

# RCS Application

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Recognized Clinical Supervisor

## **DIRECTIONS/CHECKLIST**

- Official transcript required sent directly from college/university to the RIBCCDP Office (if applicable).
- Certificates of attendance for trainings.
- Sign and date the Code of Ethical Conduct.
- Fee of \$15 or \$50. Fee is \$15 for applicants that already hold one of the following certifications with RIBCCDP: ACDP, ACDP II, CCJP, CCDP or CCDPD. Fee is \$50 for those who do not hold one of the listed credentials. Fee may be paid by check/money order (payable to RIBCCDP) or with PayPal (by visiting [www.ribccdp.com](http://www.ribccdp.com) and clicking on Pay Fees. If paying through PayPal, fee must be paid prior to submission of application.

**RCS is a time-limited certification. All RCS's must upgrade to CDCS within five years of being awarded the certification.**

Applications will be open for one year. If all requirements are not met within one year, the application will expire and the applicant will be required to resubmit a new application and fee.

If there are any problems with the application, you will be notified by email or phone.

Keep a photocopy of the entire application. Send your completed application, copies of certificates of attendance, attachments, and fee to:

RIBCCDP  
298 S. Progress Avenue  
Harrisburg, PA 17109  
Phone: (717) 540-4456 Fax: (717) 540-4458  
Website: [www.ribccdp.com](http://www.ribccdp.com) Email: [info@ribccdp.com](mailto:info@ribccdp.com)

## REQUIREMENTS FOR RCS

The RCS is designed for clinical supervisors, not holding the Chemical Dependency Clinical Supervisor (CDCS) credential who want recognition by RIBCCDP to provide clinical supervision to applicants pursuing certification. This is not a reciprocal level credential through IC&RC. Training requirement must be validated. If you have taken the DATA course but do not have a certificate, please contact the DATA training office. If you choose to submit alternate educational or experiential situation for consideration, please be sure that its content is equal to or greater than the training offered by DATA and enclose course description.

To obtain the RCS, one of the following criteria must be met:

1. ACDP, ACDP II, CCJP, CCDP, or CCDPD with 30 hours of clinical supervision training including at least four hours in each domain. *Fee: \$15*
2. Master's degree in behavioral science with two years clinical experience. Documentation of 120 hours of substance abuse specific training of which 30 hours must be substance abuse clinical supervision education, and at least four hours of education in the domains. *Fee \$50*
3. Ph.D. in behavioral science with two years of experience in the substance abuse field. *Fee \$50*

### Other

- Signed and dated Code of Ethical Conduct.
- Signed, dated and witnessed Release.
- Applicant must either live or work in RI at time of application.

### Domains

1. Counselor Development
2. Professional & Ethical Standards
3. Program Development & Quality Assurance
4. Performance Evaluation
5. Administration

### Fees

Certification: \$15 or \$50  
*(fee must accompany application and materials)*

## CERTIFICATION TIME PERIOD

RIBCCDP certification encompasses two calendar years commencing on the date of approval of the application. Two dates, date of issue and valid through, will appear on the certificate along with a certification number. RCS is a time-limited certification. All RCS's must upgrade CDCS within five years of being awarded the certification.

## APPEAL PROCESS

The purpose of appeal is to determine if RIBCCDP accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to RIBCCDP in writing within 30 days of the notification of the board's action. A person shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. Applicant will be notified in writing as to the findings of the Executive Committee.

## **RECERTIFICATION**

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, RIBCCDP requires recertification every two years.

To be recertified as a RCS, an individual must:

1. Hold a current and valid certificate issued by RIBCCDP;
2. Acquire 40 hours of RIBCCDP approved education, including 30 hours substance abuse specific, six hours specific to clinical supervision and three hours in professional ethics and responsibilities received within the two year recertification cycle. If you are recertifying ACDP, ACDP II, CCJP, CCDP or CCDPD, the same 40 hours will apply for recertification of that credential;
3. Verify that you have reviewed, read and will uphold by practice the RIBCCDP Code of Ethical Conduct for professional behavior;
4. Complete an application and pay the recertification fee.

## **LAPSED CERTIFICATION**

The completed recertification application should be received at RIBCCDP prior to the expiration date. If the application is incomplete, applicant will be notified by phone or email depending on what has been indicated by applicant.

There is no grace period. If the recertification is not completed by the expiration date, the individual will no longer hold a RCS and no further use of the RCS is permitted until the individual has recertified.

All certified professionals should review the recertification application well in advance of the expiration date. A Reinstatement Fee is due if the recertification is late between one day and five years. After five years, no recertification is possible and applicant would have to reapply for the credential, meeting all current requirements.

# APPLICATION FOR RCS

Form can be completed and saved. You may then print the appropriate pages to submit to RIBCCDP.

Other past or current RIBCCDP credentials held:  ACDP  ACDP II  CCJP  CCDP  CCDPD

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(required)

Position/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

College/University: \_\_\_\_\_ Name on Transcript: \_\_\_\_\_

If RIBCCDP needs to contact you, please indicate your preference:  Email  Phone

Why are you pursuing certification? (required) \_\_\_\_\_

I hereby attest that the applicant is working in a position where a minimum of 51% of his/her time is spent providing direct, primary alcohol and drug counseling OR that the applicant is working in a position where a minimum of 51% of his/her time is spent providing supervision of counseling.

The applicant has primary responsibility for providing or supervising alcohol and drug counseling in individual and/or group settings, preparing treatment plans, documenting client progress and is clinically supervised by an individual who is knowledgeable in addiction.

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

Have you ever received any disciplinary action from another certification or licensing authority?  Yes  No  
If yes, please explain in full on a separate sheet.

Have you ever been convicted of a felony violation in any state or federal law?  Yes  No  
If yes, please explain in full on a separate sheet.

Have you ever been licensed/certified in any other state?  Yes  No  
If yes, please explain in full on a separate sheet.

Fee of \$15/\$50 can be paid using one of the following:

- Check/MO (payable to RIBCCDP)
- PayPal – go to [www.ribccdp.com](http://www.ribccdp.com) and click on Fees.

**Please print your name as it should appear on your certificate:**

**PREVIOUS EMPLOYMENT, IF APPLICABLE**

*Include letter (on company letterhead) from previous employer verifying your duties and dates employed.*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

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

## 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 Professional (RIBLCDP) 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

Have you ever had any action taken against your certification/license?

Yes  No

*If the answer is Yes, please provide details on a separate sheet.*

Have you even been disciplined in any way by a certification/licensing board or professional organization?

Yes  No

*If the answer is Yes, please provide details on a separate sheet.*

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 statement or omissions shall result in the denial or revocation of my certification/license or renewal of my 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, RIBLCDP, 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, RIBLCDP 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, RIBLCDP, and RIDOH its members, officers, employees and examiner's harmless and free from all liability from complaints, causes of actions, suits, claims, demands and damages of every nature or kind pertaining or arising out of or relation in any manner whatsoever to actions taken by RIBCCDP, RIBLCDP and RIDOH in investigating my application and making a determination regarding my certification.

I further authorize RIBCCDP, RIBLCDP, 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, International Certification & Reciprocity Consortium (IC&RC) and the RIBLCDP. Furthermore, I understand and acknowledge that any sanctions imposed against my LCDP/LCDCS by the RIBLCDP/RIDOH will also be imposed against my RIBCCDP issued certification(s).

I have read and understand the above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

## **CODE OF ETHICS AND DISCIPLINARY PROCEDURES**

The entire Code of Ethics can be found on our website at [www.ribccdp.com](http://www.ribccdp.com) or may be obtained from the office by calling 717-540-4456.

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

I do accept all of the principles of RIBCCDP's Code of Ethics and Disciplinary Procedures as prescribed by RIBCCDP.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_