



## **GACA CERTIFIED COUNSELOR-IN-TRAINING (CCIT) APPLICATION**

### **CCIT APPLICANT RESPONSIBILITIES:**

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

- To submit a **COMPLETE** application with ALL supporting documents;
- The initial 20 CE hours for the CCIT application **MUST** be completed with an approved GACA education provider
- To maintain a copy of records and certification(s) submitted;
- To understand all fees are non-refundable;
- To purchase a Student level GACA/NAADAC membership and remain an active GACA/NAADAC member while in the CCIT program
- 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.

### **PURPOSE OF COUNSELOR-TRAINING CERTIFICATION:**

Georgia Addiction Counselors Association (GACA) has implemented the Certified Counselor-In-Training (CCIT) to assist individuals who are seeking to become Certified Addiction Counselors. The initial 20 CE hours for the CCIT application **MUST** be completed with a GACA approved education provider. CCIT candidates will be required to receive direct supervision and support from a GACA Certified Clinical Supervisor; education/training from a qualified education provider(s); agree to submit a CCIT application annually (to include education/training/clinical supervision and required fees). **This process must be completed within 5 years.**

### **THE FIVE-YEAR (5) PROCESS OF COUNSELOR-TRAINING CERTIFICATION:**

Initial Application: the initial 20 CE hours required **MUST** be done with an approved GACA education provider;

**YEAR ONE (1):** Applicant must complete a minimum of 90 hours educational/training hours AND 74 clinical supervision hours;

**YEAR TWO (2):** Applicant must complete a minimum of 180 hours educational/training hours AND 148 clinical supervision hours;

**YEAR THREE (3):** Applicant must complete a minimum of 270 hours educational/training hours AND 220 clinical supervision hours.

**YEAR FOUR (4) and YEAR FIVE (5):** Applicant can use the last two years of CCIT program to complete any required hours still outstanding (wherever these hours are still incomplete from the clinical supervision, work experience or educational/training requirements. After 5 years in the CCIT program, the applicant should have met all requirements for the CACI or the CACII

*\*All applicants must submit an initial certified addiction counselor application once all requirements have been met. GACA is not responsible for maintaining copies of any submitted applications, certifications and/or related required documents; a current criminal background check must be submitted with new application.*

*\*All training/certifications expire after 5 years of completing course.*

### **CERTIFIED COUNSELOR IN TRAINING (CCIT): The Initial Requirements**

- Must be at least 21 years of age; must submit G.C.I.C. report
- CCIT must be renewed annually; each applicant has a maximum three (3) years to obtain his/her addiction counseling certification;
- Must hold a High School Diploma/GED or higher (Proof of Education is required) in the human service or related field. *\*An official certified educational transcript(s) must be mailed directly to GACA;*
- ALL applicants must submit 20 CE hours with an approved GACA education provider. Courses to include: Introduction to Certified Counselor in Training /Orientation (2 hours) Ethics for Addiction Counselors (6 hours); Telemental Health (6 hours); 42 C.F.R. Part 2 (6 hours) *\*College courses are not permitted.*

### Initial REQUIREMENTS TO BECOME A CERTIFIED COUNSELOR IN TRAINING (CCIT), Con't:

- All applicants must submit a GCIC report, in a secured envelope or submitted directly to GACA by requested agency.  
**\*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.**
- ALL applicants must submit a signed contract identifying a Clinical Supervisor to provide supervision.
- ALL applicants are required to review the CAC initial application for certification requirements, failure to meet these requirements may delay the certification process or result in denial of application.
- ALL applicants must read and sign the CCIT Receipt of Acknowledgment and submit to GACA.
- ALL applicants must maintain a current GACA/NAADAC student membership with their current CCIT status

### CCIT APPLICATION REQUIREMENTS:

#### **PART I: APPLICATION & GACA/NAADAC MEMEBERSHIP FEES**

The initial CCIT non-refundable application fee is \$130.00, this certification must be renewed annually. GACA will accept Checks or Credit/Debit cards for payment of the fees. NO MONEY ORDERS- GACA no longer accepts money orders. Non-sufficient Funds (NSF) – A fee of \$35.00 or more will be charged to any returned item(s) per transitions, this will include any/all additional bank and fees being charged to GACA. Anyone holding an active CCIT is strongly encouraged to maintain **an annual GACA/NAADAC student level membership** at a cost of \$62.50 annually.

#### **PART II: WORKSHEET FOR EVALUATING CCIT EDUCATIONAL CLOCK HOURS**

Complete the Worksheet for Evaluating CIT Certification Educational Clock Hours Form to see if you have met the 20 hours of educational requirements in the Eight (8) Counseling Skill Groups. Send in a copy of each training certificate to verify education provider, course, dates taken, and number of hours. Also send in an official high school transcript or GED; OR official college transcript, if applicable.

#### **PART III: CCIT ENDORSEMENT RECEIPT OF ACKNOWLEDGEMENT**

Each applicant will be responsible for reading the Code of Ethics, Oath and Assurance and the Eight Counselor Skill Groups. Upon reading these documents, the applicant must sign the CCIT Endorsement Receipt of Acknowledgment and submit to GACA.

#### **PART IV: CLINICAL SUPERVISION REQUIREMENTS**

- Each applicant must be receiving clinical supervision by a **GACA Certified Clinical Supervisor**, who will be responsible for providing clinical supervision and the submission of the GACA Clinical Supervisor/Clinical Supervisor Change form. This will include any updates/changes to supervision status, ethical concerns and/or training issues.
- All applicants should meet with a supervisor to develop an initial supervision plan that includes specific training in the Eight Counselor Skill Groups; applicant must meet with his/her clinical supervisor a minimum of twenty-four (24) hours of individual supervision; applicant is also responsible for attending group supervision sessions.
- Each CCS/CIT should record supervision on the Counselor-In-Training Monthly Supervision Form.
- Applicant must receive a minimum of 220 hours of clinical supervision by a GACA CCS to become a GACA certified addiction counselor.
- Applicant must submit a clinical supervisor contract annually, if there is a change in clinical supervisor status within 10 days of change.
- Applicant must understand that receiving clinical supervision by a GACA CCS does not guarantee certification in the field of addiction.

#### **PART IV: WORK SUPERVISOR REQUIREMENTS**

Each applicant must complete at least 4000 full time paid work hours under the direction of a person acceptable to GACA in the practice of chemical dependency and abuse counseling. GACA approved work supervisor may be licensed or certified in one of the following areas: **CCS, CACI, NCACI, CACII, NCACII, CADCI, CAADC, LCSW, LMFT, LPC** or other licensed behavioral health providers approved by GACA.

## GACA CAC EDUCATIONAL REQUIREMENT WORKSHEET

***EACH APPLICANT IS REQUIRED TO COMPLETE A MINIMUM OF FIFTEEN (15) TRAINING HOURS IN EACH OF THE EIGHT (8) COUNSELING SKILL GROUP AREAS***

| <b><i>TREATMENT ADMISSION (SCREENING, INTAKE, ORIENTATION)</i></b> The interaction with the client to determine suitability for alcoholism and/or drug abuse treatment. Information necessary for admission, appropriate assessment and appropriate treatment is collected; the client is oriented to the counseling process. Rules and expectations including financial responsibilities.                                                                                                                            | MIN. REQUIRED HOURS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15                  |
| <b><i>CLINICAL ASSESSMENT:</i></b> To synthesize and interpret the data collected during the treatment admission in order to determine the client's immediate problems, internal/external resources that may facilitate or inhibit the treatment process. This assessment forms the basis for the treatment goals and program established for the client.                                                                                                                                                             | 15                  |
| <b><i>ONGOING TREATMENT PLANNING:</i></b> A specific, individualized treatment plan that addresses the therapeutic needs of the client and places him/her in the appropriate placement on the continuum of care. The client's strengths and weaknesses must be considered in setting priorities for long and short-term goals and treatment. This plan must ultimately be formulated with the client                                                                                                                  | 15                  |
| <b><i>COUNSELING SERVICES:</i></b> (Individual, Group, Family, Crisis Intervention, Client Education) This interactive process assist clients by helping him/her change and maintain attitudes, beliefs and behaviors that are more constructive. The counselor must determine the most appropriate type of assistance and the counseling intervention to facilitate the change in behaviors, attitudes and beliefs. Counseling services included individual, family, group and crisis intervention counseling.       | 15                  |
| <b><i>CASE MANAGEMENT/REFERRAL:</i></b> This encompasses case consultation and interfacing with other agencies and professionals to provide the services needed by the client in order to achieve the treatment goals. Consultation and case review by a clinical supervisor are a vital component of managing the counseling process and providing quality care.                                                                                                                                                     | 15                  |
| <b><i>DOCUMENTATION - REPORT AND RECORD KEEPING:</i></b> This encompasses maintaining and recording the results of the treatment process accurately, descriptively and in a timely fashion. The legal document describes treatment including forms, releases, and consent forms and records.                                                                                                                                                                                                                          | 15                  |
| <b><i>DISCHARGE AND CONTINUUM CARE:</i></b> Discharge involves the reinforcement of the changed attitudes, beliefs and behaviors, assessment that there are no other pressing needs, following up on the client's status, making appropriate referrals for continuing services if necessary, and assessing the adequacy of support systems. Information on relapse prevention, continuation of self-help programs and other support mechanisms should be provided to the client as a part of the termination process. | 15                  |
| <b><i>LEGAL, ETHICAL AND PROFESSIONAL GROWTH:</i></b> This skill group includes the federal and state legislation governing the counselor/client relationship, adherence to the Code of Ethics that addiction counselors are expected to follow in their practice and areas of continuing self-education and growth. The dynamic nature of the therapeutic process demands continual self-evaluation, monitoring and self-awareness.                                                                                  | 15                  |

| <b>ADDITIONAL TRAINING REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>MIN. REQUIRED HOURS</b>          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|
| ETHICS<br>Example: legal issues, client welfare, professional competence, development, supervision, therapeutic boundaries, financial issues, personal wellness, conduct relationship to other counselors and code of ethics, etc.                                                                                                                                                                                                                                              |  | <b>6</b>                            |
| TELE-MENTAL HEALTH                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>6</b>                            |
| CONFIDENTIALITY / 42 CFR Part 2                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>6</b>                            |
| PHARMACOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>15</b>                           |
| CULTURAL DIVERSITY                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>15</b>                           |
| HIV / AIDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>3</b>                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                     |
| <b>CERTIFIED COUNSELOR IN TRAINING (CCIT) REQUIREMENTS (INITIAL APPLICATION ONLY)</b>                                                                                                                                                                                                                                                                                                                                                                                           |  |                                     |
| COUNSELOR IN TRAINING COURSE                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>2</b>                            |
| ETHICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>6</b>                            |
| TELE-MENTAL HEALTH                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>6</b>                            |
| CONFIDENTIALITY / 42 CFR Part 2                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>6</b>                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                     |
| *Only one (1) course topic can be taken in a certification period                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>270 REQUIRED EDUCATION HOURS</b> |
| <b>GACA Providers</b> (Face to Face educational training)                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>Min. 54 hours</b>                |
| <b>NAADAC Providers/Approved Providers</b> – NAADAC provider number must be on printed on the certificate.                                                                                                                                                                                                                                                                                                                                                                      |  |                                     |
| <b>COLLEGE:</b> 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)</i><br><b>*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 (<a href="http://www.chea.org">www.chea.org</a>); college course are not permitted for the recertification process.</b> |  | <b>Max. Allowed 90 hours</b>        |
| <b>IN-SERVICE</b> These hours must be directly related to counseling skills and/or knowledge needed to keep up to date in the field of addiction. <i>(Defensive driving, CPR/FIRST AID/CPI, hand-washing techniques, group session, 12-steps, films, video tapes, etc. cannot be counted as in-service hours for certification).</i>                                                                                                                                            |  | <b>Max. Allowed 20 hours</b>        |
| Addiction-specific internet/web-based/correspondence training/self-study                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Max. Allowed 27 hours</b>        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                     |
| <b>WORK EXPERIENCE:</b> Must be providing direct services to clients utilizing the eight (8) counseling skill groups in an agency or facility that is licensed to provide addiction counseling.                                                                                                                                                                                                                                                                                 |  | <b>Min. 4000 hours</b>              |
| <b>PLEASE NOTE:</b> Completion of at least 4,000 hours of full-time paid experience under direction provided by a person acceptable to the association in the practice of chemical dependency and abuse counseling; Applicant Must be employed by an agency or facility that is licensed to provide addiction counseling.                                                                                                                                                       |  |                                     |



## CERTIFIED COUNSELOR IN TRAINING (CCIT) 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 PRINT CLEARLY /TYPE INFORMATION:

Check one: ☐ Initial ☐ Year1 ☐ Year2 ☐ Year3

|                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                        |             |                                          |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------|----------------------------|
| <b>NAME:</b>                                                                                                                                                                                                                                                                                                                | Last Name                                                                                                                                                              | First       | Middle Initial                           | Maiden Name, if applicable |
| <b>ADDRESS:</b>                                                                                                                                                                                                                                                                                                             | Street or PO Box                                                                                                                                                       | City        | State                                    | Zip                        |
| <b>CONTACT</b>                                                                                                                                                                                                                                                                                                              | Daytime Phone:                                                                                                                                                         | Cell Phone: |                                          |                            |
|                                                                                                                                                                                                                                                                                                                             | E-mail                                                                                                                                                                 |             |                                          |                            |
| <b>PERSONAL</b>                                                                                                                                                                                                                                                                                                             | Date of Birth (must be over the age of 21)                                                                                                                             | AGE:        | Last 4 Social Security #: <b>XXX-XX-</b> |                            |
| <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> |                                                                                                                                                                        |             |                                          |                            |
| <b>(For statistical purposes only:</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                        |             |                                          |                            |
| <b>GENDER:</b>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                                                                                                          |             |                                          |                            |
| <b>MARITAL STATUS:</b>                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED |             |                                          |                            |
| <b>RACE:</b>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                        |             |                                          |                            |

**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:                                                                                                                                                                                           |
| <b>COLLEGE:</b> 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)</i> <b>*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 (<a href="http://www.chea.org">www.chea.org</a>).</b> |

**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 <b>EVER</b> been arrested, charged or convicted of any felonies or misdemeanors?                                                                                                                                                                                                                                                | YES | NO |
| Do you have any pending misdemeanor or felony charges?                                                                                                                                                                                                                                                                                   | YES | NO |
| <b>PLEASE READ:</b><br>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. |     |    |
| <b>If you answer yes to either question, please include a brief explanation for each reported criminal charge.</b>                                                                                                                                                                                                                       |     |    |

**EMPLOYMENT INFORMATION:**

*Applicant must hold/maintain position(s) providing direct services to clients utilizing the eight (8) counseling skill groups in an agency or facility that provides addiction/substance use disorder 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:

**DISCLAMERS 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 CCIT certification does not guarantee certification as a CACI or CACII.*

**Office use ONLY**

Staff Initials:

Date Application Received:

Fees Paid:

Late Fees:

### CCIT Additional Certification and Credentials Information

Does the applicant have any previous or current credentials or certifications? If yes, please provide the following:

Please list any certifications or credentials:

| Name of Credential/Certification | Board or Agency | Expiration Date |
|----------------------------------|-----------------|-----------------|
|                                  |                 |                 |
|                                  |                 |                 |
|                                  |                 |                 |
|                                  |                 |                 |

Is the 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: \_\_\_\_\_

Description of Action/s Taken: (use a separate sheet of paper if necessary)

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I hereby certify that the above information is true and accurate. GACA has permission to contact the credentialing agency/board regarding the above ethics allegation/s.

|                                 |               |
|---------------------------------|---------------|
| _____<br>Signature of Applicant | _____<br>Date |
|---------------------------------|---------------|



## 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:      |       |



## CERTIFIED COUNSELOR IN TRAINING FEE

| ALL FEES ARE NON-REFUNDABLE                                                                                                                |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| CCIT INITIAL APPLICATION                                                                                                                   | \$130.00<br><i>(annual renewal required)</i> |
| <b>Make checks payable to Georgia Addiction Counselors Association</b><br>GACA no longer accepts money orders.<br>DO NOT SEND MONEY ORDERS |                                              |
| <b>TOTAL AMOUNT DUE</b>                                                                                                                    | \$ <u>\$130.00</u>                           |

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

## GACA CLINICAL SUPERVISOR / GACA CLINICAL SUPERVISOR CHANGE FORM

Provide detailed information for all sections of this contract. Print legibly or type. Incomplete or unsigned contracts will not be processed, causing delay or disqualification. ALL CCS must hold a valid GACA CCS certification, please refer to GACA website for qualifications.

CCS Status: ☐ Initial Application ☐ Termination ☐ Change

PLEASE PRINT CLEARLY /TYPE INFORMATION:

Check one: ☐ Initial Year1 ☐ Year2 ☐ Year3

|                                                                                                                                                                                                                                                                                                                             |                                            |       |                                          |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------|------------------------------------------|----------------------------|
| <b>NAME:</b>                                                                                                                                                                                                                                                                                                                | Last Name                                  | First | Middle Initial                           | Maiden Name, if applicable |
| <b>ADDRESS:</b>                                                                                                                                                                                                                                                                                                             | Street or PO Box                           |       |                                          | County                     |
|                                                                                                                                                                                                                                                                                                                             | City                                       |       | State                                    | Zip                        |
| <b>CONTACT</b>                                                                                                                                                                                                                                                                                                              | Daytime Phone:                             |       | Cell Phone:                              |                            |
|                                                                                                                                                                                                                                                                                                                             | E-mail                                     |       |                                          |                            |
| <b>PERSONAL</b>                                                                                                                                                                                                                                                                                                             | Date of Birth (must be over the age of 21) | AGE:  | Last 4 Social Security #: <b>XXX-XX-</b> |                            |
| <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> |                                            |       |                                          |                            |

### EMPLOYEE INFORMATION:

|                                                                                                                                                                                                          |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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)                                                                                                                           |                                                 |

### APPLICANTS SIGNATURE:

|                            |       |
|----------------------------|-------|
| Applicants name (printed): | Date: |
| Applicants signature:      |       |

### CLINICAL SUPERVISORS INFORMATION (PLEASE PRINT CLEARLY):

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------|
| I HERBY AFFIRM, I hold a valid GACA Certified Clinical Supervisor certification required by GACA to provide clinical supervision to GACA applicants for initial and re-certification purposes. By signing this application, I agree to provide clinical supervision to applicant in the eight (8) counseling skills group and assist applicant with the GACA application process. <div style="text-align: right;">CCS Initials:</div> |                     |                                                 |
| Clinical Supervisors (First / Last) Name:                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                 |
| Clinical Supervisor Signature:                                                                                                                                                                                                                                                                                                                                                                                                        | CCS Certification # | CCS Expiration Date:                            |
| CCS Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                  |                     | Telephone - include area code and/or extension: |

## COUNSELOR-IN-TRAINING (CCIT) FUNCTIONS MONTHLY SUPERVISION FORM

*Documentation of 220 hours of direct supervision is required with 96 of these hours by an approved GACA Certified Clinical Supervisor with 24 of these hours being individual supervision. This form must be completed by the clinical supervisor and signed by the applicant. Sent in with application.*

| <b>INDIVIDUAL HOURS:</b> _____<br><div style="text-align: right; font-size: small;">24 Hours Required</div> |                                                 | <b>GROUP HOURS:</b> _____<br><div style="text-align: right; font-size: small;">(Must provide documented proof of group attendance)</div> |                                 |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| EIGHT (8) COUNSELOR<br>SKILL GROUPS                                                                         | HOURS OF DIRECT<br>FACE-TO- FACE<br>SUPERVISION | HOURS OF MONTHLY<br>WORK ACTIVITY                                                                                                        | ACCUMULATIVE HOURS<br>COMPLETED |
| SCREENING, INTAKE,<br>ORIENTATION                                                                           |                                                 |                                                                                                                                          |                                 |
| CLINICAL ASSESSMENT                                                                                         |                                                 |                                                                                                                                          |                                 |
| TREATMENT PLANNING                                                                                          |                                                 |                                                                                                                                          |                                 |
| COUNSELING SERVICES                                                                                         |                                                 |                                                                                                                                          |                                 |
| CASE MANAGMENT                                                                                              |                                                 |                                                                                                                                          |                                 |
| DOCUMENTATION                                                                                               |                                                 |                                                                                                                                          |                                 |
| DISCHARGE / CONTINUING CARE                                                                                 |                                                 |                                                                                                                                          |                                 |
| LEGAL, ETHICAL AND<br>PROFESSIONAL GROWTH                                                                   |                                                 |                                                                                                                                          |                                 |
| OTHER                                                                                                       |                                                 |                                                                                                                                          |                                 |

*Affidavit: I verify that the information documented above is true and accurate to the best of my knowledge and belief.*

### CCIT SIGNATURE:

|                            |       |
|----------------------------|-------|
| Applicants name (printed): | Date: |
| Applicants signature:      |       |

### CCS SIGNATURE:

|                                      |                                                                                                                                                             |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clinical Supervisors name (printed): | Date:<br><br><i>*CCS agrees to ensure all supervisees receive accurate documentation of supervision needed for the initial or re-certification process.</i> |
| Clinical Supervisors signature:      |                                                                                                                                                             |

# GEORGIA ADDICTION COUNSELORS ASSOCIATION

## CERTIFIED COUNSELOR-IN-TRAINING (CCIT)

### THE EIGHT (8) COUNSELOR SKILL GROUPS

The GACA CCIT was created for candidates who are in process of certification as CACI or CACII to provide documentation to present to potential employers showing that they have met basic criteria and are seeking supervised clinical work hours to meet requirements as a certified addiction counselor. In efforts to provide additional support to CCIT applicants, a quick reference of the Eight (8) Counselor Skill Groups is provided. (See below)

#### **I. TREATMENT ADMISSION (SCREENING, INTAKE, ORIENTATION)**

To interact with the clients to determine suitability for alcoholism and/or drug abuse treatment. Information necessary for admission, appropriate assessment and appropriate treatment is collected; the client is oriented to the counseling process. Rules and expectations including financial responsibilities include:

1. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.
6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.
8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.
9. Provide an overview to the client by describing program goals and objectives for client care.
10. Provide an overview to the client by describing program rules, and client obligations and rights.
11. Provide an overview to the client of program operations.

#### **II. CLINICAL ASSESSMENT**

To synthesize and interpret the data collected during the treatment admission in order to determine the client's immediate problems, internal/external resources that may facilitate or inhibit the treatment process. This assessment forms the basis for the treatment goals and program established for the client

1. Gather relevant history from client including but not limited to alcohol and other drug abuse, using appropriate interview techniques.
2. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history.
3. Identify appropriate assessment tools.
4. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
5. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

#### **III. ONGOING TREATMENT PLANNING**

To provide an addiction specific, individualized treatment plan that addresses the therapeutic needs of the client and places him/her in the appropriate placement on the continuum of care. The client's strengths and weaknesses must be considered in setting priorities for long and short-term goals and treatment. This plan must ultimately be formulated with the client.

1. Explain assessment results to client in an understandable manner.
2. Identify and rank problems based on individual client needs in the written treatment plan.
3. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
4. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

#### **IV. COUNSELING SERVICES (Individual, Group, Family, Crisis Intervention, Client Education)**

The interactive process providing assistance to a client to help him/her change and maintain attitudes, beliefs and behaviors that are more constructive. The counselor must determine the most appropriate type of assistance and the counseling intervention to facilitate the change in behaviors, attitudes and beliefs. Counseling services included individual, family, group and crisis intervention counseling.

1. Select the counseling theory or theories that apply.
2. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
3. Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings, if appropriate in the treatment setting.
4. Individualize counseling in accordance with cultural, gender and lifestyle differences.
5. Interact with the client in an appropriate therapeutic manner.
6. Elicit solutions and decisions from the client.
7. Implement the treatment plan.

##### **A. CRISIS INTERVENTION**

1. Recognize the elements of the client crisis.
2. Implement an immediate course of action appropriate to the crisis.
3. Enhance overall treatment by utilizing crisis events.

##### **B. CLIENT EDUCATION**

1. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
2. Present information about available alcohol and other drug services and resources.

#### **V. CASE MANAGEMENT**

This encompasses case consultation and interfacing with other agencies and professionals to provide the services needed by the client in order to achieve the treatment goals. Consultation and case review by a clinical supervisor is a vital component of managing the counseling process and providing quality care.

1. Coordinate services for client care.
2. Explain the rationale of case management activities to the client.

##### **A. REFERRAL**

1. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
2. Explain the rationale for the referral to the client.
3. Match client needs and/or problems to appropriate resources.
4. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
5. Assist the client in utilizing the support systems and community resources available.

#### **VI. DOCUMENTATION - REPORT AND RECORD KEEPING**

This encompasses maintaining and recording the results of the treatment process accurately, descriptively and in a timely fashion. The legal document describes treatment including forms, releases, and consent forms and records.

1. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
2. Chart pertinent ongoing information pertaining to the client.
3. Utilize relevant information from written documents for client care.

#### **VII. DISCHARGE AND CONTINUUM CARE**

Discharge involves the reinforcement of the changed attitudes, beliefs and behaviors, assessment that there are no other pressing needs, following up on the client's status, making appropriate referrals for continuing services if necessary, and assessing the adequacy of support systems. Information on relapse prevention, continuation of self-help programs and other support mechanisms should be provided to the client as a part of the termination process.

##### **CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT/SERVICES**

1. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
2. Consult with appropriate resources to ensure the provision of effective treatment services.
3. Adhere to applicable laws, regulations, and agency policies governing the disclosure of client-identifying data

#### **VIII. LEGAL, ETHICAL AND PROFESSIONAL GROWTH**

This skill group includes the federal and state legislation governing the counselor/client relationship, adherence to the Code of Ethics that addiction counselors are expected to follow in their practice and areas of continuing self-education and growth. The dynamic nature of the therapeutic process demands continual self-evaluation, monitoring and self-awareness