



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 an 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 recertification to further document the applicant's qualifications
- Requires proof of a passing score on written examination
- Two letters of professional reference from certified counselors.
- Application can have any current/pending criminal charges in Georgia or any other State. Must have completed all parole/probation obligation prior to submitting application.

NOTE:

- GACA will allow reciprocity in-state if applicant relinquishes their same in-state addiction counseling credential currently held in Georgia.
- 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
- GACA reserves the right to deny any reciprocity request that does not meet credentialing requirements
- **GACA does not offer reciprocity /or its Counseling in Training and Clinical Supervision certification.**

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.



CHECKLIST FOR ADDICTION COUNSELOR RECIPROACITY

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)*

MINIMUM CERTIFICATION REQUIREMENTS

CAC LEVEL I: 4000 work hours (*approximately 2 years working 40 hours per week*)
220 hours of clinical supervision
270 hours of alcohol/drug/counseling specific education
High School Diploma/GED

CAC LEVEL II: 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 in the human service or related field

Applicants requesting Reciprocity must meet the minimum GACA certification requirements to be considered for reciprocity. The Certification Committee will contact your State Certification Board to verify certification requirements.

REQUIRED DOCUMENTATION:

- Application for Reciprocity
 - Copy of current certificates/licensures from initial certification agency
 - Verification of current certificate from original certification agency; verification of total work and training hours on file *ALL credential verifications must be submitted directly to GACA*
 - Copy of testing/examination score from original testing agency
 - Two (2) letters of reference which include all items listed under ICRC Bullets (page 4) 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; *ALL official transcripts must be submitted directly to GACA*
 - Signed NAADAC Code of Ethics (enclosed)
 - Signed GACA Oath/ Assurance and Release (enclosed)
 - Signed in-state addiction counselor reciprocity agreement (for in-state [Georgia] reciprocity only)
 - All area/space(s) of this application has been completed or N/A is used in area/space(s) that are not applicable
- *Any State only or grandfathering certification will not be accepted, applicant must meet GACA certification requirements at the time of reciprocity application*

APPLICATION 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



ADDICTION COUNSELOR RECIPROCITY APPLICATION

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 do Not submit double-sided applications or double-sided supporting documents**

PLEASE PRINT CLEARLY /TYPE INFORMATION:

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 #: XXX-XX-	
<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 if 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:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
MARITAL STATUS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
RACE:				

EDUCATION/ DEGREES STATUS: Please check all that may apply

<input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Other:
<p>COLLEGE: Course(s) have specific relevance to the field of addiction or counseling. <i>(Care 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
<p>PLEASE READ:</p> <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>		

If you answer yes to either question, please include a brief explanation for each reported criminal charge and submit a G.C.I.C. (criminal record) with this application.



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 NULLIFY 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:	

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. **Applicant initials:** _____

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

EMPLOYMENT INFORMATION:

<i>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.</i>	
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: _____



PLEASE SUBMIT THIS FORM 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, CAC I or CAC II.

Name of Applicant	Last Name	First	Middle Initial	Maiden Name, if applicable
Applicant Address	Street or PO Box			
	City		State	Zip
License/ Certification#:	Issuing State:	Type of Agency: (ie: state license/certification, IC&RC, NAADAC, etc.)		
Name of Credentialing Agency:				
Credentialing Agency Address	Street or PO Box			
	City		State	Zip
Credentialing Agency Contact	Office:		Fax:	
Credentialing Agency Website:				

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:

	CAC I / CADC I	CAC II / CADC II	COMMENTS:
Work Experience Hours			
Educational Hours			
Clinical Supervision Hours			
Written Examination	Date: / Test Score	Date: / Test Score	

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

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

D. Is applicant under investigation for any disciplinary action or violation of code of conduct or ethics, and has applicant ever had his/her certification **REVOKED, SUSPENDED, DENIED, or REPRIMANDED**. If yes complete the following:

Date of Violation:	Expiration date of violation:
Description of actions taken (use additional paper, if needed)	

As the representative of the credentialing agency, I hereby certify that the above information is true and accurate according to our records.

Printed Name & Signature of Authorized State Board Representative: _____

Date: _____



ALL FEES ARE NON-REFUNDABLE	
RECIPOCITY APPLICATION	\$200.00 <i>(NON-MEMBER)</i>
	\$150.00 <i>(MEMBER)</i>
TOTAL AMOUNT DUE \$	
Make ALL check or money order payable to Georgia Addiction Counselors Association *If renewal application is late, late fees will apply	

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

SUBJECT: Reciprocity - In State

Any Reciprocity Applicant who holds any same addiction in-state credential{s} must sign this form stating that they will relinquish all same addiction in-state credential/s held from to receive and to maintain a GACA CACI or CACII. Failure to sign this agreement will result in the denial and/or the suspension of currently held GACA credential{s}.

The Georgia Addiction Counselors Association offers reciprocity for Addiction Counselors seeking to move their credential to its organization. Typically, this is done from another similar organization in the origin State to GACA when a counselor moves to Georgia.

GACA also offers reciprocity for individuals seeking to move their credential from another in State organization that credentials Addiction Counselors. These applications are carefully reviewed and may require additional documentation. Verification of the applicant's current in State credential must be confirmed or proof shown of attempts to confirm by the applicant with the origin organization.

GACA will only allow reciprocity in State if the applicant is willing to relinquish their addiction counseling credential currently held in Georgia. Applicants for in State reciprocity will be required to sign a documented agreement to immediately cease using their former in State credential if they are approved by GACA for reciprocity. This requirement only applies to credentials directly pertaining to addiction counseling. It does not apply to other credentials or licensures held in State.

In order to be considered or to receive (gained through in-state reciprocity), GACA asks that you sign this statement attesting you understand GACA's policy on this matter and that you agree you will not hold a concurrent addiction credential with any in-state credentialing board other than GACA while certified as a CACI or a CACII in the state of Georgia.

Signature

Date

Sincerely,

The GACA Certification Committee