

AODA ASSESSMENT AND REFERRAL SPECIALIST APPLICATION INSTRUCTIONS

The initial application is a brief sketch of the professional's qualifications. This is meant to be an assessment for review purposes. The manual is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the functions of an assessment and referral specialist. This process includes validation from employers, supervisors and trainers.

1. Application forms must be neatly printed or typewritten.
2. Materials must be stapled or paper clipped to keep them together. Application materials should not be put in binders, folders, report covers, etc.
3. The check or money order for the application fee of \$75.00 should be made payable to IAODAPCA. All fees are non-refundable. No refunds will be given.
4. Applicants should make a photocopy of the entire completed application, including all attachments for their records. The original copy of the application and copies of all other documents must be mailed to IAODAPCA.
(FAXED applications will not be accepted!)
5. Applications will be reviewed when they are received by IAODAPCA. A letter will be sent to applicants notifying them of any problems or missing parts of the application.
6. Applicants have the responsibility to notify IAODAPCA, in writing, of any changes to their names, work/home addresses and work/home telephone numbers
7. Applicants who have **not** completed their applications after one year will be required to reapply and start over with the application process.
8. IAODAPCA reserves the right to request further information from employers and other persons listed on the application forms.
9. Send completed application to: IAODAPCA
401 East Sangamon Avenue
Springfield, IL 62702

Application # _____

APPLICATION FOR CERTIFIED ASSESSMENT AND REFERRAL SPECIALIST

PLEASE PRINT OR TYPE

| | | | |
|--|-------------|-----------------|----------------|
| Name _____ / / | | | |
| Last | First | Middle | Date of Birth |
| Home Address _____ | | | |
| Apartment number (if applicable) _____ | | | |
| City _____ | State _____ | Zip Code _____ | |
| Home Telephone _____ | | Home Fax _____ | |
| Email _____ | | | |
| Employer Name _____ | | | |
| Employer Address _____ | | | |
| City _____ | State _____ | Zip Code _____ | |
| Work Telephone _____ | | Extension _____ | Work Fax _____ |
| I would like my mail sent to: <input type="checkbox"/> Home <input type="checkbox"/> Work Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (check only one box) | | | |

Please check one selection from each of the following areas:

Ethnic Origin

- Caucasian
- Black/African-American
- Native American or Alaskan Native

Highest Education Level Completed

- No High School Diploma or GED
- High School Diploma or GED
- Vocational Certification
- Bachelor of Arts
- Bachelor of Science
- Associate of Art
- Associate of Science
- Master's
- Doctorate

Degree

- Asian or Pacific Islander
- Other

Primary Work Setting

- Mental Health
- Substance Abuse
- Inpatient Treatment
- Outpatient Treatment
- Residential
- Intensive
- Developmental Disabilities
- MISA
- Crisis Intervention
- Case Management & Referral
- CILA
- Other _____

Outpatient

Primary Population Served

- Adults
- Adolescent
- Mixed
- Children
- Geriatrics

List any certifications, board registrations or licenses you hold:

Please note: IAODAPCA, reserves the right to request further information from all employers and other persons listed on the application form. IAODAPCA reserves the option to request an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of a counselor and will be kept confidential by IAODAPCA. Further information may be requested in order to verify training, employment, etc. This information is not available to other persons without the written consent of the applicant.

WORK EXPERIENCE FORM

I hereby attest that the applicant is working in a position where a minimum of 75% of his/her time is spent providing direct, primary alcohol and drug abuse (AODA) assessment and referral services, or supervising other AODA professionals in the performance of same.

Signature of Supervisor Date

Signature of Applicant Date

The applicant for the certified assessment and referral specialist will have one year of paid qualified work experience (equivalent to 2,000 hours), providing direct, clinically supervised AODA assessment and referral services in a position where at least 75% of his or her time was devoted to providing IAODAPCA designated assessment and referral functions or supervising other AODA professionals in the performance of AODA assessment and referral functions.

The required paid, supervised work experience must have been obtained within the past two years immediately preceding application for certification, and obtained under the documented clinical supervision of an experienced AODA professional (preferably IAODAPCA certified) with at least two years in the AODA field.

The work experience must include alcohol and other drug abuse assessment and referral tasks and services using the defined knowledge and skill base to facilitate an interactive process in order to assist clients in identifying and seeking, accessing and utilizing treatment/counseling for the harmful consequences of their alcohol and other drug abuse/dependence.

The work experience must be performed in a setting where the primary mission is AODA assessment and referral services, or in a secondary setting with a specific AODA assessment and referral service component.

Application # _____

BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR CURRENT POSITION. Job description must be on agency letterhead and dated and signed by applicant and supervisor. All relevant former employment must be verified by job descriptions from employers.

Position/title _____

Date Employed:

From _____ to Present Hours of Work Per Week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Immediate Supervisor: _____

Title _____ Telephone Number (____) _____

Position/title _____

Date Employed:

From _____ to _____ Hours of Work Per Week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Immediate Supervisor: _____

Title _____ Telephone Number (____) _____

Application # _____

BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR CURRENT POSITION. Job description must be on agency letterhead and dated and signed by applicant and supervisor. All relevant former employment must be verified by job descriptions from employers.

Position/title _____

Date Employed:

From _____ to _____ Hours of Work Per Week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Immediate Supervisor: _____

Title _____ Telephone Number (____) _____

All answers are correct to the best of my knowledge. I authorize any educational institution or, other body having knowledge of my academic status, to release information to IAODAPCA regarding my status.

Signature of Applicant

Date

SUPERVISED PRACTICAL EXPERIENCE

To Supervisor: Please complete this form indicating applicant’s supervised practical training. This form is not intended to document applicant’s total number of hours worked, but rather the hours of face-to-face supervision you have provided the applicant. **PLEASE RETURN THIS FORM DIRECTLY TO IAODAPCA, 401 East Sangamon, Avenue, Springfield, IL 62702**

Name of Applicant _____
 (LAST) (FIRST) (MI)

I hereby attest to the fact that I have provided the applicant face-to-face supervision for the number of hours noted below.

Realizing that supervision may take place in a variety of settings and have many faces, IAODAPCA determined not to place limiting criteria on qualifications of a supervisor. Rather, it was determined that supervision should be as broadly defined as in the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration’s **Technical Assistance Publication Number 21**. TAP 21 defines supervision/clinical supervision as: the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance. Supervised hours are understood to be face-to-face supervision. Hours that the assessment and referral specialist spends providing AODA assessment and referral services are NOT counted as supervision.

Each core skill area must have at least 10 hours documented.

| <u>Core Skill Areas</u> | <u>Number of Hours Received in Each</u> |
|--------------------------------------|---|
| Screening | _____ (minimum 10) |
| Assessment | _____ (minimum 10) |
| Orientation | _____ (minimum 10) |
| Treatment Planning | _____ (minimum 10) |
| Discharge Planning | _____ (minimum 10) |
| Interviewing Approaches | _____ (minimum 10) |
| Philosophies, Methods and Objectives | |
| Case Management | _____ (minimum 10) |
| Crisis Intervention | _____ (minimum 10) |
| Client Education | _____ (minimum 10) |
| Referral | _____ (minimum 10) |
| Reports and Record Keeping | _____ (minimum 10) |
| Other | _____ |

Hours of face-to-face supervision I have provided the applicant (#) _____

Signature of Supervisor

Date

Name of Supervisor (Printed)

Title

Agency/Facility

EDUCATION FORM

Please reproduce this form as needed to record all RELEVANT education. Be sure to attach documentation (i.e. transcripts, certificates) that supports participation. Lack of documentation will result in the inability to apply these hours towards certification.

Record Of Education

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe The Content Of Education _____

AODA Specific () Ethics () Performance Domains () Human Behavior ()

Record Of Education

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe The Content Of Education _____

AODA Specific () Ethics () Performance Domains () Human Behavior ()

ASSURANCE AND RELEASE

The Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc. (IAODAPCA) may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

“I give my permission for IAODAPCA Board and staff to investigate my background as it relates to information contained in this application for certification as a Certified AODA Counselor. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification.”

“I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by IAODAPCA, to officers, members, and staff of the afore mentioned board.”

“I further agree to hold IAODAPCA, it’s officers, board members, employees, and examiners free from 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 this application and subsequent examinations, and/or the failure of IAODAPCA to issue certification.”

“I certify that I have read and subscribe to IAODAPCA, Inc.’s Code of Ethics for Certified Alcohol and Other Drug Abuse Assessment and Referral Specialists and The Illinois Model for the Certification of Alcohol and Other Drug Abuse Assessment and Referral Specialists.”

“I further certify that my AODA Assessment and Referral Certification classification and status is public knowledge.”

“I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying.”

Signature of Applicant

Date

CODE OF ETHICS

CERTIFIED ASSESSMENT AND REFERRAL SPECIALIST (CARS)

Principle 1: Non-discrimination

The Certified Assessment and Referral Specialist (CARS) must not discriminate against clients or professionals based on race, religion, age, sex, handicaps, national ancestry, sexual orientation, or economic condition.

Principle 2: Responsibility

IAODAPCA certified professionals shall at all times adhere to all applicable federal, state, and local laws, regulations, and rules pertaining to the reporting of child abuse and/or neglect, and will promptly notify the proper authorities when they suspect that child neglect or abuse has occurred.

When IAODAPCA certified professionals accept the responsibility of teaching AODA Knowledge Areas or of providing clinical supervision to other AODA professionals or students they should discharge these responsibilities with the same high regard for standards required of all other professional activities.

Principle 3: Competence

The assessment specialist must recognize that the profession is founded on national standards of competency that promote the best interest of society, of the client, of the assessment specialist, and of the profession as a whole.

IAODAPCA certified professionals shall not offer services outside the boundaries of the AODA profession unless otherwise educated and trained, licensed, or certified.

In the conduct of research, IAODAPCA certified professionals should adhere to the highest standards and follow appropriate scientific procedures.

The assessment specialist must recognize the need for ongoing education as a component of professional competency.

Principle 4: Legal Standards and Moral Standards

The assessment specialist must uphold the legal and accepted moral codes that pertain to professional conduct.

IAODAPCA certified professionals engaged in the delivery of alcohol and other drug abuse services, shall show respect and regard for the laws and norms of the communities in which they work. They recognize that violations of legal standards will damage their own reputation and the AODA profession.

IAODAPCA certified professionals shall not abuse alcohol.

IAODAPCA certified professionals shall not abuse legal drugs.

In some circumstances, IAODAPCA certified professionals may use physician prescribed, mind-altering drugs for necessary and appropriate medical reasons. In such circumstances, they should weigh their ability to perform in the delivery of AODA services.

IAODAPCA certified professionals shall not possess or use any illegal drugs under any circumstances.

IAODAPCA certified professionals shall not furnish their clients, with alcohol or other mind-altering chemicals.

Principle 5: Publication Credit

IAODAPCA certified professionals will always cite their sources when engaged in teaching.

As authors or editors, IAODAPCA certified professionals shall adhere to high standards, abiding by the traditions established in the academic arena.

IAODAPCA certified professionals will always, through byline, credit, or other means, cite the actual author or source of any materials researched or used in their articles, books, or other writings.

Principle 6: Client Welfare

In the delivery of alcohol and other drug abuse assessment services, IAODAPCA certified professionals shall establish and maintain relationships with their clients characterized by professionalism, respect, and objectivity. IAODAPCA certified professionals accept and understand that alcohol and other drug abuse and dependency affect the family members and significant others of the person abusing or dependent upon alcohol and/or other drugs.

IAODAPCA certified professionals shall ensure that services are offered in a respectful manner in an appropriate environment.

IAODAPCA certified professionals are responsible for obtaining adequate and appropriate professional services to meet the individual needs of the clients.

IAODAPCA certified professionals shall work to involve the family/significant others of clients with alcohol and/or other drug problems in the assessment and referral process.

When working in an intervention team or with other professionals, IAODAPCA certified professionals will not abdicate their responsibility to protect and promote the welfare and best interests of their clients.

IAODAPCA certified professionals demonstrate concern and respect for the welfare of the families, significant others, and of their clients.

Principle 7: Confidentiality

The assessment specialist must embrace, as primary obligation, the duty of protecting the privacy of clients and must not disclose confidential information acquired in teaching, practice, or investigation.

IAODAPCA certified professionals shall comply with the federal and state laws, rules, and regulations pertaining to confidentiality.

IAODAPCA certified professionals shall guard professional confidences and shall reveal such confidences only in compliance with the law or only when there is a clear and imminent danger to the client or others.

In promotional and marketing activities for AODA services, IAODAPCA certified professionals shall respect the dignity and confidentiality of their clients.

Principle 8: Client Relationship

The welfare and dignity of those to whom assessment services are provided are to be protected and valued above all else.

IAODAPCA certified professionals shall not physically abuse their clients.

IAODAPCA certified professionals shall not verbally abuse their clients.

IAODAPCA certified professionals shall not sexually exploit their clients. IAODAPCA certified professionals shall not engage in sexual relationships with clients.

IAODAPCA certified professionals shall not financially exploit their clients.

Principle 9: Interprofessional Relationships

IAODAPCA certified professionals shall establish and maintain professional relationships characterized by respect and mutual support.

IAODAPCA certified professionals shall establish and maintain professional relationships for purposes of networking, clinical supervision, professional support, etc.

IAODAPCA certified professionals shall respect the confidences shared by other colleagues/professionals.

IAODAPCA certified professionals shall not knowingly solicit the clients of other colleagues/professionals.

IAODAPCA certified professionals shall not knowingly withhold information from colleagues/professionals that would enhance their professional effectiveness.

IAODAPCA certified professionals shall not knowingly accept for a client any client who is receiving similar services from another professional except by agreement with that professional or after the termination of services by that professional.

When working in an intervention, referral, or treatment team, IAODAPCA certified professionals will work to support, not damage or subvert, the decisions made by the team.

Principle 10: Remuneration

The assessment specialist must establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interest of the client, of the assessment specialist, and of the profession.

IAODAPCA certified professionals shall not charge or collect a private fee or other form of payment for assessment services provided to clients who are charged for those same services through their agency.

IAODAPCA certified professionals shall avoid continuing to provide services for personal gain or satisfaction beyond the point where it is clear that the client is not benefiting from the services.

IAODAPCA certified professionals shall not give or receive a commission, rebate, or any other form of payment for referral services.

Principle 11: Societal Obligations

The assessment specialist must advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of alcoholism and other forms of drug addiction. The assessment specialist must inform the public through active civic and professional participation in community affairs of the effects of alcoholism and drug addiction and must act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. The assessment specialist must adopt a personal and professional stance which promotes the well-being of all human beings.

When making recommendation for positions, advancements, certification, etc., IAODAPCA certified professionals shall consider the welfare of the public and the profession above the needs of the individual concerned.

IAODAPCA certified professionals shall strive at all times to maintain the highest of standards in the services they offer.

The maintenance of high standards of competency is a responsibility shared by all IAODAPCA certified professionals.

In circumstances where IAODAPCA certified professionals violate ethical standards, it is the obligation of any and all IAODAPCA certified professionals who have first hand knowledge of unethical activities to attempt to rectify the situation and to report all ethical violations to IAODAPCA.

IAODAPCA certified professionals will not misrepresent their professional qualifications and affiliations.

IAODAPCA certified professionals will not aid or abet a person not duly certified as an AODA Professional in representing themselves as an IAODAPCA certified professional or at a certification classification that is not true.

IAODAPCA certified professionals have an obligation to see that AODA services are provided by qualified, competent persons. Constructive efforts to ensure delivery of competent AODA services, such as certification, deserve support.

IAODAPCA certified professionals are required to submit accurate and honest information to IAODAPCA for the purpose of obtaining, maintaining, and recommending someone for certification.

PERSONAL STATEMENT

As a Certified Assessment and Referral Specialist, I shall strive at all times to maintain the highest standards in all services I provide, valuing competency and integrity over expediency or ability, providing services only in those areas where my training and experience meet established standards. I shall always recognize that I have assumed a heavy social and vocational responsibility due to the intimate nature of my work, which touches the lives of other human beings.

My signature below indicates my agreement with and willingness to abide by this Code of Ethics.

Signature of Applicant _____ **Date** _____

Printed Name of Applicant _____

Signature of Notary _____ **Date** _____

Printed Name of Notary _____

Notary Stamp _____



CARS Application Checklist

The following should be included in your CARS Application:

- _____ Application information
- _____ Work Experience forms including all documentation. These forms include a job description on agency letterhead signed and dated by applicant and supervisor. Attach an official transcript if using degree to waive work experience.
- _____ Supervised Practical Experience form completed by your supervisor.
- _____ Education forms including all documentation.
- _____ Assurance and Release signed and dated by applicant.
- _____ Code of Ethics signed, dated and notarized.

When application is complete, send all materials to ICB, 401 East Sangamon Avenue, Springfield, IL 62702. **Applications will not be accepted by fax.**