability to recognize and maintain professional and personal boundaries.
- Ability to engage in continuing professional development based on an ongoing assessment of needs.
- Participation in clinical and administrative supervision and consultation.
- Ability to advocate for public policy and resource development in support of quality services.

**C. SUPERVISOR'S STATEMENT**

Where did you receive your training in Co-Occurring Disorders?

\_\_\_\_\_

How long have you been employed by this program?

\_\_\_\_\_

List Professional certificates or license you hold \_\_\_\_\_

**C. SUPERVISOR'S STATEMENT - CONTINUED**

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 Co-Occurring Disorder caseload? \_\_\_\_\_

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 Work 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 material is, to the best of my knowledge, true.

\_\_\_\_\_  
Signature Agency Title Date

**PLEASE SUBMIT DOCUMENTATION OF YOUR CREDENTIALS  
DO NOT RETURN THIS FORM TO APPLICANT - PLEASE RETURN TO THE BOARD.**

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

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

R.I Certification Board:

Co-Occurring Disorder Professional

**Professional Reference Form  
Confidential**

Dear: \_\_\_\_\_ :

I am applying to the Rhode Island Board for the Certification of Chemical Dependency Professionals (RIBCCDP) for certification as indicated below. References must be included as part of the application. Please complete the reference material enclosed and return it to the Board.

Your prompt attention to this would be very much appreciated, as my application will not be processed until the Board receives this recommendation from you.

Sincerely,

\_\_\_\_\_  
(Signature of applicant)

RIBCCDP believes that certification should be based on input from a variety of sources, especially the observations of persons who have known the applicant professionally. For this reason, all applicants are required to list three references that will complete this Professional Reference Form. Your evaluation together with those received from others and the data furnished by the applicant will be used in determining eligibility for certification. The process can be only as good as you and others make it by careful and truthful reporting.

Please return the completed evaluation within one week to the Board. Your cooperation will be very much appreciated.

Sincerely,

The Rhode Island Board For The Certification Of Chemical Dependency Professionals

\_\_\_\_ CCDP -D

\_\_\_\_ CCDP

PCCDP





**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:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PHOTOCOPY THIS FORM AS NEEDED**

**EXECUTIVE PROGRAM DIRECTOR  
EXPERIENCE VERIFICATION FORM FOR CO-OCCURRING APPLICANTS**

**EXPERIENCE WITHIN THE PAST FIVE (5) YEARS:**

I \_\_\_\_\_ herein certify that \_\_\_\_\_ has  
(Executive Program Director) (Applicant's Name)

been employed **within the past five (5) years** as a behavioral health professional with experience and training in the integrated treatment of and interactive relationship between substance use and mental disorders, at

\_\_\_\_\_ for \_\_\_\_\_ hours\*  
(Name of agency) (Cumulative Hours worked)

from \_\_\_\_\_ to \_\_\_\_\_  
(Employment Start date) (Employment End Date)

**EXPERIENCE PRIOR TO THE PAST FIVE (5) YEARS:**

I \_\_\_\_\_ herein certify that \_\_\_\_\_ has  
(Executive Program Director) (Applicant's Name)

been employed **prior to the past five (5) years** as a behavioral health professional with experience and training in the integrated treatment of and interactive relationship between substance use and mental disorders, at

\_\_\_\_\_ for \_\_\_\_\_ hours\*  
(Name of agency) (Cumulative Hours worked)

from \_\_\_\_\_ to \_\_\_\_\_  
(Employment Start date) (Employment End Date)

This facility is licensed/accredited/recognized by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*hours must be documented cumulatively (total of hours worked)**

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

**TABLE III**

**TRAINING AND EDUCATION RESUME**

**CCDP-D:**

- 140 hours of COD specific training which must include a focus on both substance use and mental disorders and consider the interactive relationship between the disorders

**CCDP:**

- 200 hours of training total
- ~~140~~ 140 hours of COD specific training which must include a focus on both substance use and mental disorders and consider the interactive relationship between the disorders
- 30 hours addiction specific training
- 30 hours mental health specific training

**PCCDP:**

- 140 hours of COD specific training
- 70 hours addiction specific training
- 70 hours mental health specific training

**A. Co-Occurring Disorder trainings: CCDP-P, CCDP & PCCDP**

<b># TRAINING</b>	<b>DATE ATTENDED</b>	<b>CLOCK HOURS</b>
1 Ethics		6
2		
3		
4		
5		
6		
7		
8		
9		
10		

**TOTAL HOURS**

**TABLE II**

**TRAINING AND EDUCATION RESUME**

**B. CCDP: REQUIRED –30 hours Addiction Specific Training**

**PCCDP: REQUIRED –70 hours Addiction Specific Training**

<b># TRAINING</b>	<b>DATE ATTENDED</b>	<b>CLOCK HOURS</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
		<b>TOTAL HOURS</b>

**TABLE III**

**TRAINING AND EDUCATION RESUME**

**B. CCDP: REQUIRED - 30 hours Mental Health Specific Training:  
PCCDP: REQUIRED -70 hours Mental Health Specific Training**

<b># TRAINING</b>	<b>DATE ATTENDED</b>	<b>CLOCK HOURS</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
		<b>TOTAL HOURS</b>

\_\_\_\_\_

**PERFORMANCE DOMAINS**  
**CLINICAL SUPERVISION RECEIVED**

**"NOTE: CCDP-P - 100 hours total with minimum of 10 hours in each Domain.  
CCDP - 200 hours total with a minimum of 20 hours in each Domain.  
PCCDP - 150 hours total with a minimum of 10 hours in each Domain.**

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**Screening & Assessment:**

- Engage client and establish rapport
- Gather and document client information
- Recognize signs and symptoms of substance use disorders
- Recognize signs & symptoms of psychiatric disorders
- Recognize interactions between co-existing mental, substance-related, and medical disorders
- Utilize relevant assessment instruments
- Develop diagnostic impressions and communicate results

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**Hours Supervised**

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**Supervisor's Signature/Date**

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**Crisis Prevention & Management**

- Conduct an immediate risk assessment to determine the existence of an emergency or crisis situation
- Evaluate the nature and level of risk in a client's crisis situation by analyzing the elements of the crisis in order to implement and provide an appropriate intervention.
- Implement an immediate course of action appropriate to the crisis
- Conduct an in-depth debriefing with all parties involved with the crisis
- Develop and implement an individualized follow-up plan

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**Hours Supervised**

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**Supervisor's Signature/Date**

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**Treatment & Recovery Planning**

- Interpret and evaluate clinically relevant data received from individual, significant others, assessments, and prior treatment sources to determine treatment needs
- Engage the individual and others in a comprehensive treatment planning process
- Review data with the individual and others to collaboratively identify and prioritize treatment needs
- Develop integrated treatment goals and measurable objectives with the individual and others
- Identify specific and measurable steps to achieve goals, utilizing the individual's strengths and resources
- Monitor and document individual's progress in achieving treatment goals, and modifying the treatment plan as necessary

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**Hours Supervised**

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**Supervisor's Signature/Date**

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**TOTAL HOURS:**

**PERFORMANCE DOMAIN**  
**CLINICAL SUPERVISION RECEIVED**  
**CONTINUED (page 2)**

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**Counseling**

- Provide a safe, empathic environment in order to facilitate a collaborative relationship with the person and significant other
- Develop an ongoing therapeutic alliance
- Utilize appropriate integrated counseling strategies and techniques
- Evaluate the effectiveness of counseling intervention strategies
- Develop integrative discharge and aftercare plans

---

**Hours Supervised**

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**Supervisor's Signature/Date**

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**Management & Coordination of Care**

- Collaborate with the individual and others to identify and prioritize strengths and needs and match to appropriate services
- Develop treatment and service options in a collaborative manner
- Access, coordinate, and facilitate referrals, community, peer and natural support systems to maximize treatment and recovery opportunities as identified in the comprehensive, integrated treatment plan
- Monitor and evaluate the delivery and coordination of services

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**Hours Supervised**

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**Supervisor's Signature/Date**

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**Education of the Person, their Support System & the Community**

- Educate the person and family about the symptoms of specific disorders, their interactive effects, and the relationship between symptoms and stressors
- Educate the person and family about the recovery process
- Educate the person and family about self-help and peer groups in the recovery process
- Educate the person and family about self-advocacy
- Educate the community about co-occurring disorders, the impact on the individual, family, and community and the efficacy of treatment

---

**Hours Supervised**

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**Supervisor's Signature/Date**

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**Professional Responsibility**

- Behave in an ethical manner by adhering to multi-disciplinary codes of ethics and standards of practice
- Follow appropriate policies and procedures by adhering to federal, state, and agency regulations regarding substance use and mental health treatment as they relate to integrated care
- Recognize and maintain professional and personal boundaries
- Engage in continuing professional development based on an ongoing assessment of needs
- Participate in clinical and administrative supervision and consultation
- Advocate for public policy and resource development in support of quality services

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**Hours Supervised**

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**Supervisor's Signature/Date**

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**TOTAL HOURS:**

