A Notice To Our Applicants…

Please be aware that the process to be certified as an addictions counselor in South Carolina is one that may be revised from time to time at the discretion of the SCAADAC Certification Commission.

It is the responsibility of the applicant to make sure that he or she is using the most recent version of the application. The Certification Manual found on the SCAADAC web site will be the most current version.

This Certification Manual was revised on

January 16, 2014
Certification Manual Outline

I. Introduction ................................................................................................................................................ 4
   A. History of Certification Process .............................................................. .............................................. 4
   B. Philosophy ......................................................................................................................... 4
   C. Purpose .......................................................................................................................... 5
   D. Overview of Current System ..................................................................................... 5
   E. Duties and Responsibilities of Certification Commission Members ................. 5

II. Eligibility ..................................................................................................................................................... 6
   A. Specialties:
      1. Certified Addictions Counselor I ................................................................. 6
      2. Certified Addictions Counselor II ............................................................... 6
      3. Certified Clinical Supervisor ............................................................................. 6
   B. Core Functions ................................................................................................................. 7
   C. Knowledge ......................................................................................................................... 8

III. Reciprocity .................................................................................................................................................. 9

IV. Certification Process .......................................................................................................................... 9

V. Examinations ............................................................................................................................................ 10
   A. Written Examination ................................................................................................. 10
   B. Oral Examination ......................................................................................................... 10

VI. Appeals Procedure .......................................................................................................................... 11

VII. Recertification Procedure ................................................................................................................. 12

VIII. Refusal or Revocation .................................................................................................................... 13

IX. Guidelines for Accepted Training Hours ............................................................................................. 14

X. Guidelines for Submitted Documentation ............................................................................................ 15

Appendices
   Appendix I
      Code of Ethics ................................................................................................................. 16
   Appendix II
      Fee Schedule ...................................................................................................................... 20
   Appendix III
      Glossary ............................................................................................................................. 21
   Appendix IV
      Certification Application and Related Forms ............................................................... 22
   Appendix V
      Certification Process Annual Schedule, Guidelines for Case Record Presentation and
      Application Checklist ........................................................................................................ 31
   Appendix VI
      Requirements for Certification by AOD Reciprocity .................................................... 35
   Appendix VII
      Recertification Application and Recertification Checklist .............................................. 36
I. Introduction

The South Carolina Association of Alcoholism and Drug Abuse Counselors Certification Commission supports the concept of voluntary certification through assessing and validating the competency of addictions counselors. The certification process focuses on the individual’s current level of knowledge and skills in alcoholism and other drug abuse counseling.

The South Carolina certification was designed to:

a. define the role and functions of the addictions counselor;
b. evaluate the education and experiential training of each individual due to the variety of therapeutic disciplines, approaches, techniques and values; and
c. evaluate the knowledge and skills with focus on core functions.

Applicants for certification should be aware that the certification process is not a process through which, in itself, one can develop competency as a counselor. The process of certification is a competency-based process that presumes that at the point of application a certain level of competency already exists. It is a process that affirms and certifies existing competence. Therefore it should be expected that individuals having little or only basic experience in the counseling core functions should be prepared to encounter some greater degree of difficulty in demonstrating competency for certification than would individuals who have more than entry-level experience.

A. History

In 1975 the Alcohol and Drug Abuse Association of South Carolina was formed by a group of directors, counselors and intervention specialists. It was believed that workers in the field of addictions needed a vehicle by which to assure that trends and innovations in the field were disseminated to aid the professional growth and development of its workers.

The Association determined that a certification procedure needed to be instituted to assess the level of counselor competence. The first written test was administered at the College of Charleston and at the University of South Carolina in December of 1977. The first test was given to over 100 persons who aided in setting the standards for the certification system. Oral interviews were established in 1977.

In 1982 the process was taken over by the (then) South Carolina Commission on Alcohol and Drug Abuse (now the Department of Alcohol and Other Drug Abuse Services). DAODAS offered credentialing in five (5) specialty areas: Master Counselor, Clinical Counselor, Intervention Specialist, Primary Prevention Specialist, and Addictions Associate. Also offered was credentialing for ADSAP and SCIP Structured Group Leader. The system was maintained by DAODAS until December 1995 at which time the South Carolina Association of Alcoholism and Drug Counselors assumed responsibility for the certification system. The Certification Commission is established by SCAADAC to maintain the certification system.

B. Philosophy

The SCAADAC Certification Commission acknowledges that addiction continues to increase. The impact on society is demonstrated through concerns and problems that exist in families, schools, workplace, and the criminal justice system. Since the effects are broad in scope, the treatment provided to individuals and families must be narrow in focus.
The counseling core functions are set forth to identify the skills and knowledge which must be demonstrated in order to provide quality care.

The SCAADAC Certification Commission has adopted this process of counselor certification to validate the skills and knowledge of individuals who are responsible for the provision of care to improve the lives of persons who are identified as chemically dependent.

C. Purpose

Counselor certification allows for the establishment of standards for the professional practice and service delivery in the field of alcohol and other drug abuse. Certification provides professionals the ability to obtain recognition of having met a prescribed level of professional competency.

The process of certification fosters credibility and integrity in the field, assuring the general public and employers of the level of competence of each certified professional.

D. Overview of Current System

SCAADAC offers certification in two specialties; Certified Clinical Supervisor and two levels of Certified Addictions Counselors.

The NAADAC written examination has replaced the written examination administered by DAODAS. Oral examinations continue to be administered.

The system is a voluntary system offering those who apply a mechanism by which to validate knowledge and skills in the addictions counseling area.

The seventeen-person Certification Commission is comprised of counselors who have been certified for more than three years and have been nominated and appointed to serve by the SCAADAC Board of Directors. Commission members serve a term of either two or three years.

The Advisory Committee of the SCAADAC Certification Commission is comprised of five (5) members appointed by the SCAADAC Board of Directors. Two of these members are former members of the Credentialing Review Committee and three members are Certified Clinical Supervisors. None of the members are affiliated with the Certification Commission.

E. Duties and Responsibilities of Certification Commission Members

1. Assist those who seek certification in successfully completing the process.

2. Establish criteria and standards for certification and recertification.

3. Administer oral examinations.

4. Recommend policies that will improve the professional standing of the field.

5. Promote the goals of the SCAADAC.
II. Eligibility

A. Specialties

1. Certified Addictions Counselor I

Requires two (2) years full time or 4,000 hours experience in the Alcohol and Other Drug Counseling Core Functions within the previous five years.* Also required is a Bachelor’s Degree in any area or an Associates Degree in Human Services from a regionally accredited institution. In all instances a minimum of 270 clock hours must be documented in education or training related to the counseling core functions. Additional requirements include:

Documentation of 150 hours of clinical supervision by a certified addictions professional;
Affirmation in writing of adherence to the South Carolina Certification Ethical Standards;
Submission of all appropriate documentation with completed application and fee;
Pass Level I written examination;
Pass oral examination;
Receipt of final approval by SCAADAC Certification Commission.

2. Certified Addictions Counselor II

Requires four (4) years full time or 8,000 hours experience in the Alcohol and Other Drug Counseling Core Functions within the previous five years.* Also required is a Bachelor’s Degree in any area or an Associates Degree in Human Services from a regionally accredited institution. Certified Addictions Counselor II may also be obtained by making application for CAC II when hours of required experience have been met and an upgrade fee is paid; OR upon recertification when required hours and experience for CAC II are documented and recertification and upgrade fees are paid. However, in all instances a minimum of 450 clock hours must be documented in education or training related to the core functions. Additional requirements include:

Documentation of 150 hours of clinical supervision by a certified addictions professional;
Affirmation in writing of adherence to the South Carolina Certification Ethical Standards;
Submission of all appropriate documentation with completed application and fee;
Pass Level II written examination;
Pass oral examination;
Receipt of final approval by SCAADAC Certification

3. Certified Clinical Supervisor

Must be currently certified as a Certified Addictions Counselor II.

Requires five (5) years or 10,000 hours of full-time of experience in Human Services or AOD counseling within the previous five years.* A Master’s degree in a clinical subject or a Bachelor’s degree from a regionally accredited institution plus 250 hours of approved training related to the core functions. An additional 30 hours of training specific to clinical supervision is required regardless of degree or experience. Additional requirements include:

Affirmation in writing of adherence to the South Carolina Certification Ethical Standards;
Pass oral examination for CCS.
Receive final approval of SCAADAC Certification Commission.

(*Work experience must be verified by current and/or previous employers on official letterhead and should specify dates of employment, full-time or part-time status, job title and that job duties were in core functions of addictions counseling.)
B. Core Functions

The primary role of a Certified Addictions Counselor is to establish a therapeutic relationship while assisting clients in the recognition of problem areas that exist which may prohibit a successful recovery. To this end, the following core functions are utilized in the certification process to assure competence of the Addictions Counselor:

01. **Screening and Intake**: The determination of the appropriateness of the agency to serve the client; gathering of basic demographic information; and establishing a schedule for further contact.

02. **Orientation**: Informing the client of rules and goals of the program; the governance of conduct and treatment compliance that may affect treatment outcome; hours of operation and costs as well as clients’ rights.

03. **Assessment**: The evaluation and identification of strengths, weaknesses, needs and problems of an individual to aid in the development of the treatment plan. An analytical process that facilitates diagnosing the individual as well as ability to function while in treatment.

04. **Treatment Planning**: Establishing an agreement between counselor and client to achieve goals that are measurable and attainable; the opportunity to determine treatment process and appropriate resources.

05. **Counseling**: The use of specific skills to aid individuals, families, or groups through exploration of problems, attitudes, and feelings. Determining alternative solutions and developing appropriate decision-making skills.

   - **Individual Counseling**: Using the one-to-one relationship as the primary method of application. **Group counseling**: Using the group process as the primary method of application.
   - **Family and couples counseling**: Using the family dynamic as the primary method of application.

06. **Case Management**: The coordination of activities that bring together all essential services and resources to aid in the achievement of treatment goals.

07. **Crisis Intervention**: The provision of immediate services to a client under emergency circumstances that may be directly or indirectly related to use/abuse of alcohol or other drugs (i.e., arrest, suicidal/homicidal ideation, family separation, divorce, or death of significant other).

08. **Client Education**: The provision of information to clients individually or in a group setting which is based on general knowledge of alcohol and other drug issues, self-help, other community resources, and/or other pertinent information.

09. **Reports and Record Keeping**: The maintenance of written materials necessary for the orderly provision of services to the client. Documentation will include assessment, treatment plan, written reports, progress notes, continuing care plan, discharge summary and other documentation determined pertinent to client care.

10. **Case Consultation**: The giving or receiving of information, advice and aid between professionals to assure comprehensive quality care of a client.

11. **Termination and Continuing Care**: The management of the orderly ending of regularly scheduled client contact and implementation of necessary client contact following termination.

12. **Clinical Supervision**: Providing oversight of clinical caseloads to assure appropriate methods of counseling are being provided and to provide the opportunity for supervised counselors to develop and enhance clinical capabilities and skills.

13. **Training**: The provision of information and skills to professionals and other target groups to provide an opportunity for specific knowledge, attitudinal and/or behavior changes.
C. Knowledge

1. **Human Behavior**
   - Relationship of alcohol and other drugs to human behavior, values, lifestyle and attitude;
   - Influences of culture and society on human behavior;
   - The importance of human sexuality on treatment outcome

2. **Signs and Symptoms of Abuse/Dependence**
   - Classification of mood altering drugs and their effects;
   - Use of combinations of drugs and resultant complications;
   - Withdrawal syndrome;
   - Stages of dependence and behavioral patterns of dependent use

3. **Counseling Techniques**
   - Practical application of counseling approaches in individual, group and family therapy;
   - Use of appropriate approaches with clients from various ethnic, cultural and economic backgrounds;
   - Philosophy and objectives of various counseling theories;
   - Evaluation of progress and outcome of treatment

4. **Continuum of Care**
   - The coordination of total client care;
   - Availability of treatment and community resources to client

5. **Federal and State Guidelines**
   - Application of regulations and guidelines that directly relate to abuse/misuse of alcohol and other drugs and commitment procedures;
   - Clients’ Bill of Rights and Confidentiality Regulations that protect both counselor and client.
III. Reciprocity of Certification

The SCAADAC Certification Commission offers reciprocity for counselor certification for those counselors holding a current addictions certification or addictions counseling licensure at the time of application as described in Appendix VI: Certification by AOD Reciprocity. SCAADAC does accept verification of passage of the NAADAC or ICRC written examinations. Applicants must have test results sent directly to the SCAADAC Certification Commission. Reciprocity candidates who cannot provide proof of passing an oral interview with the reciprocal certification body must pass a SCAADAC Oral Certification Interview.

IV. The Certification Process

All levels of certification shall be valid for a period of two (2) years. No applicant should use the CAC or CCS certification or make reference to being certified as such until obtaining this designation.

The process is as follows:

The applicant must obtain

A. A SCAADAC Certification Commission Manual. Applications must be made using forms supplied in the manual. It is the responsibility of the applicant to make sure that he or she is using the most recent version of the application.

B. Applicant shall submit a full and complete application with processing fee. All application requirements and examinations shall be completed within three (3) years of the initial application date. If requirements are not met within the prescribed period, the application, evaluations, an official job description, and a signed affirmation of adherence to the Code of Ethics must be updated accordingly. A new application fee will be required.

C. Upon receipt of all elements of an application, an administrative review of the file will be conducted. A checklist indicating additional items that may be needed for file completion and assuring compliance with certification criteria will be sent as a courtesy to the applicant.

D. Applicants who meet requirements and have completed their file may apply to be scheduled for the written examination. Once the written examination is successfully completed, the applicant must request to be scheduled for the oral examination. The Certification Commission will notify applicant of test dates, location and fees. Without exception, all fees must be received prior to scheduling of examinations.

The results of written examinations will be sent by the testing authority in writing to the applicant. The Certification Commission will give the results of the oral examination in writing to the applicant within 7 to 10 days after completion of the oral examination. No results will be given via telephone or by personal request.
E. The formal application package must include:

1. The completed application
2. Official transcript received directly from the academic institution
3. Documentation of experience
4. Official copy (issued by the employer) of the applicant’s current job description
5. Documentation of training (see training guidelines)
6. Evaluation completed by a supervisor who is a certified addictions professional to include documentation of supervised core functions.
7. Documentation of clinical supervision by a certified addictions professional using designated forms.
8. A written case record in which the applicant, as primary counselor, has demonstrated the ability to provide the full range of care from intake through continuing care/termination.
9. A written philosophy of treatment of one (1) page if applying for Certified Addictions Counselor I or II.
10. A written philosophy of supervision of approximately three pages if applying for Certified Clinical Supervisor.
11. A signed affirmation to the Code of Ethics for Addictions Counselors.
12. Application or reapplication fee.

V. Examinations

The process of evaluation consists of two (2) examinations - one written and one oral. Persons who are qualified and designated by the SCAADAC Certification Commission administer both. The Certification Commission assumes full responsibility for adequate safeguards to protect the integrity of the testing procedures.

A. The written examination

The written examination serves as an objective measure of applicants’ knowledge of alcohol and other drug abuse/dependence and the core functions (see Section II-B).

The SCAADAC Certification Commission uses the NCAC written examination for Levels I and II. No other examination is accepted.

Persons who do not pass the written examination may request to be scheduled to re-take the examination at the next scheduled testing period.

B. The oral examination

The oral examination measures the ability to apply knowledge and demonstrate competency in the core functions. A written case history is required as well as a statement of philosophy of treatment. All oral interviews are audio taped. These tapes become a part of the applicant’s file, and if the application is not successfully completed all tapes will be filed and kept until such time that the Oral Interview is successfully completed.
Persons who do not pass the oral examination may apply to retake the oral examination under the following guidelines:

Oral examinations may be taken no more than three times within a three-year period, beginning on the date of application. If a first oral interview is not successful, the applicant is encouraged to follow recommendations made by the Certification Commission prior to being granted a subsequent interview. Applicants who are unsuccessful after three attempts may resubmit a new application for certification with payment of appropriate fees (refer to Section II and Appendix II.)

In instances where the oral examination is given more than once, the applicant will be required to present the case study at subsequent interviews. All files are considered confidential and shall not be released to another party without written consent.

VI. Appeals Procedure

Applicants may be required to appear in person before the Advisory Committee. Five members will be appointed by the SCAADAC Board of Directors. Two of these five members will be former members of the certification board and three members shall be Certified Clinical Supervisors not affiliated with the Certification Commission. They shall serve a term of three years. This committee will review all appeals regarding certification and present findings to the SCAADAC President and the Board of Directors for resolution.
VII. Recertification Procedure

Renewal of certification shall be required every two (2) years. The following procedure governs the recertification process:

A. Recertification Application

As a courtesy, applicants will be sent a reminder that their recertification is due to their last recorded address approximately 60 days prior to their date of recertification. Applications may be downloaded from www.scaadac.org

*If an applicant wishes to receive an application by US Mail, he or she is responsible for contacting the Certification Commission in writing to request an application. It is always the responsibility of the applicant to maintain certification, which includes personal and professional address changes and/or name changes.*

Applicant must submit the recertification application with recertification fee to the SCAADAC Certification Commission thirty (30) days prior to expiration date of certification. Applicants must pay a late fee if they do not have their applications postmarked at least 30 days prior to expiration of their certification. (See Appendix II for the Late Application Fee that must accompany a late application.) If the applicant allows their certification to expire, the applicant will be required to submit an updated certification application with fee and successfully complete an oral examination. (See Appendix II for fee schedule.)

B. Extensions

Extensions may be granted only prior to the date of certification lapsing. Extensions are only granted one time and are only granted for a period of six months. The SCAADAC Certification Commission handles extensions on a case-by-case basis. (See Appendix II for fee schedule.)

C. Documentation

Documentation of 40 hours of continuing education or training during the current two-year term of certification must be listed on the application. Two hours of the required 40 hours must be in the area of professional ethics. The primary focus of trainings should be on the core functions.

If a recertification application is selected for audit, the applicant will be required to submit verification of all continuing education/training documented on the application. This verification must be training certificates or official transcripts of undergraduate, graduate or professional studies forwarded by the issuing institution to the SCAADAC Certification Commission. Training certificates must contain the trainer’s and trainee’s name, training name and the number of clock hours for the training event.

A maximum of 20 hours of the 40 hours required for recertification may be earned through events where the applicant is the trainer.

A maximum of 50% of the hours required for recertification may be earned through home study courses.
VIII. Refusal or Revocation of Certification

A. Certification may be refused or revoked for the following reasons, including but not limited to:

1. Failure to adhere to the SCAADAC Professional Ethical Standards as signed and agreed to by the applicant.
2. Fraud or deception in reporting employment circumstances, training, or supervision when applying for certification or in taking the examinations provided in this process.
3. Pending felony charges or conviction of felony charges and convictions of misdemeanors.
4. Practice of alcohol and other drug counseling using a false or assumed name or impersonating another counselor.
5. Use of illegal drugs, abuse of prescription drugs and mind-altering drugs, or any substance, which may interfere with competent and attentive performance of duties.
6. Providing services for which one is not licensed or certified to perform.
7. Negligence or wrongful actions in the performance of one’s duties.
8. Misrepresentation of credentials.

B. Written complaints concerning a Certified Addictions Counselor must be submitted to the SCAADAC Board President. Any person may make a complaint. All complaints will be reviewed and investigated. When warranted, the final phase of investigation will be a hearing with the accused, the complainant and all other pertinent witnesses present. Persons making a complaint must be willing to follow the process all the way through or there is NOTHING that can be done about the complaint.

C. A final decision on all ethics hearings will be submitted in writing to the SCAADAC Board. The accused and the individual initiating the complaint shall be notified of any decisions in writing after the next regularly scheduled meeting of the SCAADAC Board.
IX. Guidelines for Accepted Training Hours

Certification requirements:

- **Certified Addictions Counselor I**: 270 clock hours
- **Certified Addictions Counselor II**: 450 clock hours
- **Certified Clinical Supervisor**: Master’s in a clinical subject or Bachelor’s from a regionally accredited institution and 250 clock hours of training and education, plus 30 hours of clinical supervision training or education regardless of degree.

If a workshop or training is not already approved by SCAADAC, NAADAC, LMSW, LPC (in other words, training in any way out of the ordinary), please ask for approval BEFORE you spend your time or money. **Trainings cannot be approved simply because you have already paid. PLEASE, if you have any doubt, have it pre-approved.**

Contact hours are defined as actual number of classroom or workshop hours spent in the activity, exclusive of breaks, or the actual supervised hours spent in a practicum, internship or apprenticeship.

**Internship or practicum may be counted as training hours or work experience, but cannot be counted as both.**

**Required hours:** Six hours training in professional ethics and three hours in HIV/AIDS education. A minimum of **two hours** of Ethics training is required every two years for recertification as part of the 40 hours required for recertification.

Credit will be given for college courses relevant to the field of counseling and/or addiction provided a grade of “C” or better is achieved. Three (3) semester hours equal thirty (30) clock hours for undergraduate courses and 45 clock hours for graduate courses. An official transcript received directly from the institution is required when using college courses for clock hour credit. One (1) CEU equals 10 clock hours.

Continuing education must be sponsored by an organization, institution or group recognized as knowledgeable in the field of alcohol and other drug dependence/abuse. Courses taken in management, organization, administration, or operations are not accepted as educational requirements for certification or recertification.
X. Guidelines for Submitted Documentation

**Application:** Must be complete, demonstrating that experience meets criteria for eligibility. Applicable fees must be included for application to be considered.

**Job Description:** Job description for each position that relates to counselor core functions. An official job description of current or most recent related position must be included. Include dates of employment, hours worked weekly, list of specific responsibilities and duties, and validation of functioning in all core functions. Must be signed and dated by employee and employer.

**Evaluator’s Statement:** Supervisor’s Statement: Completed evaluation form with statement of strengths and needs for specific core functions, submitted directly to Certification Commission. Supervisor’s statement must be provided by a certified addictions professional.

**Philosophy of Treatment or Clinical Supervision (when applicable)**

Your definition of alcohol and other drug dependence/abuse and how it should be treated.

Theory or technique(s) applied in the practice of treatment or clinical supervision.

**Case Record:** A written case record in which applicant as primary counselor has provided the full range of care from intake through termination/continuing care.

No client names or other identifying information may be evident on case record.

**Transcript:** Official transcripts received directly from academic institution.

**Training:** Acceptable documentation may be a copy of training certificates or copy of CEU certificate.

**Clinical Supervision:** A form is supplied for documentation of Clinical Supervision. Care should be taken to document the number of hours and/or minutes and provide information as to whether the supervision session was individual or group supervision. Documentation of clinical supervision, not administrative supervision, is required. The Clinical Supervisor must be a certified addictions professional with sufficient experience and expertise to provide guidance to in-process persons.
Appendix I

South Carolina Alcohol And Other Drug Professionals’ Ethical Standards

The South Carolina Association of Alcoholism and Drug Abuse Counselors is comprised of alcoholism and drug abuse counselors who, as responsible health care professionals, believe in the dignity and worth of human beings. In the practice of their profession they assert that the ethical principles of autonomy, beneficence and justice must guide their professional conduct. As professionals dedicated to the treatment of alcohol and drug dependent clients and their families, they believe that they can effectively treat its individual and familial manifestations. SCAADAC members dedicate themselves to promote the best interests of their society, of their clients, of their profession and of their colleagues.

Specific Principles

**Principle 1: Non-Discrimination** I shall affirm diversity among colleagues or clients regardless of age gender, sexual orientation, ethnic/racial background, religious/spiritual beliefs, marital status, political beliefs, or mental/physical disability.

- I shall strive to treat all individuals with impartiality and objectivity relating to all based solely on their personal merits and mindful of the dignity of all human persons. As such, I shall not impose my personal values on my clients.
- I shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, I shall guard the individual rights and personal dignity of my clients.
- I shall relate to all clients with empathy and understanding no matter what their diagnosis or personal history.

**Principle 2: Client Welfare**

*I understand that the ability to do good is based on an underlying concern for the well being of others. I shall act for the good of others and exercise respect, sensitivity, and insight. I understand that my primary professional responsibility and loyalty is to the welfare of my clients, and I shall work for the client irrespective of who actually pays his/her fees.*

- I shall do everything possible to safeguard the privacy and confidentiality of client information except where the client has given specific, written, informed, and limited consent or when the client poses a risk to himself or others.
- I shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client of any areas likely to affect the client’s confidentiality.
- I understand and support all that will assist clients to a better quality of life, greater freedom, and true independence.
- I shall not do for others what they can readily do for themselves but rather, facilitate and support the doing. Likewise, I shall not insist on doing what I perceive as good without reference to what the client perceives as good and necessary.
• I understand that suffering is unique to a specific individual and not of some generalized or abstract suffering, such as might be found in the understanding of the disorder. I also understand that the action taken to relieve suffering must be uniquely suited to the suffering individual and not simply some universal prescription.
• I shall provide services without regard to the compensation provided by the client or by a third party and shall render equally appropriate services to individuals whether they are paying a reduced fee or a full fee.

**Principle 3: Client Relationship**
* I understand and respect the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. I shall be open and clear about the nature, extent, probable effectiveness, and cost of those services to allow each individual to make an informed decision of their care.

• I shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship, such as the Code of Ethics and professional loyalties and responsibilities.
• I shall inform the client and obtain the client’s participation including the recording of the interview, the use of interview material for training purposes, and/or observation of an interview by another person.

**Principle 4: Trustworthiness**
* I understand that effectiveness in my profession is largely based on the ability to be worthy of trust, and I shall work to the best of my ability to act consistently within the bounds of a known moral universe, to faithfully fulfill the terms of both personal and professional commitments, to safeguard fiduciary relationships consistently, and to speak the truth as it is known to me.

• I shall never misrepresent my credentials or experience.
• I shall make no unsubstantiated claims for the efficacy of the services I provide and make no statements about the nature and course of addictive disorders that have not been verified by scientific inquiry.
• I shall constantly strive for a better understanding of addictive disorders and refuse to accept supposition and prejudice as if it were the truth.
• I understand that ignorance in those matters that should be known does not excuse me from the ethical fault of misinforming others.
• I understand the effect of impairment on professional performance and shall be willing to seek appropriate treatment for myself or for a colleague. I shall support peer assistance programs in this respect.
• I understand that most property in the healing professions is intellectual property and shall not present the ideas or formulations of others as if they were my own. Rather, I shall give appropriate credit to their originators both in written and spoken communication.
• I regard the use of any copyrighted material without permission or the payment of royalty to be theft.

**Principle 5: Compliance with Law**
* I understand that laws and regulations exist for the good ordering of society and for the restraint of harm and evil, and I am aware of those laws and regulations that are relevant both personally and professionally and follow them, while reserving the right to commit civil disobedience.

• I understand that the determination that a law or regulation is unjust is not a matter of preference or opinion but a matter of rational investigation, deliberation, and dispute.
I willingly accept that there may be a penalty for justified civil disobedience, and I must weigh the personal harm of that penalty against the good done by civil protest.

**Principle 6: Rights and Duties**

*I understand that personal and professional commitments and relationships create a network of rights and corresponding duties. I shall work to the best of my ability to safeguard the natural and consensual rights of each individual and fulfill those duties required of me.*

- I understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health of my community and profession.
- I shall, to the best of my ability, actively engage in the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.
- I understand that the right of confidentiality cannot always be maintained if it serves to protect abuse, neglect, or exploitation of any person or leaves another at risk of bodily harm.

**Principle 7: Dual Relationships**

*I understand that I must seek to nurture and support the development of a relationship of equals rather than to take unfair advantage of individuals who are vulnerable and exploitable.*

- I shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- Because a relationship begins with a power differential, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- I shall not under any circumstances engage in sexual behavior with current or former clients.
- I shall not accept substantial gifts from clients, other treatment organizations, or the providers of materials or services used in my practice.

**Principle 8: Preventing Harm**

*I understand that every decision and action has ethical implication leading either to benefit or harm, and I shall carefully consider whether any of my decisions or actions has the potential to produce harm of a physical, psychological, financial, legal, or spiritual nature before implementing them.*

- I shall refrain from using any methods that could be considered coercive such as threats, negative labeling, and attempts to provoke shame or humiliation.
- I shall make no requests of clients that are not necessary as part of the agreed treatment plan.
- I shall terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.
- I understand an obligation to protect individuals, institutions, and the profession from harm that might be done by others. Consequently, I am aware that the conduct of another individual is an actual or likely source of harm to clients, colleagues, institutions, or the profession, and that I have an ethical obligation to report such conduct to competent authorities.

**Principle 9: Duty of Care**

*I shall operate under the principle of Duty of Care and shall maintain a working/therapeutic environment in which clients, colleagues, and employees can be safe from the threat of physical, emotional or intellectual harm.*

- I respect the right of others to hold opinions, beliefs, and values different from my own.
• I shall strive for understanding and the establishment of common ground rather than for the ascendancy of one opinion over another.
• I shall maintain competence in the area of my practice through continuing education, constantly improving my knowledge and skills in those approaches most effective with my specific clients.
• I shall scrupulously avoid practicing in any area outside of my competence.

Updated December 8, 2004

Source: NAADAC. Printed with permission from NAADAC. Copyright © NAADAC. All rights reserved.
Appendix II

Application Fee Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Members</th>
<th>*Non-Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>$175.00</td>
<td>$225.00</td>
</tr>
<tr>
<td>Application for Recertification</td>
<td>$125.00</td>
<td>$225.00</td>
</tr>
<tr>
<td>Written examination fee</td>
<td>$0.00</td>
<td>$65.00</td>
</tr>
<tr>
<td>(each occurrence)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upgrade</td>
<td>$75.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>Oral examination fee</td>
<td>$100.00</td>
<td>$175.00</td>
</tr>
<tr>
<td>(each occurrence)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duplicate certificate</td>
<td>$50.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Late Application Fee</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Extension Fee</td>
<td>$75.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Non-member fees are required for payment of any fee that is not accompanied by a photocopy of a currently valid NAADAC membership card. Applications not accompanied by the appropriate fee will be returned to the applicant. No application will be considered in process unless applicable fees have been paid. Acceptable methods of payment are checks, money orders, and traveler’s checks. Applicants will be charged applicable fees for returned checks. (Remember SCAADAC is a NON-PROFIT organization).

All fees are non-refundable.
Appendix III

Glossary of Terms

Addiction Counselor  One who demonstrates professional competence necessary to perform tasks directly related to the core functions while providing treatment to clients and significant others in a variety of treatment settings.

Client  A person(s) receiving any type of alcohol and drug services from your place of employment. Additionally, for persons receiving clinical services, the client may include family members or significant others.

Clinical Services  Activities related to assessment, counseling, and rehabilitative services.

Education  The provision of training which will enhance or improve the level of skills and competence of the participants.

Non-Clinical  Activities related to prevention, education, community organization, training and professional development.

Supervisor  One who teaches or observes alcohol and other drug counselors in a job academic or volunteer setting.

SCAADAC  South Carolina Association of Alcoholism and Drug Abuse Counselors

Certified Addictions Professional  A person who has been certified by SCAADAC (CAC I, CAC II, or CCS), NAADAC (NCAC I, NCAC II, or MAC), or an ASAM certified Addictionologist.

Approved Training  Training must relate to counseling core function as outlined on page 7 in the Certification Manual. Training submitted for approval must be accompanied by (1) a description of the training event; (2) the name and qualifications of the trainer; (3) clock hours applied for; (4) session content (core function relatedness).
CERTIFICATION APPLICATION
FOR
ALCOHOL AND OTHER DRUG ABUSE PROFESSIONALS

Name: _________________________________________________________________
  Last     First    Middle

Address: _____________________________________________________________
  Street or PO Box     City       State           Zip

Daytime Telephone: __________________    Date of Birth:     ________________________

Evening Telephone: __________________     E-Mail Address  ________________________

Social Security Number: ____________________________   Sex: _______   Race: _______
  (For Statistical purposes only)

NAADAC/ SCAADAC Membership Number: _____________   Date of Expiration:  _______
  (Photocopy of membership card must be attached for application to be received at member rate.)

TYPE OF CERTIFICATION APPLIED FOR:

CERTIFIED ADDICTIONS COUNSELOR I   □  □  RECIPROCITY REQUESTED*

CERTIFIED ADDICTIONS COUNSELOR II  □  □  RECIPROCITY REQUESTED*

CERTIFIED CLINICAL SUPERVISOR   □
  (Must first be certified as CAC II)

(*Applicants seeking reciprocity must enclose proof of current reciprocal certification.
See Appendix VI for eligibility requirements.)

South Carolina Association of Alcoholism and Drug Abuse Counselors (SCAADAC) Certification Commission
INSTRUCTIONS: Please provide detailed information for all sections of this application. *Please print legibly or type.* Incomplete or unsigned applications will be returned to applicants for completion, causing delay or disqualification. A resume may be attached but will not be accepted as a substitute for a completed application form.

**EDUCATION:** List education received to date. Please note that an official transcript must support all college work. Applicants must contact their respective academic institution(s) and request that official transcripts are forwarded directly to the SCAADAC Certification Commission. Transcripts submitted by applicants cannot be accepted and will not be reviewed.

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Name and Full Address of School</th>
<th>Hours</th>
<th>Date of Graduation</th>
<th>Degree Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Undergraduate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Graduate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WORK EXPERIENCE:** Rather than request a complete work history, we ask that you list your present employment, then from your past employment select only those work experiences which you feel fit the description of qualifying experience.

Name of Employer:  
Address of Employer:  
Telephone: Area Code  Number  
Your Job Title:  
Length of Employment: From (Month & Year) To (Month & Year):  
Name and Title of Immediate Supervisor:  
Number Hours / Week:  
Description of Duties:  

Rev. 01-16-2014 23
<table>
<thead>
<tr>
<th>Name of Employer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Employer</td>
<td></td>
</tr>
<tr>
<td>Name of Employer</td>
<td></td>
</tr>
<tr>
<td>Name of Employer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Employer</th>
<th>Telephone: Area Code Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Employer</td>
<td>Telephone: Area Code Number</td>
</tr>
<tr>
<td>Address of Employer</td>
<td>Telephone: Area Code Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Job Title</th>
<th>Length of Employment: From (Month &amp; Year) To (Month &amp; Year):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Job Title</td>
<td>Length of Employment: From (Month &amp; Year) To (Month &amp; Year):</td>
</tr>
<tr>
<td>Your Job Title</td>
<td>Length of Employment: From (Month &amp; Year) To (Month &amp; Year):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Title of Immediate Supervisor</th>
<th>Number Hours / Week:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Title of Immediate Supervisor</td>
<td>Number Hours / Week:</td>
</tr>
<tr>
<td>Name and Title of Immediate Supervisor</td>
<td>Number Hours / Week:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Duties</td>
<td></td>
</tr>
<tr>
<td>Description of Duties</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Leaving</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Leaving</td>
<td></td>
</tr>
<tr>
<td>Reason for Leaving</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Employer</td>
<td></td>
</tr>
<tr>
<td>Name of Employer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Employer</th>
<th>Telephone: Area Code Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Employer</td>
<td>Telephone: Area Code Number</td>
</tr>
<tr>
<td>Address of Employer</td>
<td>Telephone: Area Code Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Job Title</th>
<th>Length of Employment: From (Month &amp; Year) To (Month &amp; Year):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Job Title</td>
<td>Length of Employment: From (Month &amp; Year) To (Month &amp; Year):</td>
</tr>
<tr>
<td>Your Job Title</td>
<td>Length of Employment: From (Month &amp; Year) To (Month &amp; Year):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Title of Immediate Supervisor</th>
<th>Number Hours / Week:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Title of Immediate Supervisor</td>
<td>Number Hours / Week:</td>
</tr>
<tr>
<td>Name and Title of Immediate Supervisor</td>
<td>Number Hours / Week:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Duties</td>
<td></td>
</tr>
<tr>
<td>Description of Duties</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Leaving</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Leaving</td>
<td></td>
</tr>
<tr>
<td>Reason for Leaving</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Employer</td>
<td></td>
</tr>
<tr>
<td>Name of Employer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Employer</th>
<th>Telephone: Area Code Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Employer</td>
<td>Telephone: Area Code Number</td>
</tr>
<tr>
<td>Address of Employer</td>
<td>Telephone: Area Code Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Job Title</th>
<th>Length of Employment: From (Month &amp; Year) To (Month &amp; Year):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Job Title</td>
<td>Length of Employment: From (Month &amp; Year) To (Month &amp; Year):</td>
</tr>
<tr>
<td>Your Job Title</td>
<td>Length of Employment: From (Month &amp; Year) To (Month &amp; Year):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Title of Immediate Supervisor</th>
<th>Number Hours / Week:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Title of Immediate Supervisor</td>
<td>Number Hours / Week:</td>
</tr>
<tr>
<td>Name and Title of Immediate Supervisor</td>
<td>Number Hours / Week:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Duties</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Duties</td>
<td></td>
</tr>
<tr>
<td>Description of Duties</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Leaving</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Leaving</td>
<td></td>
</tr>
<tr>
<td>Reason for Leaving</td>
<td></td>
</tr>
</tbody>
</table>
TRAINING AND ACADEMIC COURSES: List all training and academic courses that are relevant to certification. Applicants must submit copies of training certificates or other verification of attendance and request that official college transcripts are sent to the SCAADAC Certification Commission.

<table>
<thead>
<tr>
<th>Training Event or College Course Name</th>
<th>Sponsoring Organization</th>
<th>Dates</th>
<th>Hours</th>
<th>Provider Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL INFORMATION:
1. List any activities, which you believe are relevant to this application, including awards, certificates or memberships in professional organizations.

________________________________________________________________________
________________________________________________________________________

2. Are you currently licensed or certified in S. C. in a health or human services field? ☐ YES ☐ NO
   If YES, by whom? _______________________________________________________

   License Number ___________________ Expiration Date _______________________

3. Have you ever been subject to disciplinary action as a result of violations of law or ethics? ☐ YES ☐ NO
   If YES, attach a statement of explanation, include when and where this occurred as well as action and disposition.

4. Have you ever been convicted of a crime other than minor traffic violations? ☐ YES ☐ NO
   If YES, attach a narrative statement of explanation; include when and where this occurred as well as action and disposition.
Assurance and Release of Information

PLEASE READ CAREFULLY

I certify that all information provided in this application is accurate and complete. I understand that untrue or incomplete information may result in being disqualified from becoming certified or in having my certification revoked.

I authorize the South Carolina Association of Alcohol and Drug Abuse Counselors Board to conduct any necessary investigations; to contact current or former employers to verify employment or relevant work experience; and to release information about my certification status to my employer.
I agree to abide by the South Carolina Alcohol and Other Drug Professionals Ethical Standards and understand that any violation may result in disqualification from becoming certified or having my certification revoked.

I understand that the South Carolina Association of Alcohol and Drug Abuse Counselors Certification Commission retains ownership of all certification certificates and agree to return my certificate(s) upon request.

I recognize and understand that the members of the SCAADAC Certification Commission are the sole and only judges of the qualifications required for receiving or maintaining certification. I further recognize that the SCAADAC Certification Commission reserves the right to modify or alter at any time the standards, qualifications, rules, policies, or procedures in connection with the certification process.

I agree to the above statements and release of information regarding my certification application.

__________________________________________
Signature of Applicant

__________________________________________
Date

Mail Application Package To:

SCAADAC Certification Commission
1215 Anthony Avenue
Columbia, SC 29201
EVALUATOR’S STATEMENT

ALCOHOL AND DRUG PROFESSIONAL’S CONFIDENTIAL EVALUATION

APPLICANT’S NAME: _________________________________________________________________

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named applicant’s work at the (name of agency or workplace): ________________________________________________

I have observed this applicant’s work from __________________ to __________________________

My relationship to this applicant is/was ☐ Supervisor

The information I am giving is my best judgment of this applicant’s capabilities to be certified as (check one):
☐ Certified Addictions Counselor I ☐ Certified Addictions Counselor II ☐ Certified Clinical Supervisor

I believe this applicant’s performance has been consistent with SCAADAC’s Ethical Standards ☐ Yes ☐ No

If no, please explain: (use additional pages if needed):

To be answered by current or former supervisor only:

1. How long have you supervised this applicant? (Number of months) __________

2. How many hours of clinical supervision have you provided this applicant during this time: (Hours) __________

3. What is the approximate size of this applicant’s caseload? ________________

4. What percentage of this applicant’s time is spent in the core functions of the level of certification that this applicant has applied for? __________ %

5. What are significant strengths and deficiencies of this applicant?

Notable Strengths: ________________________________________________________________

Notable Deficiencies: ________________________________________________________________

Notable Strengths: ________________________________________________________________

Notable Deficiencies: ________________________________________________________________

Notable Strengths: ________________________________________________________________

Notable Deficiencies: ________________________________________________________________

This form was completed by:

Print Name

__________________________________________

Title/Certification Level/Certification Exp.

__________________________________________

Signature

__________________________________________

Date

__________________________________________

Agency

__________________________________________

Address

__________________________________________

City

__________________________________________

State

__________________________________________

Zip

__________________________________________

Phone

Return this form to:

SCAADAC Certification Commission
1215 Anthony Avenue
Columbia, SC 29201

EVALUATOR’S STATEMENT
ALCOHOL AND DRUG PROFESSIONAL’S CONFIDENTIAL EVALUATION

PAGE 2 of 3

Please rate the applicant on the scale below based on the average of employees doing similar work by checking the appropriate box. CAC I and CAC II: items 1-12, Certified Clinical Supervisor: items 1-14

S / U / N

Satisfactory / Unsatisfactory / Not observed or not applicable: (check as each applies)

☐  ☐  ☐  1. Screening and Intake: Determining a client’s appropriateness and eligibility for admission to a program; performing initial administrative procedures for admission to the program.

☐  ☐  ☐  2. Orientation: The provision of information to the client regarding his/her situation (i.e., legal status, services to be provided, program rules, etc.)

☐  ☐  ☐  3. Assessment: The gathering and analysis of pertinent information about the client’s needs and resources.

☐  ☐  ☐  4. Treatment Planning: The utilization of the assessment by the client and counselor to prepare a written set of goals to be achieved by the client and the methods by which the client will meet them.

☐  ☐  ☐  5. Referral: The placement of the client in the services as indicated by the treatment plan and follow-up with both the client and the service to which he or she was referred.

☐  ☐  ☐  6. Counseling: The application of a specific body of knowledge and skills within a particular ethical context in order to facilitate behavioral change or to facilitate greater comfort with an existing behavioral pattern.

(Please rate each separately)

☐  ☐  ☐  Individual

☐  ☐  ☐  Group

☐  ☐  ☐  Family

☐  ☐  ☐  Couples

☐  ☐  ☐  7. Case Management: The maintenance, coordination and follow-up of a schedule of services for a client or group of clients.

☐  ☐  ☐  8. Case Consultation: The giving or receiving of information, advice and aid between professionals about a particular case.

☐  ☐  ☐  9. Reports and Record Keeping: Charting the results of the assessment and treatment plan: writing reports, progress notes, discharge summaries and other client-related data.

☐  ☐  ☐  10. Crisis Intervention: The provision of immediate services to a client in emergency circumstances.

☐  ☐  ☐  11. Client Education: The provision of information to a client which is based on general knowledge and is not unique to the patient’s situation.
12. **Termination and Aftercare:** The management of the orderly ending of regularly scheduled client contacts and implementation of necessary client contacts following termination.

13. **Training:** The provision of information and skills to professionals and other target groups to provide an opportunity for specific knowledge, attitudinal and/or behavior changes.

14. **Clinical supervision:** Providing oversight of clinical caseloads to assure appropriate methods of counseling are being provided and to provide the opportunity for supervised workers to develop and enhance their clinical skills and capabilities.

**EVALUATOR COMMENTS:**

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________
Clinical Supervision Documentation

Name of Certification Applicant

To the Clinical Supervisor:
In the following spaces, please indicate the day and time of each face to face supervision session together with the type of supervision that you provided. Please print your name and provide your signature, indicating that you personally conducted the session on the given date and time. Be aware of the distinction between administrative supervision and clinical supervision. This form documents clinical supervision only.

<table>
<thead>
<tr>
<th>DATE OF SUPERVISION</th>
<th>TIME (HOURS:MIN)</th>
<th>TYPE OF SUPERVISION (INDIVIDUAL, GROUP, ETC.)</th>
<th>SUPERVISION CONDUCTED BY (SIGNATURE ON EACH EVENT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Hours of Clinical Supervision Documented: 

SUPERVISOR INFORMATION

<table>
<thead>
<tr>
<th>NAME OF SUPERVISOR</th>
<th>LICENSE/CERTIFICATION</th>
<th>ISSUED BY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>ADDRESS</th>
<th>CITY, STATE, ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TELEPHONE</th>
<th>E-MAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I affirm that the performance demonstrated by this applicant is consistent with the standards of certification for counselors by the SCAADAC Certification Commission.

Signature of Clinical Supervisor

Rev. 01-16-2014
Appendix V

Scheduled Examinations and Oral Interviews

A. The scheduled dates on which the written examination is administered will conform to the dates available for the NCAC examination.

<table>
<thead>
<tr>
<th>Examination Dates</th>
<th>Materials and Registration/Fee Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>First week of each month</td>
<td>Visit <a href="http://www.scaadac.org">www.scaadac.org</a> for current material submissions and test registration/ application deadlines.</td>
</tr>
</tbody>
</table>

B. Oral examinations are conducted four times per year on the following annual schedule:

<table>
<thead>
<tr>
<th>Examination Dates</th>
<th>Request Letter and Fee Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>Visit <a href="http://www.scaadac.org">www.scaadac.org</a> for current request letter and oral interview fee registration deadlines.</td>
</tr>
<tr>
<td>May</td>
<td></td>
</tr>
<tr>
<td>August</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td></td>
</tr>
</tbody>
</table>

C. All requirements for eligibility and documentation must be met 90 (ninety) days prior to written or oral examination being administered. The SCAADAC Certification Commission office must receive application forms for the written examinations by the date listed above or they will be returned to the applicant for scheduling at a later date. All fees for examinations and oral interviews are non-refundable.

D. Applicants must request to be scheduled for the written or oral examination in writing.
SCAADAC Certification Commission
Guidelines for Case Record Presentation

PURPOSE OF THE CASE RECORD
All applicants for clinical counselor credentialing must submit the case record. It is one method by which the applicant’s competency in the clinical counselor core functions is judged. You will be required to present your case during your Oral interview.

DESCRIPTION
An actual or composite case may be submitted. The case record must include a description of a full range of care for the client, from intake through termination, including session-by-session notes of individual, group or family counseling. These notes should include information on the client’s progress and the actions taken by you as the primary counselor to facilitate the client’s movement toward identified treatment goals. Services may be provided in an inpatient or an outpatient setting and should be of sufficient duration to allow you, as the primary counselor, to demonstrate that you can take the client through a spectrum of services. You may use any forms as long as all essential components are included in the case record.
If a photocopy of an actual client file is used, please blank out all names, except your own, to protect client and staff privacy. In all cases, the content must be legible. Illegible records or those with client names will be returned.

COMPONENTS OF THE CASE RECORD
The following services must be included in the case record that is submitted:

I. Intake and Assessment
   A. Intake
      Basic demographic information on the client should be documented along with the agency’s appropriateness to serve the client.
   B. Assessment
      Assessment information should include the presenting problem, substance abuse history, circumstances of entry into services, bio-psychosocial information, such as health, mental status, treatment history, family, education and work. All information pertinent to determining the client’s needs should be included.

II. Treatment Plan
    The treatment plan should be based on analysis of the assessment information and should include therapeutic goals, services to be provided, estimated frequency of services and referrals made.
III. Treatment Process

A. Direct Services

The case record should include documentation of all direct services provided to the client, with session-by-session notes. These notes should include information about the client’s progress and the actions taken by you as the primary counselor.

B. Indirect Services

The case record should also include any case consultation, referrals made or special reports related to serving the client.

IV. Pre-Discharge Planning and Continuing Care

A. Pre-Discharge Planning

Session notes or case consultations should document the criteria used to determine the client’s readiness for discharge, as well as your work with the client in the discharge planning process.

B. Documentation of any continuing care provided by you or through referral should be included as well as an After Care Plan.

V. Discharge Summary

A. Summary of services client participated in or was offered.

B. Progress made while client involved in treatment.

VI. Philosophy of Treatment

Write a one (1) page statement of your philosophy of treatment, including your theoretical orientation to and your use of various counseling theories. State how your philosophy affects your work with chemically dependent and addicted clients.
Checklist For Application For Certification

Note: It is the responsibility of the applicant to submit a complete application. All questions must be answered. Please check each item to insure that your application is complete. Incomplete or unsigned applications will be returned to applicants for completion, causing delay or disqualification.

☐ Completed application for certification.

☐ Check made payable to SCAADAC for $175 if sent with a copy of a valid NAADAC membership card or $225 non-refundable application fee.

☐ Requested transcript sent directly to South Carolina Association of Alcohol and Drug Abuse Counselors from a regionally accredited college, university, or training institution. Other education must be listed on the Education Verification Form with copies of certificates and/or other verification attached.

☐ Documentation of eligibility for certification:
  • 2 years or 4000 hours experience in past five years for CAC I*  
  • 4 years or 8000 hours experience in past five years for CAC II*  
      (*Work experience must be verified by current and/or previous employers on official letterhead and should specify dates of employment, full-time or part-time status, job title and that job duties were in core functions of addictions counseling.)

  • 270 clock hours training in the counseling core functions for CAC I
  • 450 clock hours training in the counseling core functions for CAC II

☐ *Documentation of 150 hours of clinical supervision

☐ Documentation of 6 hours training in Professional Ethics for counselors

☐ Documentation of 3 hours training in HIV/ AIDS issues for counselors

☐ *Evaluator’s Statement requested from a current supervisor who must be certified in addictions (3 pages)  
    *These forms must be mailed directly to SCAADAC

☐ Official job description for present position enclosed (must be signed by employee and employer)

☐ Narrative Philosophy of Addictions Treatment enclosed

☐ Sample Case File

☐ Read the Code of Ethics provided in this manual. Sign the Affirmation of Code of Ethics, and Assurance and Release as provided in the application.

☐ Narrative Philosophy of Clinical Supervision, if applying for Certified Clinical Supervisor.

☐ Passed written exam.

☐ Oral Interview successfully completed
Appendix VI
Requirements for Certification by AOD Reciprocity

The SCAADAC Certification Commission will accept without prejudice the following certifications and upon verification of the applicant's education, clinical supervision hours and passing scores on accepted written and oral examinations will award the applicant with the appropriate South Carolina Addictions Counselor Certification.

☐ Applicant must submit proof of current certification/licensure as follows:
  • NCAC I, II or MAC;
  • ICRC clinical counselor certification; or
  • Any State Addictions Certification or License that utilizes either the NAADAC or ICRC written exam.

☐ Completed application for certification*
  (*Include written request for reciprocity)

☐ Check made payable to SCAADAC for $175 if sent with a copy of a valid NAADAC membership card or $225 non-refundable application fee

☐ Requested transcript(s) sent directly to the South Carolina Association of Alcohol and Drug Abuse Counselors from a regionally accredited college, university or training institution. Other education hours must be listed on the Education Verification Form with copies of certificates and/or other verification attached.

☐ Documentation of eligibility for certification:
  • 2 years or 4000 hours experience in the past five years for CAC I*
  • 4 years or 8000 hours experience in the past five years for CAC II*
    (*Work experience must be verified by current and/or previous employers on official letterhead and should specify dates of employment, full-time or part-time status, job title and that job duties were in core functions of addictions counseling.)
  • 270 clock hours training in the counseling core functions for CAC I
  • 450 clock hours training in the counseling core functions for CAC II

☐ *Evaluator's Statement requested from a current supervisor who must be certified in addictions (3 pages)
  (*These forms must be mailed directly to SCAADAC.)

☐ Official job description for present position enclosed (must be signed by applicant and employer)

☐ Read the Code of Ethics provided in this manual. Sign the Affirmation of Code of Ethics and Assurance and Release as provided in this application.

☐ Proof of having passed a written exam (official test scores)

☐ Proof of having passed an oral exam

*If the applicant cannot document having passed an oral exam, then the following items must be submitted and a SCAADAC oral interview passed:
  ☐ Narrative Philosophy of Addictions Treatment enclosed

☐ Sample Case File
SCAADAC does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability.

Manual Revised January 16, 2014

Please destroy any manuals dated prior to this date!