

# Certification Application Submission

It is the responsibility of the applicant to submit a complete application with all supporting documentation. Type or use computer whenever possible; may be handwritten. If illegible or significantly incomplete, your application will be returned without review and application fee may be forfeited. Must meet minimum requirements for the certification level to apply. If applying for CACI, but to seek CACII in the future, you will be given an opportunity to Upgrade to CACII when minimum requirements are met for the higher level. Applications without the Application Fee will not be processed.

## **TO BE SENT BY APPLICANT DIRECTLY TO GACA:**

### **Part I. Main Application and Application Fee**

Complete the Entire Application in detail. Be sure to list your name as you would like it to appear on your certificate following successful completion of the certification process See Fee Schedule for member and non-member rates

### **Part II. Educational Training Verification Form** Copy form as needed to list all educational hours

Attach a copy of each training certificate to verify education provider, course, dates taken, number of hours. If academic hours from a college transcript are being used to satisfy education requirement, include these hours (see below) on the Training and Academic Verification Form as well and include a copy of the transcript along with your other training certificates. [An original transcript from the college/university must also be received by GACA directly from the institution OR you may include an OFFICIAL transcript in UNOPENED envelope with your application]

NOTE: In counting college transcript hours toward, remember to convert semester or quarter hours to the contact hours/clock hours equivalent (see Certification Guidelines for conversion formula and maximum college hours allowed)

## **TO BE SENT DIRECTLY TO GACA BY WORK SUPERVISOR, CCS, COLLEGE/UNIVERSITY/HS-GED OFFICIAL, AND PROFESSIONAL REFERENCES:**

### **Part III. Professional Letters of Reference**

Two professional letters of reference. One must be from a Georgia Certified Addiction Counselor (CAC). Letters must state the applicant's character and competency. Mailed directly to GACA by the professional reference.

### **Part IV. Work Supervisor Evaluation Form** Copy form as needed for multiple employers or positions

Form must be completed by each Supervisor for each job — including in the same agency or workplace — listed on the application. This form must be completed by the work supervisor(s) and mailed directly to GACA by the supervisor

### **Part V. CCS Supervised Practical Experience (SPE) Form** Copy form as needed for multiple CCS's.

This form must be mailed directly to GACA by the CCS completing the form. You must utilize the services of an individual who holds a Certified Clinical Supervisor (CCS) certificate through GACA. See CCS List. The CCS must sign the affidavit indicating that he/she believes your application to be complete and that you are appropriately prepared to complete the certification process through written and oral testing.

### **Part VI. Education Verification**

An official college transcript OR official verification of High School Diploma or GED Equivalency (if highest educational level completed) must be requested by the applicant to be sent directly to GACA to support all educational work [OR you may include an OFFICIAL transcript in UNOPENED envelope with your application]. Copies of college transcripts submitted by the applicant are acceptable only as documentation to meet educational requirement (see college hours limitations in guidelines to count hours).

# General Instructions for Documentation

## TO BE COMPLETED BY THE APPLICANT:

Applicant must have met all minimum requirements of the level for which the application is submitted PRIOR to submission. CACI applicants who do not meet the minimum requirements for CACII, but who may seek the CACII in the future, an opportunity will be presented for Upgrade to CACII when all minimums have been met [See Certification Guidelines, Upgrade to CACII for details].

### A. Calculating Work Experience Hours

One year of full time paid employment at 40 hours a week, where 100% of the time is in counseling and counseling related activities with addiction clients according to the above definition equals 2,000 hours of paid experience. If less than 40 hours a week is worked, or if less than 100% of the employment time is in addiction-related counseling, that should be reflected on the application. Volunteer time will only be considered if supervised by a GACA CCS (SEE LIST OF CCS-CREDENTIALLED COUNSELORS)

Many professionals in many fields are associated with agencies which treat the chemically dependent person and many persons in these agencies will have conversation with patients with some therapeutic intent. However, this experience or association does not necessarily constitute chemical dependence/abuse counseling.

GACA has accepted the following definition of an addiction counselor: A person who by virtue of specialized knowledge, training and experience is uniquely able to inform, motivate, guide, and assist those persons affected by problems related to chemical dependence/abuse. Additionally, an addiction counselor conducts themselves in accordance to the GACA Code of Ethics. An addiction counselor is an individual who has demonstrated the professional competency necessary to perform the tasks outlined in the 8 counselor skill areas as espoused by NAADAC in providing chemical dependence treatment to clients and significant others in a variety of treatment settings.

To be eligible for certification, an applicant must document work experience as a counselor of chemical dependence/abuse clients according to the above definition. Paid experience or time when the applicant functioned as, for example, an aide whose duties may include monitoring activities or attendance, etc., a nurse/doctor with medical responsibilities, an administrator with supervising/management duties, marketing personnel, employee assistance, referral agent, telephone referral agent, etc., do not constitute eligibility toward certification. It is the applicant's responsibility to demonstrate that experience meets the criteria for CAC eligibility.

### B. Job Description Form

Complete a Job Description Form for each position (even with the same supervisor or agency) listed under Work Experience. It must include each area listed on the Job Description Form (see examples).

### C. Educational Clock Hours

Certified Addiction Counselor, Level I requires 180 clock hours of training/continuing education hours. A minimum of 100 hours must have been taken within the last 5 years). A maximum of 90 of the clock hours for CAC Level I, if related to counseling, may come from a college transcript (see below college hours conversion to contact/clock hours).

Certified Addiction Counselor, Level II requires 270 clock hours of training/continuing education hours. A minimum of 160 hours must have been taken within the last 5 years. A maximum of 135 of the clock hours for CAC Level II, if related to counseling, may come from a college transcript (see below college hours conversion to contact/clock hours)

## WORKSHEET FOR EVALUATING CERTIFICATION CLOCK HOURS

	CAC I	HRS	CAC II	HRS
GACA Providers (have a Provider Number and be in-classroom, addiction specific)	(Minimum 36 hrs)		(Minimum 54 hrs)	
NAADAC Providers (have a Provider Number)	(Not in GA)		(Not in GA)	
In-Service	(Max Allowed 36 hrs)		(Max Allowed 54 hrs)	
Home Study / Internet	(Max Allowed 18 hrs)		(Max Allowed 27 hrs)	
College	(Max Allowed 90 hrs)		(Max Allowed 135 hrs)	
<b>TOTAL</b>	(Minimum 180 hrs)		(Minimum 270 hrs)	
<b>THE TOTAL HOURS MUST INCLUDE:</b>				
<b>Training Contact Hours in past 5 yrs</b>	<b>(Minimum 100 hrs)</b>		<b>(Minimum 160 hrs)</b>	
Ethics	(Minimum 6 hrs)		(Minimum 6 hrs)	
HIV/AIDS and other STD's	(Minimum 3 hrs)		(Minimum 3 hrs)	
Cultural Competency	(Minimum 18 hrs)		(Minimum 27 hrs)	

### **EXPLANATION/CLARIFICATION:**

Basic Skills Courses — Each candidate should be well educated in the basic counselor skills. Courses should cover basic counseling knowledge and skills as outlined in the CERTIFICATION GUIDELINES, NAADAC SCOPE OF PRACTICE

1. GACA Providers - All education hours for certification or recertification in this category must have GACA provider number, current at the time of the course completion, printed on the certificate to meet this requirement.
2. NAADAC Providers/Approved Providers — other counseling related training hours. NAADAC provider number must be on printed on the certificate.
3. In-service — Training/education hours required by employers to keep employees current may be counted toward certification/recertification. In-service time must be appropriately documented as to date, subject, time involved, and individual's name who provided the in-service. If hours are kept by the employer in a compiled listing, the staff member responsible for giving credit for the in-service may sign this sheet. These hours must be documented as "In-service".
  - a.) These hours must be directly related to counseling skills and/or knowledge needed to keep up to date in the field of addiction. (Defensive driving, CPR, hand-washing techniques, etc. cannot be counted as in-service hours for certification.)
  - b.) Group therapy/seminars in which the applicant participated while in treatment at a facility cannot be counted for certification.
  - c.) Films and video tapes counted as in-service must have documentation from program director/education director that viewing was supervised and content discussed with supervisor.
4. College Courses — Must be in subjects that have specific relevance to the field of counseling and/or addiction. (Core courses such as English, Science and Math cannot be counted for certification.)
  - a.) One (1) semester hour equals fifteen (15) clock hours. One (1) quarter hour equals ten (10) clock hours. One (1) trimester hour equals five (5) clock hours.

- b.) An official transcript noting course date, grade, and credit hours earned is required when using college course for clock hours credit. The official transcript must be mailed directly to GACA or included with the application in a sealed envelope directly from the college or university.
  - c.) The college must be accredited and listed on the Council for Higher Education Accreditation web site. ([www.chea.org](http://www.chea.org))
5. Continuing education must be sponsored by an organization, group or individual recognized as knowledgeable in the field of chemical dependence/abuse. A CEU is not the same as contact/clock hours. The value is 1:10
    - a.) Courses must be specifically relevant to chemical dependency/abuse
    - b.) One (1) C.E.U. equals ten (10) clock hours (Example: .6 CEU's is equal to 6.0 clock/contact hours)
  6. Ethics Education — Six (6) hours of ethics education must be documented. GACA has determined that the following areas should be minimally covered in the six hours of education: legal issues, client welfare, professional competence, development, supervision, therapeutic boundaries, financial issues, personal wellness, conduct relationship to other counselors and code of ethics, etc.
  7. HIV/AIDS and other STD's Education — Three (3) hours of HIV/AIDS and other STD's education must be documented.
  8. Cultural Competency — At least 18 clock hours for CACI and 27 clock hours for CACII of the required education hours must be related to the development of cultural competency. This should be training in areas such as: People of Color, Women, Adolescents, Geriatric, Gay/Lesbian, Physically Challenged, Cultural Diversity, Criminal Justice, religion, veterans, or other special populations as they are challenged by substance abuse.

#### **D. Work Supervisor Evaluation Form**

On the Work Supervisor Evaluation Form, the work supervisor is asked to document only that experience which qualifies as chemical dependence/abuse counseling according to the GACA requirements and definition. Volunteer work must be documented on the Work Supervisor Evaluation Form in the same manner as any other paid work supervisor.

A separate work supervisor evaluation form is required for each position held (even if with the same supervisor or agency). The supervisor must document the applicant's experience in the 8 counselor skill groups. Only experience in which the applicant functioned as a counselor/therapist as opposed to an aide or attendant whose function is one mainly of monitoring activity, attendance, etc. should be documented.

#### **E. Certified Clinical Supervisor (CCS) Supervised Practical Experience Form**

Supervised Practical Experience (SPE) must be done by a GACA Certified Clinical Supervisor (CCS) and is supervision which teaches chemical dependence/abuse counseling. This experience may be academic, as in practicum, or may be a part of eligible work experience. The supervision must include one-on-one and group. The fact that an applicant worked under administrative supervision does not in itself satisfy this requirement. The reporting function is to be distinguished from the learning function. Thus, attendance as part of a continuing education training or attendance at staff meetings to report on client progress may not be considered supervision. The supervision should include activities designed to provide education in specific skill groups and be monitored by a CCS who provides timely positive and negative feedback to assist in the development of supervised knowledge and competence.

On the SPE form, the supervisor will indicate the amount of time and type of supervision, including only the time spent in supervision — not the time spent performing the skill. Only the person who does the actual supervision may sign the form. The SPE form should be mailed directly to the GACA office by the CCS. If you have any questions, please call the GACA office.

#### **F. Guidelines for Professional Letters of Reference**

Two letters of reference, one of which must be from a GACA certified counselor, that refer to your professional qualifications may be forwarded directly to the GACA office by the reference. In some instances, for expediency, the letters may be included with the application package provided they are sealed in individual envelopes by the writers who will also initial the flaps in two places. Letters from relatives are not acceptable.

<b>Fees for Service</b> All Fees are Non-Refundable	<b>NAADAC/GAC A Member</b>	<b>Non Member</b>
<b>CAC Initial Application</b>		
Certified Addiction Counselor CACI / CACII Application Submission	150.00	300.00
Written Examination <b>(Do not pay until notified of application approval)</b>	180.00	180.00
Testing Company Rate Increase 7/1/2015		
<b>Total Fees for Initial CACI / CACII Certification</b> Fees are payable at time of each individual service	<b>330.00</b>	<b>480.00</b>
<b>Retest / Resubmission for CACI / CACII</b>		
Written Examination - Retest	180.00	180.00
<b>CCS Initial Application</b>		
Certified Clinical Supervisor (CCS)	125.00	175.00
CCS Written Examination <b>(Do not pay until notified of approval)</b>	200.00	200.00
<b>Total Fees for Initial CCS Certification</b> Fees are payable at time of each individual service	<b>325.00</b>	<b>375.00</b>
<b>Retest for CCS</b>		
Written Examination - Retest	200.00	200.00
<b>TOTAL AMOUNT DUE</b>		
<b>Make check or money order payable to</b> <b>Georgia Addiction Counselors Association</b>	\$ _____	\$ _____

**COMPLETE BELOW ONLY IF PAYMENT IS TO BE MADE BY VISA OR MASTERCARD**

Acct# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date on Card \_\_\_\_/\_\_\_\_/\_\_\_\_ VIN# \_\_\_\_\_ (last 3 digits on back of card)

X \_\_\_\_\_  
(cardholder signature) (Company, If Applicable)

Print name as it appears on card)

Cardholder Billing Address: Street: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_  
(Zip Code Required to Process Credit Card)

RELATIONSHIP TO APPLICANT, IF NOT APPLICANT \_\_\_\_\_



## **AFFIRMATION OF CODE OF ETHICS**

I subscribe to and commit myself to professional conduct in keeping with the Code of Ethics of Georgia Addiction Counselors Association (GACA).

### **I DO AFFIRM**

That in the practice of my profession, I will assert the ethical principles of autonomy, beneficence, and justice as a guide to my professional conduct.

That I will not discriminate against clients or professionals based on race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic condition.

That I will espouse objectivity and integrity, and maintain the highest standards in the services I offer.

That I recognize that the profession is founded on national standards of competency which promote the best interest of society, of the client, of myself and of the profession as a whole. I also recognize the need for ongoing education as a component of professional competency.

That I will uphold the legal and accepted moral codes which pertain to professional conduct.

That I will respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction.

That I will assign credit to all who have contributed to any published materials and for the work upon which the publications are based.

That I will respect the integrity and protect the welfare of the person or group with whom I am working.

That I will embrace, as a primary obligation, the duty of protecting the privacy of clients and will not disclose confidential information acquired in teaching, practice or investigation.

That I will inform the prospective client of the important aspects of the potential relationship.

That I will treat colleagues with respect, courtesy and fairness, and will afford the same professional courtesy to other professionals.

That I will establish financial arrangements in professional practice and in accord with the professional standards that safeguard best interests of the client of myself, and of the profession.

That I will advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of alcoholism and other forms of drug addiction. I will inform the public through active civic and professional participation in community affairs of the effects of alcoholism and drug addiction and will act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. I will adopt a personal and professional stance, promoting the well-being of all human beings.

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(Signature)

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(Date Signed)

## OATHS

I HEREBY CERTIFY THAT ALL OF THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO AUTHORIZE ANY NECESSARY INVESTIGATIONS AND THE RELEASE OF MANUSCRIPTS AND OTHER PERSONAL INFORMATION RELATIVE TO MY CERTIFICATION. (FALSIFICATION WILL NULIFY THIS APPLICATION AND MAY RESULT IN REVOCATION OF CERTIFICATION.)

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(Signature)

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(Date Signed)

## ASSURANCES AND RELEASE

PLEASE NOTE: GACA reserves the right to request further information from all employers and other persons listed on the application form. The Certification Board and its review committees reserve the option of requesting an oral interview with the applicant. This information will be strictly used to evaluate the professional competence of the applicant as requested in order to verify education, employment, etc. This information is not available to anyone outside this process without the written consent of the applicant.

"I give my permission for GACA and its staff to investigate my background as it relates to statements contained in this Application for Certification. All of the information given herein is true and complete to the best of my knowledge and belief. I understand that intentional false or misleading statements or intentional omissions shall result in denial or revocation of certification."

"I consent to the release of information contained in my application file and other pertinent data submitted to or collected by GACA to officers, members, and staff of the aforementioned Board."

"I further agree to hold GACA, its officers, board members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with application and subsequent examinations, and/or the failure of GACA to issue certifications."

"By affixing my signature below, I certify my complete understanding of these statements and my intention to be fully bound thereby."

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(Signature)

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(Date Signed)

**Completed Application to include Application Fee of \$150.00 for NAADAC/GACA members or \$300.00 for non-members and copies of supporting training certificates and other documentation should be mailed to the address below.**

**Forms completed by the Work Supervisor and CCS; professional reference letters, and original college transcript or High School/GED verification, must be mailed DIRECTLY to GACA by these individuals and/or agencies except as noted in instructions. Do not fax or e-mail this application or supporting documentation.**

**Georgia Addiction Counselors Association  
4015 South Cobb Drive, Suite 160  
Smyrna, Georgia 30080**



**EDUCATION:**

An **official** college transcript OR official verification of High School Diploma or GED Equivalency (if highest educational level completed) must be requested by the applicant to be sent directly to GACA to support all educational work, OR you may include an OFFICIAL transcript in an UNOPENED envelope with your application. Copies of transcripts submitted by the applicant are not acceptable except as documentation to meet educational requirement (see college hours limitations in guidelines to count hours).

	Name & Location	Dates Attended	Completed Yes/No	Degree Received (Diploma, BA, BS, MA, MS, PhD, etc)
High School/GED				
College				
Post Graduate				
Other				

**WORK EXPERIENCE:**

Rather than request a complete work history, list your present employment, then from your past employment select only those work experiences which fits the description of qualifying experience. Refer to Certification Guidelines for details. The Certification Board will contact you or your supervisor(s) if additional information is needed to determine acceptability of your work experience.

Provide a BRIEF job description for each position (even with the same supervisor or agency). An agency/workplace Job Description may be attached if necessary to further document your addiction counseling experience. See Certification Guidelines for specifics.

**Most Recent Employer**

Name of Employer:	
Mailing Address of Employer:	Telephone - include area code and/or extension:
Your Job Title:	Dates of Employment for this position:  ( month - year )                      to                      ( month - Year )
Name and Title of Immediate Supervisor:	Number of Hours per Week:
Primary Job Duties:	

**WORK EXPERIENCE (Continued):****Past Employer(s)**

Name of Employer:	
Mailing Address of Employer:	Telephone - include area code and/or extension:
Your Job Title:	Dates of Employment for this position:  ( month - year )                      to                      ( month - Year )
Name and Title of Immediate Supervisor:	Number of Hours per Week:
Primary Job Duties	

Name of Employer:	
Mailing Address of Employer:	Telephone - include area code and/or extension:
Your Job Title:	Dates of Employment for this position:  ( month - year )                      to                      ( month - Year )
Name and Title of Immediate Supervisor:	Number of Hours per Week:
Primary Job Duties	

Name of Employer:	
Mailing Address of Employer:	Telephone - include area code and/or extension:
Your Job Title:	Dates of Employment for this position:  ( month - year )                      to                      ( month - Year )
Name and Title of Immediate Supervisor:	Number of Hours per Week:
Primary Job Duties	







**WORK SUPERVISOR EVALUATION FORM**  
**To be completed by the Applicant's Immediate Work Supervisor**  
(Copy as needed for multiple employers and/or positions)

The employee/colleague below is requesting counselor certification with Georgia Addiction Counselors Association (GACA). You have been identified as the supervisor who is in a position to verify this applicant's standard of professional work performance and experience. Your evaluation is an integral part of the application process and will assist GACA in making a fair and accurate decision.

I hereby authorize you to release to GACA the information required by this form.

\_\_\_\_\_  
Applicant's (Printed) Name

\_\_\_\_\_  
Last 4 digits of Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

**To Be Completed by the Immediate Work Supervisor**

GACA requires the Work Supervisor Evaluation Form to be completed and returned before this applicant's request can be processed. A separate evaluation must be completed for each position held, even if within the same supervisor or agency. GACA believes that your observations will have developed a more complete and accurate impression of the competencies and experience of the applicant. Your evaluation plus information received from other references and data provided by the applicant will be used to determine eligibility for certification. Careful and truthful reporting will assist GACA in making a fair assessment of this applicant.

AGENCY/WORKPLACE: \_\_\_\_\_

AGENCY ADDRESS : \_\_\_\_\_

POSITION HELD BY APPLICANT: \_\_\_\_\_

GACA is aware that professionals in many fields are associated with agencies which treat the chemically dependent person and many in individuals in these agencies will have conversation with patients with some therapeutic intent. However, this experience or association does not necessarily constitute chemical dependency/abuse counseling.

GACA has accepted the following definition of an addiction counselor: An addiction counselor is a person who by virtue of specialized knowledge, training and experience is uniquely able to inform, motivate, guide, and assist those persons affected by problems related to chemical dependence/abuse. Additionally, an addiction counselor conducts him/herself in accordance with the GACA Code of Ethics.

An addiction counselor is an individual who has demonstrated the professional competence necessary to perform the following tasks in providing chemical dependency treatment to clients and significant others in a variety of treatment settings: screening, intake, orientation, assessment, treatment planning, counseling (individual family, and group), case management, crisis intervention, client education, referral, report and recordkeeping, and consultation with other professionals in regard to client treatment/services.

An applicant for certification must document paid work experience as a counselor of chemical dependency/abuse clients according to the above definition. Experience/time when the applicant functioned for example as an aide whose duties may include monitoring activities or attendance, a nurse/doctor with medical responsibilities, an administrator with supervising/management

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Georgia Addiction Counselors Association (GACA) Certification Board

0.7-1-2010

Revised: 8/17/2013

duties, marketing personnel employee assistance, referral agent, telephone referral agent, etc. do not constitute toward eligibility for certification.

**A. SUPERVISOR'S STATEMENT:**

I hereby certify that I have been in a position to observe and have first-hand knowledge of the named applicant's work at the above agency/workplace. The number of hours per week the applicant spends functioning as:

- |                                     |             |                          |             |
|-------------------------------------|-------------|--------------------------|-------------|
| 1. Counselor/therapist              | _____ /week | 5. Marketing Personnel   | _____ /week |
| 2. Administrator                    | _____ /week | 6. Counselor's Assistant | _____ /week |
| 3. Aide/attendant                   | _____ /week | 7. Other (describe)      | _____ /week |
| 4. Medical Personnel (nurse/doctor) | _____ /week |                          |             |

NOTE: If you cannot document any hours the applicant performed as a chemical dependency/abuse counselor under your supervision, do not continue to complete this form. Proceed to the last page, sign, and return directly to GACA at the address listed.

- I have supervised this applicant's work from \_\_\_\_\_ (Month and Year) to \_\_\_\_\_ (Month and Year)
- The caseload for this applicant is (approximate size) \_\_\_\_\_ clients/patients.
- Outline the significant strengths and deficiencies of this applicant:

Notable Strengths	Notable Deficiencies:
_____	_____
_____	_____

<b>B. PRACTICAL EXPERIENCE EVALUATION: COUNSELOR SKILL GROUPS</b> In this section you are asked to evaluate the competency of the applicant as a chemical dependency /abuse counselor in the 8 Counselor Skill Groups.	<b>CIRCLE THE HIGHEST NUMBER WHICH BEST DESCRIBES THE APPLICANT'S PERFORMANCE</b>					<b>Does not Perform this Task</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>Treatment Admission (Screening, Intake and Orientation)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>
<b>Clinical Assessment</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>
<b>Ongoing Treatment Planning</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>
<b>Counseling Services (Individual, Group, Family, Crisis Intervention, Client Education)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>
<b>Case Management</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>
<b>Documentation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>
<b>Discharge and Continuing Care</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>

<b>Legal, Ethical, and Professional Growth Issues</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>0</b>
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<b>C. APPLICANT EMPLOYMENT HISTORY</b>		
Listed below are 7 basic grounds on which certification may be refused or revoked. Please read carefully.		
To your knowledge, has the applicant been involved in any of the following: (The Certification Board will consider very carefully any comments made in their decision to certify or not to certify.).	<b>YES</b>	<b>NO</b>
<b>Employment of fraud or deception in applying for certification or in passing the examination provided for in this procedure</b>		
<b>Conviction of felony (Satisfactory resolution of said felony will be taken under consideration)</b>		
<b>Practice of addiction counseling under a false or assumed name or credentials, or the impersonation of another counselor of a like or different name</b>		
<b>Habitual abuse of any mood-altering chemical substance not prescribed and taken under the direct supervision of a qualified physician to such an extent as to interfere consistently with the competent performance of his/her duties</b>		
<b>Providing those health care services covered by licensure for which the counselor is not licensed</b>		
<b>Gross, flagrant, or repetitive negligence or wrongful actions in the performance of his/her duties</b>		
<b>Failure to adhere to the GACA Code of Ethics</b>		
<b>Comments:</b>		
_____		
_____		
_____		
_____		

Print Name	Credentials
Signature	Telephone - include area code and/or extension: (        )
Job Title	

**Work Supervisor: Please return this Work Supervisor Evaluation Form directly to GACA as soon as completed:  
Georgia Addiction Counselors Association, 4015 South Cobb Drive, Suite 160, Smyrna, Georgia 30080**



**Certified Clinical Supervisor  
Supervised Practical Experience Form**  
(Copy as needed for multiple supervisors)

The applicant named below is requesting counselor certification with the Georgia Addiction Counselors Association (GACA). You have been identified as the individual who is in a position to verify the supervised practical experience. This report will be combined with other documents and assessments and is an integral part of the application process. Your cooperation will assist GACA in making a fair and accurate decision.

I hereby authorize you to release to GACA the information required by this form.

\_\_\_\_\_  
Applicant's (Printed) Name

\_\_\_\_\_  
Last 4 digits of Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

.....  
**To Be Completed By The GACA Certified Clinical Supervisor (CCS)**

In order to assist you with the SPE form, GACA provides the following guidelines:

Supervised Practical Experience (SPE) is supervision which teaches chemical dependency/abuse counseling. This experience may be academic, as in a practicum, or may be a part of eligible work experience. The supervision must include one-to-one and group. The fact that an applicant worked under administrative supervision does not in itself satisfy this requirement. The reporting function is to distinguish from the learning function. Thus, attendance at staff meetings to report on client progress may not be considered supervision. The supervision should include activities designed to provide education in specific skill groups and be monitored by a supervisor who provides timely positive and negative feedback to assist in the development of knowledge and competence.

In this section, indicate the amount of time and type of supervision — not time spent performing the 8 counselor skill groups. Do not sign this form if it reflects supervised time given by another person or at another agency. Once completed, mail this form **directly** to the GACA office.

**NOTE:** Clinical supervision requirements are further defined to require that 25% of clinical supervision by a CCS be individual (one-on-one) supervision. Thus, a minimum of 24 of the 96 required CCS hours for CACI and a minimum of 36 of the 144 required CCS hours for CACII must be individual supervision. Further, a minimum of two (2) hours of individual supervision must be provided in each of the 8 Counselor Skill Groups.

COUNSELOR SKILL GROUP	Type of Supervision		Total hours per skill group
	Individual hours	Group Hours	
<b>Treatment Admission (Screening, Intake and Orientation)</b> - 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.			

<b>Clinical Assessment</b> - 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.			
<b>Ongoing Treatment Planning</b> - A specific, individualized treatment 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. This plan must ultimately be formulated with the client.			
<b>Counseling Services (Individual, Group, Family, Crisis Intervention, Client Education)</b> - 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 included individual, family, group and crisis intervention counseling.			
<b>Case Management</b> - 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.			
<b>Documentation</b> - 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.			
<b>Discharge and Continuing Care</b> - 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.			
<b>Legal, Ethical, and Professional Growth Issues</b> - This skill group includes the federal and state legislation governing the counselor/client relationship, adherence to the Code of Ethics that addiction 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.			
<b>TOTAL SUPERVISED PRACTICAL EXPERIENCE HOURS</b> CAC I Required Minimum: 24 Individual and 72 group supervision hours CACII Required Minimum: 36 Individual and 108 group supervision hours			

### CERTIFIED CLINICAL SUPERVISOR'S AFFIDAVIT

Supervision listed above is from \_\_\_\_\_ to \_\_\_\_\_  
 (Month and Year) to (Month and Year)

I, \_\_\_\_\_, avow that to the best of my professional judgment \_\_\_\_\_ meets all the requirements for the (circle one) CAC I or CAC II level credential requested and, furthermore, is prepared and capable of completing both the National Certification (Written) Examination for Addiction Counselors with a passing score.

\_\_\_\_\_  
 Certified Clinical Supervisor's (CCS) Signature

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Printed Name of CCS

\_\_\_\_\_  
 Daytime Phone Number

\_\_\_\_\_  
 CCS Certificate Number

\_\_\_\_\_  
 CCS Expiration Date

**Return this form directly to GACA as soon as complete to: Georgia Addiction Counselors Association, 4015 South Cobb Drive, Suite 160, Smyrna, GA 30080**