

GACA

Certified Adolescent Addiction Counselor (CAAC)

GRANDFATHERING ONLY APPLICATION – deadline for applications December 31, 2024

CAAC GRANDFATHERING APPLICANT RESPONSIBILITIES:

It is the responsibility of the applicant at the time of application submission:

- To submit a **COMPLETE** application with ALL supporting documents;
- To maintain a copy of records and certification(s) submitted;
- To understand all fees are non-refundable;
- No application will not be processed until ALL fees and required documents have been submitted;
- Certification Committee has the right to verify any information submitted for certification; has the right to refuse and/or deny an application;
- All certification applications are reviewed on the second (2) Saturday of the month; Certification Committee has the right to reschedule, if needed. Please DO NOT call GACA office staff immediately after monthly scheduled certification to verify the status of your submitted application, GACA office staff will notify each applicant via email or postal mail the status of application;
- To understand ALL recertification applications are due 45 days prior to expiration to ensure processing in a timely manner, failure to submit application will result in delaying your application.

BENEFITS OF THE GACA CERTIFIED ADOLESCENT ADDICTION COUNSELOR (CAAC) CREDENTIAL

(GRANDFATHER):

- Supports career advancement and increased salary potential.
- Able to identify as a practitioner that specialized in addiction assessment and treatment.
- Demonstrate to clients, employers, and 3rd party payers your commitment to quality care by verifying through certification the skills and competencies you have developed through years of work experience and coursework.
- The CAAC credential reflects a commitment of the highest ethical standards for Substance Use Disorders/Addiction professionals.
- Allows you to support the U.S. Department of Labor increased demand for Substance Use Disorders/Addiction Counselors needed by 2024.
- Improve your opportunities for independent practice.

CAAC GRANDFATHERING ELIGIBILITY REQUIREMENTS:

- ✓ Bachelor's / Master's Degree or higher in Substance Use Disorders/Addiction and/or related counseling subjects (social work, marriage and family, mental health counseling, psychology) from a regionally accredited institution of higher learning.
- ✓ Current credential or license as a Substance Use Disorders/Addiction counselor or Professional Counselor (social worker, mental health, marriage & family, psychologist, psychiatrist, addictionologist) issued by a state or credentialing authority.
- ✓ At Least five years full time or 10,000 hours of supervised experience working in Substance abuse disorders/Addiction and or related counseling subjects, Must include two and a half or 5,000 hours of supervisor experience working with adolescents.
- ✓ At least 270 contact hours of education and trainings in substance use disorders and /or related counseling subjects.
- ✓ Must include at least 70 contact hours of training related to adolescent treatment within the last 6 years
Must include at least 6 hours of ethics education and training in the last 6 years.
- ✓ Must include at least 6 hours of HIV/Pathogens educations and training in the last 6 years.
- ✓ CAAC Grandfather clause will be Exempt from the NCC AP's NCAAC exam til December 31, 2024
 - Disorders/Addiction. Must include the following trainings (must be a GACA provider **ONLY**):
 - six (6) hours of pharmacology
 - six (6) hours CFRv42
- ✓ **Grandfathering period ends December 31, 2024**

GRANDFATHERING APPLICATION REQUIREMENTS

- Copy of official Bachelor's /Master's degree (in human service or related field) transcript from a regionally accredited institution of higher learning in the field of human service or related field.

- Evidence of current credential or license as a Substance Use Disorders/Addiction Counselor or Professional Counselor (social worker, mental health, marriage & family, psychologist, psychiatrist, medical doctor) issued by a state or credentialing authority.
- Written verification of competency in all skills groups by a supervisor or other health care professionals who have personally observed the candidate's Substance Use Disorders/Addiction work for a total of five years full-time or 10,000 hours. Work experience must in the field of addiction or in a professional setting where addiction clients are served.
- Submit a copy of professional resume
- Submit a copy of valid GA licensure
- Submit a copy of GCIC report to GACA
- Submission of a signed statement that the candidate has read and adheres to the NAADAC/NCC AP Code of Ethics.
- Payment of non-refundable credential application fee.

RENEWAL GUIDELINES

- ALL application fees are non-refundable***
- Evidence of a current of a current state issued credential/license.***
- Provide work history for the 2 years prior to renewal.***
- Submission of a signed statement that the candidate has read and subscribes to the NAADAC Code of ethics.***
- Renewal every odd calendar year i.e. 2023, 2025 etc.; ALL recertification applications will be due by expiration date on certificate of each renewal year CAAC
- Is required to maintain a valid Georgia licensure and or CAC
- 40 hours of continuing education is required for both the CAAC and CACII recertification every 2 years
 - 20 hours of continuing education in adolescent specific trainings completed with a GACA approved provider*
 - 20 hours other counseling-related subjects
 - **First time CAAC renewals** must include the following continuing education courses with a GACA approved education provider (*subtract these hours from the 20 GACA approved CE hours):
 - Six (6) hours of Pharmacology;
 - Six (6) hours Addiction / the Disease Concept



GACA CERTIFIED ADOLESCENT ADDICTION COUNSELOR (CAAC)

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Provide detailed information for all sections of this application. Print legibly or type. Incomplete or unsigned applications will be returned to applicants for completion, causing delay or disqualification. Applications without payment will not be processed. A resume may be attached but will not be accepted as a substitute for a completed application form.

PLEASE PRINT CLEARLY /TYPE INFORMATION: *Please do not submit double-sided applications or double-sided supporting documents*

NAME:	Last Name	First	Middle Initial	Maiden Name, if applicable	
ADDRESS:	Street or PO Box	City	State	Zip	
CONTACT	Daytime Phone:		Cell Phone:		
	E-mail				
PERSONAL	Date of Birth (must be over the age of 21)	AGE:	Last 4 Social Security #:		
<p><i>*It is the responsibility of the applicant to inform GACA and the Certification Committee in writing of any demographic changes, GACA is not held responsible of applicant does not inform the office of these changes; failure to do so may impact certification/re-certification process and late fees will apply.</i></p> <p>(For statistical purposes only:</p>					
GENDER:	MALE		FEMALE		
MARITAL STATUS:	SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED
RACE:					

EDUCATION / DEGREES STATUS: *Please check all that may apply*

Grandfathering	Master	Doctorate	Other:
<p>COLLEGE: Course(s) have specific relevance to the field of addiction or counseling. <i>(Core courses such as English, Science and Math cannot be counted toward certification) *College degrees must be in human service or related field AND must be accredited and listed on the Council for Higher Education Accreditation web site (www.chea.org).</i></p>			

LEGAL STATUS: All applicants must submit a GCIC report to GACA

**(GCIC report must be submitted in a secured envelope or submitted directly to GACA by requested agency)*

Have you EVER been arrested, charged or convicted of any felonies or misdemeanors?	YES	NO
Do you have any pending misdemeanor or felony charges?	YES	NO
PLEASE READ:		
<p><i>Any applicant with a criminal history must be cleared of all criminal charges/misdemeanors and/or felonies/probation and parole requirements prior to applying for any GACA addiction certifications. Applicant must submit a completion letter from his/her parole/probation officer at the time of application.</i></p>		
<p>If you answer yes to either question, please include a brief explanation for each reported criminal charge.</p>		

EMPLOYMENT INFORMATION: (Must include current resume)

Applicant must hold/maintain position(s) providing direct services to clients utilizing the eight (8) counseling skill groups in an agency or facility that is licensed to provide addiction counseling.

Name of Employer:	
Your Job Title:	Dates of Employment:
Name and Title of Immediate Supervisor:	Number of Hours per Week:
Mailing Address of Employer:	Telephone - include area code and/or extension:
Primary Job Duties (Please include current job description issued by employer)	

Name of Employer:	
Your Job Title:	Dates of Employment:
Name and Title of Immediate Supervisor:	Number of Hours per Week:
Mailing Address of Employer:	Telephone - include area code and/or extension:
Primary Job Duties (Please include current job description issued by employer)	

I HEREBY AFFIRM, that ALL information submitted in this application is true and accurate, falsifying information will result in denial of application and any future GACA certification applications.

Applicants name (printed):	Date:
Applicants signature:	

DISCLAIMERS and INSTRUCTIONS

I hereby understand that by seeking any GACA certification it does not guarantee any employment options or opportunities. I will not hold GACA, GACA clinical supervisor, officers, Committee members, employees and examiners liable for any lack of ability to obtain employment. The CIT certification does not guarantee certification as a CACI or CACII.

Office use ONLY

Staff Initials:	Date Application Received:	Fees Paid:	Late Fees:
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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 / NAADAC/NCC AP 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 all my professional obligations, duties, and responsibilities under all nine (9) principles and/or provision of the GACA / NAADAC/NCC AP Code of Ethics.

Applicants name (printed):	Date:
Applicants signature:	



GACA 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 ANY GACA CERTIFICATION).

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 Committee 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 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 any GACA 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 Committee.”

“I further agree to hold GACA, its officers, Committee 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 on receipt of acknowledgement, I certify my complete understanding of these statements and my intention to be fully bound thereby.”

I HEREBY AFFIRM, that I have read and understand the components outlined in the GACA Oath, Assurance and Release.

Applicants name (printed):	Date:
Applicants signature:	

I HEREBY AFFIRM, that I have received information related to the eight (8) counseling skill groups in this application, along with information related to the required clinical supervision, work experience and education requirements.

Applicants name (printed):	Date:
Applicants signature:	



**GACA CERTIFIED ADOLESCENT ADDICTION COUNSELOR (CAAC)
FEE**

GRANDFATHERING ONLY APPLICATION – deadline for applications December 31, 2024

ALL FEES ARE NON-REFUNDABLE	
CAAC INITIAL APPLICATION	\$300.00 <i>(bi-annual renewal required)</i>
<i>Grandfathering period ends December 31, 2023</i>	
CAAC RECERTIFICATION	\$300.00 <i>(bi-annual renewal required)</i>
TOTAL AMOUNT	\$ _____
DUE	-
Make ALL check or money order payable to Georgia Addiction Counselors Association	

If paying with debit/credit card, please complete the following information:

X _____ Print
name as it appears on card

Credit Card #: _____

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

X _____ Print
name as it appears on card

X _____
Company Name, if applicable

Cardholder Billing Address: Street: _____

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

APPLICATIONS SUBMITTED WITHOUT REQUIRED FEES WILL NOT BE PROCESSED OR REVIEWED

Mail application, documentation and fees to:

Georgia Addiction Counselors Association (GACA)
4015 South Cobb Drive SE Suite 160, Smyrna, Georgia 30080