



Georgia Addiction Counselors Association
4015 South Cobb Drive, Suite 160
Smyrna, Georgia 30080
770-434-1000

Thank you for your interest in becoming an Approved Educational Provider for the Georgia Addiction Counselors Association (GACA). GACA does not grant continuing education credits (CEU's) but approves continuing education for clock hours which can be used to satisfy the educational requirements for certification and recertification. One CEU equals ten clock hours.

If your primary business is headquartered in Georgia, you must have a GACA provider number in order for individuals taking your courses to be assured of receiving credit toward certification or recertification. If your primary business is located outside of Georgia, for example home study courses or providers in neighboring states, a valid NAADAC provider number will be honored, but will be applied differently toward certification and recertification.

To obtain a GACA Approved Provider number:

- Complete the enclosed application and attach all supporting documentation.
- Submit the application to GACA a **minimum of 45 days prior to the event** to allow adequate time for review by the Training and Education Committee. Applications less than 45 days in advance of the event will be assessed a late fee of \$25 with no guarantee of response before the event. Any provider claiming GACA approval prior to receiving official notice will automatically be denied. Once your application has been mailed or emailed to GACA, applicants may use the statement "GACA Provider Number Applied For" on promotional materials. Incomplete applications, applications without payment, and applications postmarked after the event will be returned without consideration.
- Individual Courses: \$100 non-refundable administrative processing fee for each application submitted. The \$100 fee is good for one course offering only.
- Multiple Course Offerings: Providers who intend to offer multiple courses or repeat courses within a twelve-month period may submit a \$350 non-refundable administrative processing fee with the annual application. This fee will cover the cost of three or more courses to be held within the twelve-month period. All courses must be submitted with the annual fee of \$350. Each additional application submitted after the annual approval requires a \$25 non-refundable administrative processing fee. The Training and Education approves both the course content and the instructor's qualifications. An approved course with the same instructor may be repeated during the twelve-month period provided the GACA office is notified at least one week prior to the event. Instructor or course content changes require submission of a new application with the required \$25 non-refundable administrative processing fee.

Please feel free to call the GACA Administrative Office if you have questions or concerns.

Respectfully,

Training and Education Committee
Georgia Addiction Counselors Association

GACA EDUCATION PROVIDER REQUIREMENTS

Qualifications for Instructors: Instructors of educational courses should hold a recognizable credential as an addictions specialist, i.e., CACII, CCS, NCACII or MAC. The credentials LPC, MSW, or PhD do not necessarily indicate a level of expertise working in the addictions field. Each application must include a resume or curriculum vitae demonstrating the qualifications of the instructor to provide the course. Instructors must follow approved course content and GACA ethical standards must be maintained at all times.

Qualifications for Courses: Providers may develop training courses based on general or specific needs of the addiction counseling profession. Each course must include at minimum: a detailed course description including topics to be presented, relevance to certification or recertification and the Basic Counselor Skill Groups, educational objectives, method of instruction, audio-visual media to be used, a copy the evaluation instrument to be used, and a schedule for each educational session including clock hours requested. One clock hour is one hour of actual instructional time; break times do not count as clock hours. A minimum fifteen-minute break is required every two hours. Internet or correspondence courses must also include a description of the educational process and a justification for the clock hours requested. Reasonable accommodations must be provided for persons with disabilities. GACA reserves the right to audit trainings unannounced for the purpose of quality monitoring and compliance with stated objectives. The training auditor will notify the trainer of their presence prior to the beginning of the course.

Credit for on-line courses will be limited to 8 hours credit within a 24 hour period of time. On-line courses are offered on the Internet. Webinars are live on-line course offerings. Live webinars can be converted to on-demand on-line courses. Courses and webinars may be interconnected whereas a candidate may be required to take more than one event to complete the course/webinar requirement for credit. No participant should be allowed access to the certificate of completion prior to having completed the course content of a webinar or on-line course. A system must be in place that proves participants watched or participated in the webinar or on-line course content for all web based content.

Providers must award individuals who complete trainings with a Certificate of Completion which includes the GACA Provider Number. The Provider Education Number should be printed on the certificate to assure that contact hours will be honored upon submission for certification or recertification. The certificate must contain the statement: Georgia Addiction Counselors Association has approved this training for ____ clock hours. Providers must send GACA a list of all participants receiving GACA clock hours and a summary of completed evaluations within two weeks following the event. The provider must maintain a copy of the provider application, a list of participants, and the completed evaluations for three years following the event.

Applicants should send completed applications with supporting documentation and appropriate fees to:

Email: Sadie Bourgeois
Sadie@gaca.org (Preferred)

Mail: Education/Training Committee
Georgia Addiction Counselors Association
4015 South Cobb Drive, Suite 160
Smyrna, Georgia 30080

NO FAX WILL BE ACCEPTED

The application and supporting documents will be reviewed by the Training and Education Committee for approval and authorization to designate a provider number. For providers submitting multiple courses, each course will be reviewed independently on its own merits.

The Education Committee will respond to the application in one of the following ways:

- Approved for Certification/Recertification: The course is deemed appropriate for certification and recertification and the instructor has demonstrated qualification.
- Approved for Recertification: The course may be approved for recertification but the level or content is deemed to be too advanced or otherwise would not satisfy the Basic Counselor Education requirements for new certification applicants.
- Conditional Approval: The course may be approved for certification or recertification but under

certain conditions that will be specified in GACA's response to the application.

- Not Approved: The course content is not deemed to be appropriate for certification or recertification or the instructor has not demonstrated qualification.

The Contact Person listed on the application will be notified by mail within 10 days of the approval of this application and a Provider Education Number given at that time for that specific course. Provider Education Numbers are non-transferable to other courses. Approval decisions are based on the application and supporting documentation provided. Applicants may appeal the decision by resubmitting the application with supporting documentation and explanation within 14 days of receiving original letter from GACA.

Eight Counselor Skill Groups

- 1) Treatment Admission (Screening, Intake and Orientation): The interaction with the client to determine suitability for alcoholism and/or drug abuse treatment. Information necessary for admission, appropriate assessment and appropriate treatment is collected; the client is oriented to the counseling process, rules, and expectations including financial responsibilities.
- 2) Clinical Assessment: To synthesize and interpret the data collected during the treatment admission in order to determine the client's immediate problems, internal/external resources that may facilitate or inhibit the treatment process. This assessment forms the basis for the treatment goals and program established for the client.
- 3) Ongoing Treatment Planning: A specific, individualized plan that addresses the therapeutic needs of the client and places him/her in the appropriate placement on the continuum of care. The client's strengths and weaknesses must be considered in setting priorities for long and short term goals and treatment. Plan must ultimately be formulated with the client.
- 4) Counseling Services: (Individual, Group, Family, Crisis Intervention, and Client Education): The interactive process providing assistance to a client to help him/her change and maintain attitudes, beliefs and behaviors that are more constructive. The counselor must determine the most appropriate type of assistance and the counseling intervention to facilitate the change in behaviors, attitudes and beliefs. Counseling services include individual, family, group and crisis intervention counseling.
- 5) Documentation: This encompasses maintaining and recording the results of the treatment process accurately, descriptively and in a timely fashion. The legal document describes treatment including forms, releases and consent forms and records.
- 6) Case Management: This encompasses case consultation, and interfacing with other agencies and professionals to provide the services needed by the client in order to achieve the treatment goals. Consultation and case review by a clinical supervisor is a vital component of managing the counseling process and providing quality care.
- 7) Discharge and Continuing Care: Discharge involves the reinforcement of the changed attitudes, beliefs and behaviors, assessment that there are no other pressing needs, following up on the client's status, making appropriate referrals for continuing services if necessary, and assessing the adequacy of support systems. Information on relapse prevention, continuation of self-help programs and other support mechanisms should be provided to the client as a part of the termination process.
- 8) Legal, Ethical, and Professional Growth Issues: This skill group includes the Federal or state legislation governing the counselor/client relationship, adherence to the Code of Ethics for AODA counselors are expected to follow in their practice and areas of continuing self-education and growth. The dynamic nature of the therapeutic process demands continual self-evaluation, monitoring and self-awareness.

GACA APPROVED TRAININGS APPLICATION

DISCARD ANY PREVIOUS VERSIONS OF THIS APPLICATION EFFECTIVE 9/27/2017

Presentation Information (Duplicate for Multiple Requests)

Application Type (Check one)

- Annual College/University
- Annual Education Provider (3 or more courses)
- Additional Application After Annual Application was Approved
- Conference Event
- Single Event

Please complete all areas of this application. Referencing supporting documents is not an acceptable response unless where noted by GACA. Applications must be unaltered and complete to be considered for review. Incomplete applications, applications without payment, and applications postmarked after the event will be returned without consideration.

Courses approved by GACA must be relevant to the educational requirements for certification or recertification and address one or more areas of the Basic Addiction Counselor Skill Groups. The skill group/s to be addressed in this course offering (check those applicable):

- Treatment Admission (Screening, Intake and Orientation)
- Clinical Assessment
- Ongoing Treatment Planning
- Counseling Services (Individual, Group, Family, Crisis Intervention)
- Client education
- Documentation
- Case Management
- Discharge and Continuing Care
- Legal, Ethical and Professional Growth Issues

1. Provider Name _____

2. Address: _____

Would you like to be listed in the GACA website and quarterly newsletter as a GACA approved provider?
 Yes No

If yes please provide contact phone number and website address if available: _____

3. Contact Person regarding this application:

Name: _____

Phone: _____ Fax: _____ Email: _____

4. Type of Organization: _____

5. Course/Conference Title: _____

6. Date(s) and Location of training:

Date	Location (Place, City, State):
1) _____,	_____
2) _____,	_____
3) _____,	_____
4) _____,	_____

7. Reasonable accommodation must be provided for persons with disabilities. Is location accessible to those with disabilities? Yes No

8. How was the need for the program determined? (needs survey, regulatory requirements, quality assurance findings, etc.) _____

9. Audience targeted by the program? _____

10. What, if any, are the prerequisites for attendance? _____

11. What is the cost to participants? _____

12. Please complete the schedule below, listing instructional hours only. One clock hour is one hour of actual instructional time; break times do not count as clock hours. A minimum fifteen minute break is required every two hours. This section MUST be filled out.

	DAY 1		DAY 2		DAY 3		DAY 4	
	Time	Clock Hours	Time	Clock Hours	Time	Clock Hours	Time	Clock Hours
Morning Session								
Begins/Ends								
BREAK Begins/Ends								
Begins/Ends								
Lunch Session (if applicable)								
Begins/Ends								
Afternoon Session								
Begins/Ends								
BREAK Begins/Ends								
Begins/Ends								
Evening Session								
Begins/Ends								
TOTAL HOURS								

Total number of clock hours requested: _____

13. Please provide a detailed course description including topics to be presented and relevance to certification or recertification and the Basic Counselor Skill Groups. Include educational objectives, method of instruction, audio-visual media to be used, and a copy of the evaluation instrument to be used. Webinars or correspondence courses must also include a description of the educational process and a justification for the clock hours requested. (Attach a separate sheet and/or supporting documents.)

Sponsoring Organization	
Program Title	
Program Date(s)	
Location	
Presenter Credentials	
Total Clock Hours Requested	
Type of Hours Requested Core, CCS, Ethics, HIV/AIDS, Cultural Competency	
Course Description	
Goals/Objectives	

14. Names of facilitators and/or instructors and credentials (i.e., Jane Doe, PhD, CACII, CCS).
Attach a resume or curriculum vitae of each instructor demonstrating qualifications to provide the course.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

15. Please initial the following statements of understanding and commitment regarding education, certification and documentation:

_____ (1) The sponsoring agency will provide a Certificate of Completion to each person who completes the course. GACA is not responsible for presentation of certificates. Each certificate must contain the GACA provider number and the statement: Georgia Addiction Counselors Association has approved this training for _____ clock hours. Certificates without provider number may not be honored when presented for certification or recertification.

_____ (2) The sponsoring agency will provide GACA with a list of all participants receiving GACA clock hours and a summary of completed evaluations within two weeks following the event. If the same offering is presented more than once, submit a list following each offering.

_____ (3) The sponsoring agency must maintain a copy of the provider application, a list of participants, and the completed evaluations for three years following the event.

_____ (4) GACA reserves the right to randomly audit approved trainings for the purpose of quality monitoring and compliance with stated objectives.

_____ (5) It is expressly agreed and understood that the GACA Approved Education Provider is independent of GACA and shall hold harmless GACA from all suits, actions, or claims of any kind brought on account of any person or property in consequence of any act or omission by the provider or employees of the provider, or from any claims or amounts arising or recovered under Workmen's Compensation Laws or any other law, by-law, ordinance, regulation, order, or decree. The GACA Approved Education Provider shall be responsible for all damage to property and personal injury of any kind resulting from any act, omission, neglect, or misconduct of any employee or agent of said provider in the manner or method of performing the work of the provider.

Submit non-refundable fee via check or money order made payable to GACA or credit card information (See payment authorization form).

A Reminder: Incomplete applications, applications without payment, and applications postmarked after the event will be returned without consideration.

Thank you for your willingness to provide training and educational opportunities for counselors and other professionals.

Signature

Date

**GEORGIA ADDICTION COUNSELORS ASSOCIATION
Credit Card Payment Authorization**

Annual Fees cover January 1 – December 31	FEE DUE	FEE PAID
Annual Fee for College/University Application	600.00	
Annual Fee for Education Provider Application (3 or more courses in a year.)	350.00	
Processing Fee for Annual Providers Applying for Additional Clock Hours After the Initial Approval	25.00	
Conference Event Education Provider Application	300.00	
Single Event Education Provider Application (One Course.)	100.00	
Add Late Fee within 45 days of Training Date	25.00	
TOTAL		

COMPLETE BELOW ONLY IF PAYMENT IS TO BE MADE BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS

Acct# _____

Expiration Date on Card ____/____ VIN# _____ (last 3 or 4 digits on front/back of card)

I hereby authorized GACA to charge _____ to the above account.

X _____
(Cardholder Signature)

(Print name as it appears on card)

(Company, If Applicable)

Cardholder Billing Address: Street: _____

City, State, ZIP _____

(Zip Code is Required to Process Credit Card)

RELATIONSHIP TO APPLICANT, IF NOT APPLICANT _____