



ABCAC
P.O. Box 83165 Phoenix, Arizona 85071
Telephone: (602) 402-7197

www.abcac.org

Arizona Board for Certification of Addiction Counselors

Dear Prospective Provider:

Thank you for your interest in continuing education endorsement by ABCAC. To apply, please follow these steps:

1. Initial application:

Submit an original and one (1) copy of the application form with necessary attachments and the non-refundable processing fee. Applications should be submitted no later than sixty (60) days PRIOR to the continuing education event. Delays will be incurred if information is omitted, if all three copies are not submitted, or if the fee is not included.

Applications received less than sixty (60) days in advance will be considered, but the endorsement process may not be completed prior to the event. Workshops may NOT be advertised as endorsed by ABCAC until the applicant is notified of endorsement by the ABCAC office.

2. Endorsement Applicant Fees:

Eight (8) hours or less	\$100.00
Eight (8) hours to fifteen (15)	\$150.00
Over fifteen (15) hours	\$200.00

There is no additional charge for multiple presentations OF THE EXACT WORKSHOP within two (2) years of the date of the first presentation.

3. The ABCAC Board will screen endorsement applications for completeness. If information or attachments are missing, ABCAC will contact the sponsor for additional information. Applications will not be reviewed until they are complete and the review fee is received. You will receive written approval or denial in approximately four weeks (4) from the date ABCAC received your completed endorsement application.

4. Certification Board Supervision:

a. Education must be specifically related to the knowledge and skill necessary to perform the tasks within each International Certification Reciprocity Consortium (ICRC) performance domain. The Examination Booklet for Alcohol and Other Drug Abuse Counselors is available for purchase through the ABCAC office for \$75.00.

b. All training must be accessible to the ABCAC Board FREE OF CHARGE. One or two board members may be assigned to attend the workshop or conference on a random basis, enabling ABCAC to be informed through first hand experience about the training event approval. The Board member or members attending would receive a Certification of Attendance.

Thank you for seeking endorsement of your continuing education events and for providing quality continuing education for chemical dependency professionals.

Diane De George, CADAC
Administrator

Arizona Board for Certification of Addiction Counselors
Continuing Education Endorsement Application

Date of Application _____

Section 1 SPONSOR IDENTIFICATION

Name: _____
Agency/Institution/Business

Address _____

City/State/Zip _____

Contact Person: _____

Tel: _____ Fax: _____ Email: _____

Section 2 CONTINUING EDUCATION DESCRIPTION

Title of Program: _____

Contact Hours Requested: _____

(One contact hour equals fifty minutes (50) of continuous, structured learning experience.)

Total Cost of Program: _____

Date(s) of Program: _____

Location of Presentation: _____

Name of facility/building/organization/room number, etc.

Address: _____

City/State/Zip _____

Section 3 SCHEDULE

Attach a detailed event schedule outlining all contact hours. Details must include the times of each lecture/presentation and the instructors/facilitators responsible for each module.

Example:

CHEMICAL DEPENDENCY: CAUSATION AND TREATMENT MODELS

08:30-09:00	Welcome/Introductions	Jane Doe, PhD
09:00-10:00	History: The American Experience	John Smith, CSAP
10:00-10:15	Break	
10:15-11:45	Models of Causation: Psych/Phys/Soc	Joe Jones, MA, ICADC
11:45-12:45	Lunch	
12:45-02:45	Treatment Models: Dis/Beh/Fam	Jeff Jones, PhD, MC
02:45-03:00	Wrap Up	Jane Doe, PhD

Section 4 BEHAVIORAL OBJECTIVES

Attach a copy of the program's behavioral/learning objectives. Objectives must specify the learning results being sought. A well written behavioral objective should include (1) a lead-in, (2) a content area, and (3) evaluation measures.

Example:

Learning Objective for this unit: *The CD counselor will be able to identify specific indicators of mental illness that signal the need for consultations/referrals to mental health care professionals, using specific diagnostic criteria and instruments.*

Section 5 RELATIONSHIP TO THE 12 CORE FUNCTIONS

A. Provide a statement linking the behavioral objectives of professional services to persons with chemical abuse problems. Chemical abuse problems should be broadly interpreted as applying to persons, groups of persons, or families in which there is or has been an issue of chemical use, abuse or dependency, or which are at risk of developing problems with such use, abuse, and/or dependency.

Example:

Relationship to Professional Services: *Professionals working with persons who are chemically dependent need skills to screen for mental illness to make appropriate referrals in order that all the patient/client's needs are assessed and addressed.*

B. Identify the appropriate Counselor Core Function(s) that the objectives address and provide a statement linking the Core Function to the objective.

Example:

Core Function #12, Consultation: *Professionals must be capable to obtain information on appropriate consultation procedures for referral to other mental health agencies.*

Core Function Areas Include:

- | | |
|-----------------------|------------------------|
| 1. SCREENING | 7. CASE MANAGEMENT |
| 2. INTAKE | 8. CRISIS INTERVENTION |
| 3. ORIENTATION | 9. CLIENT EDUCATION |
| 4. ASSESSMENT | 10. REFERRAL |
| 5. TREATMENT PLANNING | 11. RECORD KEEPING |
| 6. COUNSELING | 12. CONSULTATION |

Section 6 INSTRUCTOR/FACILITATOR CREDENTIALS

Attach a list of instructors/facilitators with the education and experience background of each that qualifies them to be presenters of their identified topic. Education and experience may include course work, reading, continuing education, experience, research, authoring books and articles, and lesson and program writing.

Example:

Jeff Jones, PhD, MC, presenting the Treatment Models: Dis/Beh/Fam module, is a licensed clinical psychologist and a certified master counselor. He has 200 hours of supervised training in the utilization of the MMPI and 80 hours of education specific to use of the Diagnostic and Statistical Manual. Additionally, Dr. Jones has been an integral member of the triage team at the Thus & So Treatment Center where his primary responsibilities include differential diagnosis and treatment planning.

Section 7 EVALUATION INSTRUMENTS

A. Briefly describe procedures for verifying and recording participants' attendance:

B. Briefly describe procedures for maintaining records of attendance for a minimum of 2 years:

C. Attach a copy of the critique and evaluation instrument that will be provided to each participant by way of obtaining feedback as to efficacy of the program. This instrument must, at minimum, address the following:

- | | |
|---|--|
| 1. Accomplishment of program objectives | 2. Instructors' knowledge of the topic presented |
| 3. Instructors' presentation skills | 4. Program strengths and weaknesses |
| 5. Learning environment appropriate | 6. General comments section |

Section 8 CERTIFICATE OF COMPLETION

Attach a copy of the certificate of completion to be provided to each participant upon completion. This certificate must include:

- | | |
|--|---------------------------------------|
| 1. Sponsoring agency's name | 2. Title and date of seminar |
| 3. Participant's name | 4. Number of contact hours authorized |
| 5. ABCAC endorsement & provider number | 6. Authorized signature |

Section 9 OTHER INFORMATION

Attach any additional information that may be helpful to provide a full evaluation and review of this educational program. Attach a copy of the program outline and relevant aids and handouts.

No more than two members of the ABCAC Educational Review Committee shall be authorized to monitor the presentation of this program at no charge. Such members shall be provided with a certificate of attendance.

Section 10 FEES AND AUTHENTICATION

A. Fees: Applications must be accompanied by the appropriate reviewing fee as follows:

- | | | |
|--|----------|--------------------------|
| A program of eight (8) contact hours or less— | \$100.00 | <input type="checkbox"/> |
| A program of nine (9) to fifteen (15) contact hours— | \$150.00 | <input type="checkbox"/> |
| A program over fifteen (15) contact hours— | \$200.00 | <input type="checkbox"/> |

Pre-printed mailing labels of ABCAC counselors are available for a processing fee of \$150.00—

Make all checks payable to "ABCAC." There is no additional charge for multiple presentations of the same educational program within two (2) years of ABCAC endorsement.

B. Authentication: *I hereby attest that the information provided in this application is valid and that the material presented in this education package is not in any violation of copyright laws and does not conflict with any ethical code established for the addictions field.*

Enclosed is the required non-refundable review fee of \$ _____.

Authorized Signature

Printed Name

Date

ABCAC OFFICE USE ONLY

Amount Received _____

Approved by Committee _____

Provider No. _____

Date & Initials _____

Applicant Notified _____

Labels Requested _____