



CHECKLIST FOR ADDICTION COUNSELOR RECIPROCITY

To apply for Reciprocity, you must have met the minimum requirements of certification that would otherwise be required of any applicant through the normal certification process with GACA. *(See full details on last pages)*

CAC Level I Minimums 4000 work hours (approximately 2 years working 40 hours per week)
96 hours of clinical supervision
180 hours of alcohol/drug/counseling specific education.
Written Examination

CAC Level II Minimums: 6000 work hours (approximately 3 years working 40 hours per week)
144 hours of clinical supervision
270 hours of alcohol/drug/counseling specific education.
Bachelor's Degree
Written Examination

Applicants requesting Reciprocity from a state which met less than these minimums may be considered on a case-by-case basis at the discretion of the Certification Board.

DOCUMENTATION

- Application for Reciprocity
- Copy of current certificates/licensures from original certification agency
- Verification of current certificate from original certification agency; verification of total work and training hours on file
- Copy of written testing from original agency. MUST have written exam scores
- Copy of training/workshop certificates you attended after certification or last recertification in originating state
- Letters of reference which include all items listed under ICRC Bullets (page 2) of this application
- Proof of last educational level received, college transcript, HS diploma, GED certificate, etc). College transcript is required if being used to meet requirements of CAC Level II which requires a minimum of a Bachelor's degree
- Signed NAADAC Code of Ethics enclosed

FEES

- You are encouraged to become a GACA/NAADAC member; however, this is not a requirement of certification. If a NAADAC member, membership must be current and is required to qualify for the discounted membership rate. (Questions about membership status call: NAADAC at 1-800-548-0497).
- Application fee: \$150.00 GACA/NAADAC member or \$200.00 Non-Member . Fees are non-refundable.



APPLICATION FOR ADDICTION COUNSELOR RECIPROCITY

Name: _____ Daytime Phone: _____ Ext _____

Home Street Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

A. EMPLOYMENT:

Current Employer: _____

Business

Address: _____ City: _____ State: _____ Zip: _____

Number of years working in the addiction field: _____ With this employer: _____

B. EDUCATION: Circle highest level of education and provide copy of diploma or transcript (transcript required for CACII)

HS/GED Some College Associates Bachelor's Master's PhD Other _____

C. CREDENTIAL(S): Include a copy of each current credential with this application

Were any of these credentials grandfathered in or a reciprocity from another state? Yes No. If yes, from what state: _____

Type	Certification or Licensure No.	Issuing Agency & Location	Year of Original Issue	Current Expiration	Grandfathered Or Reciprocity?
CAC / CADC					
LPC / LADC					
LCSW/ LMFT					
PhD / MD					
OTHER					

D. CREDENTIAL VERIFICATION

I, _____ hereby authorize the _____
 to release all information regarding my qualifications for certification to the GACA Certification Board.

Name and address of current state's certifying board:

Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

I, _____ also authorize the current credentialing agency to verify whether or not I received a reprimand, suspension or revocation of my certification at any time during my certification by that board for professional violation of the code of ethics and/or conduct, to their knowledge, or during any other state's certification period.

Your Signature: _____ Date: _____

Witness Signature: _____ Date: _____

E. AUTHORIZATION AND WAIVER

I hereby authorize you to receive all records and/or information in any way relating to my certification, qualifications or experiences as an alcohol, drug or combined counselor. I understand this includes, but is not limited to, oral and written contracts with members of NAADAC or other similar organizations having pertinent information. This is a waiver of my privilege that may otherwise exist in respect to the disclosure of such information.

Your signature: _____ Date: _____

NOTE: The International Certification Reciprocity Consortium and most IC&RC certifying bodies do not release counselor information to GACA, a NAADAC affiliate. For GACA to grant reciprocity to a counselor certified by an IC&RC certifying body, we will need the following information:

- Copies of your written test results
- Provide original dates of certification and copies of your certificates
- Two letters of reference from certified counselors. These letters must be able to verify you are not currently under investigation for any disciplinary action or in violation of the Code of Ethics or Conduct. They must also be able to verify that to their knowledge your certification has never been revoked or suspended. References must speak to your professional abilities and character as an addiction counselors

F. FEES

- You are encouraged to become a GACA/NAADAC; however, this is not a requirement of certification. Proof of current NAADAC membership must be provided to qualify for the discounted member rate. (Questions about membership status call: NAADAC at 1-800-548-0497.
- Processing fee of **\$150.00 NAADAC member** or **\$200.00 Non-Member** made payable to GACA.. Fees are non-refundable.

G. SUBMIT COMPLETED APPLICATION, DOCUMENTATION, AND FEE TO:

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

Applications meeting all requirements and payment will be reviewed by the Certification Committee and given response within 45-60 days of submission.

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.

Signature

Date Signed



Submit To Your Current Credentialing Agency:

The below named individual is requesting Reciprocity to the Georgia Addiction Counselors Association as a Certified Addiction Counselor (CAC). We are the Georgia affiliate of NAADAC- the Association for Addiction Professionals but accept certifications/licensure from most other agencies (state licensure, IC&RC, for example) for reciprocity if documentation supports the minimum criteria for our level of certification, CACI or CACII.

Re: Name: _____

Address: _____ City _____ State _____ Zip _____

License/Certificate: _____ State: _____

Type of Agency of Issue: _____
(i.e., state license/certification, IC&RC, NCC, NAADAC, etc.)

A. The following information is requested on behalf of the above in an effort to determine level of eligibility of reciprocity as a Certified Clinical Supervisor. On file to date:

Work Experience Hours		
Educational Hours		
Clinical Supervision Hours		
Written Examination	Date:	Score:
Case History/Oral Exam, if applicable:	Date:	Score:

B. Was the applicant “grandfathered in” to certification or licensure? _____

C. Was the applicant certified through Reciprocity from another state? Which state? _____

D. Applicant is not under investigation for any disciplinary action or violation of code of conduct or ethics. Applicant has never had his/her certification REVOKED, SUSPENDED, DENIED, or REPRIMANDED. If yes complete the following:

Date of Action _____ Expiration Date: _____

Action taken: _____

I hereby certify that the above material is true and accurate according to our records.

Signature of Authorized State Board Representative

Date

COUNSELOR RECIPROCITY

Each state sets acceptable criteria for issuing Reciprocity credentials based upon certification or licensure from another state. GACA will consider all candidates on a case-by-case basis. GACA may grant reciprocity to a counselor certified by a non-NAADAC certifying body if the applicant meets all other qualifications. Final approval is at the discretion of the Certification Board. Credential Reciprocity is considered through submission of a completed and well-documented Reciprocity Application which can be downloaded from the GACA website at www.gaca.org or contact the GACA office at 770-434-1000 for a copy of the Reciprocity Application.

To implement counselor reciprocity, the following guidelines should be followed:

Eligibility Requirements

- Be an active member of GACA/NAADAC (optional, but qualifies for member discounts)
- The applicant must hold a current, verifiable certification or licensure and provide a copy of this certificate or license
- The applicant's credentialing body must provide mutual reciprocity to GACA, and have credentialing standards that *meet or exceed* those of GACA. The original certifying body will hold the reciprocity applicant's original file indefinitely
- The applicant's credentialing body must provide verification of current credential and criteria met for initial/recertification to date to determine eligibility and certification level for GACA Reciprocity
- The applicant may provide additional information and/or copies of current training and education since the last credential re-certification to further document the applicant's qualifications
- Requires proof of a passing score on written examination
- Two letters of professional reference from certified counselors.

NOTE:

- The counselor may choose to maintain certification with more than one (1) certifying body.
- Once certified, the CAC Certificate will indicate that the person has been continuously certified by GACA since the date that reciprocity was granted
- Special consideration will be given to counselors serving the military while on active duty or within two years of release from active duty
- The Georgia Addiction Counselors Association will not grant reciprocity to any candidate from any state that *does not have qualifications similar to or higher than required by GACA*
- If the applicant's credentialing body did not require written examination either because these were not required or the applicant "grandfathered" into certification, the applicant will be given the opportunity to sit for written examination to meet these requirements for GACA Reciprocity. Waiver of this requirement will be at the discretion of the Certification Board

Each level of certification will be for a period of two 2 years. An applicant is not permitted to use the CAC credential or refer to him/herself as a Certified Addiction Counselor until formal notification by the Certification Board of Georgia Addiction Counselors Association. Counselor must meet renewal requirements in effect at the time of recertification.

GACA CREDENTIALS COMPARISON

	CACI	CACII	CCS
Pre-Requisite			CACII or valid state licensure as LCSW, LMFT, LPC, Addictionologist, Psychologist, or Psychiatrist
Work Experience Hours	2 yrs or 4,000 hours within past 5 yrs	3 yrs or 6,000 hours within past 8 yrs	5 years as a practicing Addiction Counselor with a caseload of alcohol or other drug dependent clients
Supervisory Experience			2 yrs <u>providing</u> clinical supervision of counseling work of addiction counselors
Education and Training Hours	H.S. or Equivalent (G.E.D.)	Bachelor's Degree or Higher	H.S. or G.E.D. minimum
	180 total hrs* to include 6 hrs Ethics — 18 hrs Cultural Diversity 3 hrs HIV/AIDS education *90 hrs allowed from college transcript if counseling-related	270 total hrs* to include 6 hrs Ethics — 27 hrs Cultural Diversity 3 hrs HIV/AIDS education *135 hrs allowed from a college transcript if counseling-related	30 didactic training hrs specific to clinical supervision
Clinical Supervision	96 hrs by a GACA-certified CCS	144 hrs by a GACA-certified CCS	200 hrs face-to-face hrs received
Testing	Written Exam	Written Exam	Written Exam
Recertification	Every 2 yrs with 40 hrs training and 24 hrs clinical supervision by GACA-CCS	Every 2 yrs with 40 hrs training	Every 4 yrs with 4 hrs Forum on Clinical Supervision and 20 didactic training hrs specific to Clinical Supervision designed to enhance skills as a clinical supervisor

BASIC TRAINING HOURS: 153 (CACI) and 234 (CACII) educational training hours should include basic counseling skills, individual counseling skills, group counseling skills, assessment and evaluation skills, documentation skills, general knowledge of anger management, denial, feeling, coping skills, pharmacology, relapse prevention, behavioral changing techniques, and referral procedures.

WRITTEN EXAMINATION: Serves to objectively measure the applicant's knowledge of substance abuse/addiction and the Counselor Skill Groups as outlined in the Standards for Certification (See these Certification Guidelines). The National Certification Commission for Addiction Professionals (NCC AP Written Examination) is administered nationwide monthly for an eight-day period (Saturday to Saturday). Pre-requisite to sit for written examination is an application approved by the Georgia Addiction Counselors Association and with notification of eligibility to test.