

RECOGNIZED CHEMICAL DEPENDENCY CLINICAL SUPERVISOR

GENERAL INSTRUCTIONS

This booklet was prepared by the R.I.B.C.C.D.P. for clinical supervisors, **not holding the ICRC recognized CDCS certification**, who want recognition by the RIBCCDP to provide clinical supervision to applicants pursuing certification. The Board cannot begin its review process until you complete and submit your application. Please read the manual fully and carefully before completing the forms; if you have questions, please contact the Board for clarification.

Please note: This is a RIBCCDP recognition, not an International certification with reciprocity.

PLEASE NOTE: All RCS will need to submit 40 hours of continuing education with a minimum of 30 hours Substance Abuse Specific training and a MANDATORY 10 hours Supervisor Specific training every two years on your expiration date. LCDP's will submit the MANDATORY 10 hours of Supervisor Specific training along with their requalification application.

Please note: This 10 hours MANDATORY training is included in the 40 hours required every two years, **NOT** in addition to the 40 hours of continuing education hours required. The **MANDATORY** Clinical Supervisor's training should include training in the areas of: Clinical Supervision, Administration, Management, Training of Trainer or Training of Instructors. Please note: If you choose not to requalify your RCS certificate, you will no longer be recognized as a clinical supervisor. Any supervision you have provided to certification/licensure applicants will not be recognized.

REQUIREMENTS

The requirements for recognition as a Recognized Clinical Supervisor are as follows:

- 1) Master's degree in Behavioral Sciences with two (2) years clinical experience and documentation of 120 clock hours Substance Abuse Specific training. Included in this 120 clock hours must be 30 hours chemical dependency clinical supervisor education which includes training in the following Domains: Counselor Development, Professional & Ethical Standards, Program Development & Quality Assurance, Performance Evaluation, Administration & Treatment Knowledge., or;
Application fee: \$50.00
- 2) ACDP or ACDP II with 30 clock hours Clinical Supervisor training. This training must include education in the following Domains: Counselor Development, Professional & Ethical Standards, Program Development & Quality Assurance, Performance Evaluation, Administration & Treatment Knowledge. or;
Application fee \$15.00
- 3) Ph.D. in Behavioral Science or M.D. with documentation of two (2) years of specialization/experience in the Chemical Dependency field, or;
Application fee: \$50.00
- 4) Signed Ethics Code - page 8

RESUME

The resume form is self-explanatory and is required of all applicants.

Name _____
(First) (Middle) (Last)

S.S.#

Current Residence _____
(Street and Number) (City or Town)

(State) (Zip Code)

Telephone: _____ Include area code

1. EDUCATIONAL BACKGROUND: DEGREE:

19 __ to 19 __ _____
(College, University, Trade, Business School)

19 __ to 19 __ _____
(College, University, Trade, Business School)

2. WORK EXPERIENCE:

List three positions in order, beginning with most recent. Include place of employment, dates, duties, supervisor, and reason for leaving.

Place of Employment: _____

Dates: _____

Job Title: _____

Supervisor: _____

Description of Duties: _____

Reason for Leaving:

Place of Employment: _____

Dates: _____

Job Title: _____

Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____

Place of Employment: _____

Dates: _____

Job Title: _____

Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____

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 (RILBCDP), and the Rhode Island Department of Health (RIDOH).

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, and RIDOH 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, and RIDOH 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, and RIDOH 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, and RIDOH in investigating my application and making a determination regarding my certification.
- I further authorize the RIBCCDP, RILBCDP, and RIDOH 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 by the Department of Health, the ICRC/AODA and the Rhode Island Board of Licensing for Chemical Dependency Professionals. Furthermore, I understand and acknowledge that any sanctions imposed against my LDCP/LCDCS by the RILBCDP/RIDOH will also be imposed against my RIBCCDP issues certification(s).

I have read and understand the above.

Print Name: _____ Witness: _____

Signature: _____ Date: _____

Address: _____ City, State, Zip _____

SPECIFIC TRAINING REQUIREMENTS

Training requirement must be validated. If you have taken the DATA course but do not have a certificate, contact the DATA Training Officer, who has complete training records and request that a copy be sent to you. This is true for all DATA courses. If you choose to submit an alternate educational or experiential situation for Board consideration, please be sure that its content is equal to or greater than that training offered by the Drug and Alcohol Treatment Association. Attach DATA Certificate, or submit transcript with course.

- 1) **Master's degree in Behavioral Sciences with two (2) years clinical experience and documentation of 120 clock hours Substance Abuse Specific training. Included in this 120 clock hours must be 30 hours chemical dependency clinical supervisor education which includes training in the following Domains: Counselor Development, Professional & Ethical Standards, Program Development & Quality Assurance, Performance Evaluation, Administration & Treatment Knowledge. or;**
- 2) **LCDP with 30 clock hours Clinical Supervisor training. This training must include education in the following Domains: Counselor Development, Professional & Ethical Standards, Program Development & Quality Assurance, Performance Evaluation, Administration & Treatment Knowledge.or;**
- 3) **Ph.D. in Behavioral Science or M.D. with documentation of two (2) years of specialization/experience in the Chemical Dependency field,**

TABLE I

TRAINING ANDEducationRESUME

Recognized Clinical Supervisor Trainings:

# TRAINING	DATE ATTENDED	CLOCK HOURS
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
	TOTAL HOURS	_____

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

**31 Smith Avenue -3 Rear
Greenville, RI 02828
(401)349-3822**

**CODE OF ETHICS
AND
DISCIPLINARY PROCEDURES**

For Chemical Dependency Professionals
Counselors In Training
Advanced Chemical Dependency Professionals
Chemical Dependency Clinical Supervisor
Recognized Clinical Supervisor
Student Assistance Counselors
Prevention Professionals
Criminal Justice Professionals
Co-Occurring Disorder Professionals

I have read and understand the RIBCCDP Code of Ethics and Disciplinary Procedures in its entirety,

I do accept all of the Principles of the Rhode Island Board for the Certification of Chemical Dependency Professionals' Code of Ethics and Disciplinary Procedures as prescribed by the RIBCCDP.

Print Name: _____

Signed: _____ Date: _____