

# GEORGIA ADDICTION COUNSELORS ASSOCIATION

## APPLICATION REQUIREMENTS FOR CREDENTIALING AS A

### CERTIFIED CLINICAL SUPERVISOR

#### To Apply:

- A. Hold a valid CACII certification through the Georgia Addiction Counselors Association  
or
- B. Hold a valid state licensure as LCSW, LMFT, LPC, Addictionologist, Psychologist, or Psychiatrist who can demonstrate 5 years of addiction counseling experience upon application:
  1. Complete application in full of documentation of current certification or licensure
  2. Document 5 years' experience practicing as a Certified Addiction Counselor during which you carried a caseload of alcohol and other drug dependent clients.
  3. Documentation of providing 2 years of direct clinical supervision to counselors working in the field of addiction providing direct services.
  4. Documentation of 200 face to face contact hours specific to Clinical Supervision provided by a GACA Certified Clinical Supervisor. These hours must be specific to becoming a Clinical Supervisor.
  5. Attach documentation of thirty (30) hours of didactic training **SPECIFIC TO CLINICAL SUPERVISION**. Three (3) of the hours must be **Professional Ethics for Clinical Supervisors**. The remaining twenty-seven (27) hours must include training in each of the following areas: Assessment/Evaluation, Counselor Development, Management/Administration, and Professional Responsibilities. Courses must be specialized to enhancing your skills as a clinical supervisor. Classes are not required to be in-classroom but we highly encourage in-classroom study.
  6. List the name and location of three professionals in the addiction treatment field who are familiar with your work as a clinical supervisor. Completion of this application requires letters of reference from each of these individuals. One of the three references must have supervised your clinical supervision. Letters may be attached to this application or the individuals may mail separately to the GACA office. Your application will be pending until all reference letters are received.
  7. Sign NAADAC Code of Ethics
  8. Mail application and supporting documentation with non-refundable CCS Application Fee of \$125.00 for current NAADAC/GACA members or \$175.00 for non-members to:

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

Applications that are incomplete, missing support documentation (other than letters of reference mailed separately) or received without payment of the appropriate processing fee will be returned without review.

9. Upon application approval, candidate must successfully pass the Written Examination for Certified Clinical Supervisors. Effective 2015, the CCS Written Examination will be endorsed by the National Certification Commission for Addiction Professionals (NCC AP) and administered by the Professional Testing Corporation (PTC). Testing fee is \$180.00. **Following approval of your CCS Application, GACA will provide instructions for testing to complete the supervisor certification process. DO NOT take the written exam on the PTC website until receiving notification from GACA of approval of your application.**

**GEORGIA ADDICTION COUNSELORS ASSOCIATION  
INITIAL APPLICATION  
CERTIFIED CLINICAL SUPERVISOR**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Ext \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMPLOYMENT:**

Current Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please do not submit double- sided applications or double- sided supporting documents**

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

Type	Certification or Licensure	Issuing Agency & Location	Date of Initial Issue	Current Expiration
<input type="radio"/> CAC / CADC				
<input type="radio"/> LPC / LADC				
<input type="radio"/> LCSW/ LMFT				
<input type="radio"/> PhD / MD				
<input type="radio"/> OTHER				

**B. EDUCATION: Circle highest level of education. Include a copy of the Bachelor's, Master's or PhD degree**

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

**C. WORK HISTORY:**

Document five (5) years' experience as a practicing Addiction Counselor during which you carried a caseload of alcohol and other drug dependent clients:

<u>Dates</u>	<u>Facility</u>	<u>Location</u>

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D. **PROVIDING SUPERVISION:** Document two (2) years' experience **giving** clinical supervision of the counseling work of addiction counselors

Dates	Facility	Location

E. **RECEIVING SUPERVISION:** Attach a separate letter documenting 200 contact hours of face-to-face clinical supervision that **you have received from a GACA Certified Clinical Supervisor.**

D. Attach documentation/copies of certificates for thirty (30) hours of didactic training in clinical supervision to include (3) hours of Professional Ethics for Clinical Supervisors. This must include training in each of the following areas: Assessment/Evaluation, Counselor Development, Management/ Administration, and Professional Responsibilities. *Courses should be specific to enhancing your skills as a clinical supervisor.*

F. List the name and location of three professionals in the addiction treatment field who are familiar with *your work as a clinical supervisor*. Completion of this application requires letters of reference from each of these individuals. One of the three references must have supervised your clinical supervision. Letters may be attached to this application or the individuals may mail separately to the GACA office. Your application will be pending until all reference letters are received.

Name	Location
1)	
2)	
2)	

G. Mail application and supporting documentation with non-refundable CCS Application Fee of \$125.00/member or \$175.00/non-member to:

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

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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 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

Professional Service	NAADAC GACA Member	Non Member
Initial CCS Application		
Certified Clinical Supervisor (CCS)	125.00	175.00
CCS Written Examination (NOTE: Testing required for all applicants as of 7/1/2015. <b>Do Not send Testing Fee until notified</b> that your application has been approved)	180.00	180.00
CCS Retest		
Written Examination – Retest, if applicable	180.00	180.00
Make Check or Money Order Payable To Georgia Addiction Counselors Association	\$ _____	\$ _____
<b>TOTAL DUE</b>		

ALL FEES ARE NON-REFUNDABLE

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

Acct# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ VIN# \_\_\_\_\_

X \_\_\_\_\_  
(cardholder signature)

\_\_\_\_\_  
Print name as it appears on card)

\_\_\_\_\_  
(Company, If Applicable)

\_\_\_\_\_  
Billing Address.

MUST INCLUDE ZIP CODE