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
- 220 hours of alcohol/drug/counseling specific education.
- Written Examination

**CAC Level II Minimums:**
- 6000 work hours (approximately 3 years working 40 hours per week)
- 220 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 Committee.

**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. Membership provides benefits such as FREE webinar education hours, discounts to conferences, malpractice insurance, professional development, and advocacy.
- Application fee: $150.00 GACA/NAADAC member or $200.00 Non-Member. Fees are non-refundable.
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 Committee. 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 “grandparented” 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 Committee.

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

<table>
<thead>
<tr>
<th></th>
<th>CACI</th>
<th>CACII</th>
<th>CCS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Requisite</strong></td>
<td></td>
<td></td>
<td>CACII or valid state licensure as LCSW, LMFT, LPC, Addictionologist, RN, APN, Psychologist, or Psychiatrist, or other licensed behavioral health professional</td>
</tr>
<tr>
<td><strong>Work Experience Hours</strong></td>
<td>2 yrs or 4,000 hours within past 5 yrs</td>
<td>3 yrs or 6,000 hours within past 8 yrs</td>
<td>5 years as a practicing Addiction Counselor with a caseload of alcohol or other drug dependent clients</td>
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<tr>
<td><strong>Supervisory Experience</strong></td>
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<td></td>
<td>2 yrs providing clinical supervision of counseling work of addiction counselors</td>
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<tr>
<td><strong>Education and Training Hours</strong></td>
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<tr>
<td></td>
<td>H.S. or Equivalent (G.E.D.)</td>
<td>Bachelor’s Degree or Higher</td>
<td>H.S. or G.E.D. minimum</td>
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<tr>
<td></td>
<td>180 total hrs* to include 6 hrs Ethics — 18 hrs Cultural Diversity</td>
<td>270 total hrs* to include 6 hrs Ethics — 27 hrs Cultural Diversity</td>
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<tr>
<td></td>
<td>3 hrs HIV/AIDS education</td>
<td>3 hrs HIV/AIDS education</td>
<td></td>
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<tr>
<td></td>
<td>*90 hrs allowed from college transcript if counseling-related</td>
<td>*135 hrs allowed from a college transcript if counseling-related</td>
<td></td>
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<tr>
<td><strong>Clinical Supervision</strong></td>
<td>220 hrs by a GACA-certified CCS</td>
<td>220 hrs by a GACA-certified CCS</td>
<td>200 hrs face-to-face hrs received</td>
</tr>
<tr>
<td><strong>Testing</strong></td>
<td>Written Exam</td>
<td>Written Exam</td>
<td>Written Exam</td>
</tr>
<tr>
<td><strong>Recertification</strong></td>
<td>Every 2 yrs with 40 hrs training and 24 hrs clinical supervision by GACA-CCS</td>
<td>Every 2 yrs with 40 hrs training</td>
<td>Every 4 yrs and 20 didactic training hrs specific to Clinical Supervision designed to enhance skills as a clinical supervisor</td>
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</tbody>
</table>

**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.
APPICATION 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:_________________________________________________________________________

<table>
<thead>
<tr>
<th>Type</th>
<th>Certification or Licensure No.</th>
<th>Issuing Agency &amp; Location</th>
<th>Year of Original Issue</th>
<th>Current Expiration</th>
<th>Grandfathered Or Reciprocity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAC / CADC</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>LPC / LADC</td>
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<tr>
<td>LCSW/ LMFT</td>
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<td></td>
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<tr>
<td>PhD / MD</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>OTHER</td>
<td></td>
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</tbody>
</table>

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 counselor.

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

On October 15, 2017, Georgia Addiction Counselors Association (GACA) adopted the NAADAC/NCC AP Code of Ethics that was updated and became effective October 9, 2016. The Code of Ethics sets nine principles that consider the clinician, supervisor, and relevant others.

The nine principles are:

Principle I: The Counseling Relationship
Principle II: Confidentiality and Privileged Communication
Principle III: Professional Responsibilities and Workplace Standards
Principle IV: Working in a Culturally-Diverse World
Principle V: Assessment, Evaluation and Interpretation
Principle VI: E-Therapy, E-Supervision and Social Media
Principle VII: Supervision and Consultation
Principle VIII: Resolving Ethical Concerns
Principle IX: Publication and Communications

The GACA Code of Ethics provides direction and guidance to addiction counselors, education providers, service organizations, regulatory boards, legislators, and other related parties. The GACA Code of Ethics is located at http://gaca.org/about-gaca/gaca-code-ethics/. Ethics code violations may result in disciplinary actions, including loss of credential.

I HEREBY AFFIRM that I have read and understand the entire GACA Code of Ethics and all nine principles stated therein. I subscribe to and commit myself to professional conduct in keeping with the Code of Ethics of GACA.

________________________________________
Applicant’s Name Printed

________________________________________
Signature                          Date Signed
Submit This Form To Your Current Credentialing Agency For Verification

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:

<table>
<thead>
<tr>
<th>Work Experience Hours</th>
<th></th>
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<tbody>
<tr>
<td>Educational Hours</td>
<td></td>
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<tr>
<td>Clinical Supervision Hours</td>
<td></td>
</tr>
<tr>
<td>Written Examination</td>
<td>Date:</td>
</tr>
<tr>
<td>Case History/Oral Exam, if applicable:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

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

PLEASE RETURN THIS COMPLETED FORM TO: GACA, 4015 South Cobb Drive, Suite 160, Smyrna, Georgia 30080