

# Application Instructions

## MISA I and MISA II Board Registration

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 a MISA professional. 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 FOR MISA BOARD REGISTRATION**

_____ Last Name      First Name      Middle Name			_____ Date of Birth	
_____ Home Address			_____ Apt. Number	
_____ City		_____ State	_____ Zip Code	_____ County
_____ Home Telephone		_____ Home Fax Number	_____ Home Email Address	
_____ Name of Employer				
_____ Employer's Mailing Address			_____ Suite Number	
_____ City		_____ State	_____ Zip Code	_____ County
_____ Employer's Telephone Number		_____ Employer's Fax Number		

I would like for my mail to be sent to:  Home     Work      Sex:  Male     Female

I am applying for board registration at the following level:     MISA I     MISA II

Please check one selection from each of the following areas:

**Ethnic Origin**

- Caucasian
- Black/African-American
- Native American or Alaskan Native
- Asian or Pacific Islander
- Other

**Highest Education Level Completed**

- High School Diploma or GED
- Vocational Certification
- Associate of Art
- Associate of Science
- Bachelor of Arts
- Bachelor of Science
- Master's Degree
- Doctorate

**Primary Work Setting**

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

**Primary Population Served**

- Adults
- Adolescent
- Children
- Geriatrics
- Mixed

**Please list any certifications, board registrations or licenses you hold:**

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**Please note:** IAODAPCA, Inc. reserves the right to request further information from all employers and other persons listed on the application. IAODAPCA and its review committees reserve the option to request an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of a MISA I/II 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 50% of his/her time is spent providing direct services to clients meeting the MISA symptomatology.

The applicant minimally has primary responsibility for providing MISA direct services in individual and/or group settings, preparing treatment plans, documenting client progress notes and is clinically supervised by an individual who is knowledgeable in AODA/MISA.

\_\_\_\_\_  
**Signature of Supervisor** **Date**

\_\_\_\_\_  
**Signature of Applicant** **Date**

**MISA I - A Bachelor degree or higher** in human services or behavioral sciences, with at least nine semester hours of AODA education and nine semester hours in mental illness education, may waive 500 hours of the required MISA work experience..

**MISA II - A Masters degree or higher** in human services or behavioral sciences, with at least nine semester hours of AODA education and nine semester hours in mental illness education, may waive 1000 hours of the required MISA work experience.

Do you hold a BA/BS or MA/MS degree in human services or a behavioral science with at least 9 hours of AODA training and 9 semester hours in mental illness?  YES  NO

Please indicate what your degree is in: \_\_\_\_\_

**Attach a copy of your degree and an original transcript indicating your major.**

**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.

**Place of Employment:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Title** \_\_\_\_\_ **Telephone Number** (\_\_\_\_) \_\_\_\_\_

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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 (\_\_\_\_) \_\_\_\_\_

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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 (\_\_\_\_) \_\_\_\_\_

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**OTHER CERTIFICATIONS/LICENSES:** List any other certifications or licenses you hold and the state in which the credential is issued. If credential is national, please note.

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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.

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Signature of Applicant

Date

**SUPERVISED PRACTICAL EXPERIENCE**

To Supervisor: Please complete this form indicating applicant's supervised practical experience. 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 the counselor spends providing AODA counseling services are NOT counted as supervision.

**MISA I - Each core skill area must have at least 5 hours documented. (Total 120)**

**MISA II - Each core skill area must have at least 10 hours documented. (Total 310)**

<u>Core Skill Areas</u>	<u>Number of Hours Received In Each</u>
Admissions Screening.....	_____
Intake.....	_____
Orientation .....	_____
Assessment.....	_____
Treatment Planning.....	_____
Counseling .....	_____
Case Management.....	_____
Crisis Intervention .....	_____
Client/Patient Education.....	_____
Referral .....	_____
Reports and Record Keeping.....	_____
Consultation with Other Professionals Regarding Treatment/Services .....	_____
Intervention.....	_____
Attitudes Towards MISA Population .....	_____
Roles, Boundaries and Professional Relationship Dynamics .....	_____
Health and Safety.....	_____

**Number of 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 board registration.

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**Record of Education**

**Dates Attended** \_\_\_\_\_ **Clock Hrs/Credit Hrs** \_\_\_\_\_

**Course/Program Title** \_\_\_\_\_

**Sponsoring Organization** \_\_\_\_\_

**Briefly Describe the Content of Education** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AODA Specific ( )**                      **Ethics ( )**  
**Mental Illness Specific ( )**      **Knowledge and Skills ( )**      **Research Methods ( )**

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**Record of Education**

**Dates Attended** \_\_\_\_\_ **Clock Hrs/Credit Hrs** \_\_\_\_\_

**Course/Program Title** \_\_\_\_\_

**Sponsoring Organization** \_\_\_\_\_

**Briefly Describe the Content of Education** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AODA Specific ( )**                      **Ethics ( )**  
**Mental Illness Specific ( )**      **Knowledge and Skills ( )**      **Research Methods ( )**

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**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 board registration process without the written consent of the applicant.

“I give my permission for the IAODAPCA Board and staff to investigate my background as it relates to information contained in this application for registration as a Board Registered MISA Professional. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of board registration.”

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

“I further agree to hold IAODAPCA, its 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 board registration.”

“I certify that I have read and subscribe to IAODAPCA, Inc.’s Code of Ethics for Board Registered MISA Professionals and *The Illinois Standard for Board Registered Mental Illness/Substance Abuse I/II*.”

“I further certify that my MISA Board Registered 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 board registration for which I am applying.”

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**Signature of Applicant** **Date**

# **CODE OF ETHICS FOR BOARD REGISTERED MISA PROFESSIONALS**

## **Principle 1: Legal and Moral Standards**

The welfare and dignity of the client/patient are to be protected and valued above all else. Board Registered MISA professionals, in the practice of MISA services, show respect and regard for the laws of the communities in which they work. They recognize that violations of legal standards may damage their own reputation and that of the MISA profession.

- a. The welfare and dignity of the client/patient are to be protected and valued above all else.
- b. Board Registered MISA professionals shall not physically or verbally abuse their clients/patients.
- c. Board Registered MISA professionals shall not abuse alcohol.
- d. Board Registered MISA professionals shall not financially exploit their clients/patients.
- e. Board Registered MISA professionals shall not abuse legal drugs.
- f. In some circumstances, Board Registered MISA professionals may themselves use properly prescribed, mood altering drugs for necessary and appropriate medical reasons. MISA professionals should weigh their ability to serve in counseling relationships.
- g. Board Registered MISA professionals shall not possess or use any illegal drugs under any circumstances.
- h. Board Registered MISA professionals who can legally prescribe controlled substances, must exercise clinical discretion in prescribing controlled substances that are mind-altering and/or addictive.
- i. Board Registered MISA professionals acknowledge that the use of psychotropic medication in treatment of MISA clients/patients is ethical when appropriately prescribed, and support the appropriate use of such medications.

## **Principle 2: Board Registered MISA professionals/Client/Patient Relationships**

In the provision of MISA services, Board Registered MISA professionals shall establish and maintain MISA professional/client/patient relationships characterized by professionalism, respect and objectivity.

- a. Board Registered MISA professionals shall not enter into counseling relationships with members of their own family, with close friends, with persons closely connected to them or others whose welfare might be jeopardized by such a dual relationship.
- b. Board Registered MISA professionals shall ensure that services are offered in a respectful manner in an appropriate environment.
- c. Board Registered MISA professionals shall not charge or collect a private fee or other form of compensation for services to a client/patient who is charged for those same services through the MISA professional's agency. MISA professionals shall not engage in fee splitting.
- d. Board Registered MISA professionals in clinical or counseling practice must not use their relationship with clients/patients to promote personal gain or the profit of an agency or commercial enterprise of any kind.
- e. Board Registered MISA professionals shall avoid continuing a counseling relationship (maintaining a case) for personal gain or satisfaction beyond the point where it is clear that the client/patient is not benefiting from the relationship.
- f. Board Registered MISA professionals shall not give or receive a fee, commission, rebate or any other form of compensation for the referral of clients/patients.

- g. Board Registered MISA professionals shall not abandon or neglect clients/patients in treatment and shall assist in making appropriate arrangements for the continuation of treatment, if appropriate, following termination of treatment.
- h. If Board Registered MISA professionals determine an inability to be of professional assistance to clients/patients, they shall either avoid initiating the counseling relationship or immediately terminate that relationship. In either event, they shall be knowledgeable about referral resources and suggest appropriate alternatives and are not obligated to continue the relationship in the event the client/patient declines suggested referrals.
- i. Board Registered MISA professionals shall terminate a counseling relationship, securing client/patient agreement when possible, when it is reasonably clear that the client/patient is no longer benefiting from the services. Additionally, termination is expected when services are no longer required, when counseling no longer serves the client's/patient's needs or interests or when clients/patients do not pay the required fees.
- j. In promotional and marketing activities for services, Board Registered MISA professionals shall respect the dignity and confidentiality of the clients/patients.
- k. Board Registered MISA professionals shall not engage in any sexual relationship, conduct or contact with clients/patients during the time of the counseling relationship or for at least one year thereafter, or if the client/patient or former client/patient becomes or remains "Emotionally dependent" on the MISA professional [as defined under Illinois Law at 740 ILCS & 140/1 (a)]. MISA professionals, in all instances shall not engage in any sexual relationship, conduct or contact through means of any therapeutic deception.

### **Principle 3: Non-Discrimination**

Board Registered MISA professionals must not discriminate against clients/patients or professionals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.

### **Principle 4: Competence**

Board Recognized, Registered MISA professional's responsibility is to provide competent professional services.

- a. Board Registered MISA professionals shall not offer services outside the boundaries of the profession unless otherwise educated and trained, licensed or certified.
- b. Board Registered MISA professionals shall not offer services outside their range of competency.

### **Principle 5: Confidentiality**

Board Registered MISA professionals shall preserve, protect and respect their clients/patients' right to confidentiality.

- a. Board Registered MISA professionals shall comply with the federal and state laws, rules and regulations pertaining to client/patient confidentiality.
- b. Board Registered MISA 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 an individual or society.
- c. Board Registered MISA professionals must inform the client/patient and obtain agreement in areas likely to affect the client's/patient's participation, including the recording of an interview, the use of interview material for training purposes and observation of an interview by another person.

- d. Board Registered MISA professionals must discuss the information obtained in clinical or consulting relationships only in appropriate settings and only for professional purposes clearly concerned with the case. Written and oral reports must present only data germane to the purpose of the evaluation and every effort must be made to avoid undue invasion of privacy.
- e. Board Registered MISA professionals must use clinical and other material in classroom teaching and writing only when the identities of the persons involved are adequately disguised.
- f. The general requirement that Board Registered MISA professionals keep information confidential does not apply when the best interests of clients/patients, welfare of others, obligations to society or legal requirements demand that confidential information be revealed. Board Registered MISA professionals must consult with other professionals when they are unsure of whether an exception to confidentiality exists.
- g. Before confidential information is disclosed over the client's/patient's objection, because of legal requirements, Board Registered MISA professionals shall request to the court that the disclosure not be required and explain why disclosures are harmful to clients/patients. Steps are taken to limit the extent of the unwanted disclosure. MISA professionals shall not, however, be obligated to violate any state or federal law or the order of competent jurisdiction.
- h. When a circumstance requires the disclosure of confidential information, only essential information is to be revealed. To the extent possible, clients/patients are informed before confidential information is disclosed.
- i. At the beginning of the counseling relationship, Board Registered MISA professionals discuss with clients/patients the relevant limitations of confidentiality and the foreseeable uses of information generated through counseling services.
- j. Board Registered MISA professionals shall explain that confidentiality cannot be guaranteed in group counseling and communicate that clearly to group members.

### **Principle 6: Inter Professional Relationships**

Board Registered MISA professionals shall establish and maintain professional relationships characterized by respect and mutual support.

- a. Board Registered MISA professionals shall establish and maintain professional relationships with their clients/patients.
- b. Board Registered MISA professionals shall respect the confidences shared by other colleagues/ professionals with respect to clients/patients.
- c. Board Registered MISA professionals shall not knowingly solicit clients/patients of other colleagues/ professionals.
- d. Board Registered MISA professionals shall not knowingly withhold information that has been appropriately released by the client/patient from colleague/professionals that would enhance their treatment effectiveness.
- e. Board Registered MISA professionals shall not knowingly accept for treatment a person who is receiving services from another professional except by agreement with that worker or after the termination of the case by that worker.
- f. When working in a treatment team with other professionals, Board Registered MISA professionals will not abdicate their responsibility to protect and promote the welfare and best interests of the client/patient.
- g. When working within a treatment team, Board Registered MISA professionals shall work to support, not damage or subvert the decisions made by the team.

## **Principle 7: Ethical Standards of Board Registered MISA professionals**

**Principle 7.1: When making recommendation for positions, advancements, certification, etc., Board Registered MISA professionals shall consider the welfare of the public and the profession above the needs of the individual concerned.**

- a. Board Registered MISA professionals shall not use another professional as a reference without first obtaining that person's permission.
- b. Board Registered MISA professionals shall not lead a person to believe that he/she will receive a favorable recommendation when, in fact, such a recommendation will not be given.

**Principle 7.2: Board Registered MISA professionals shall establish and maintain an employer/employee relationship characterized by professionalism and respect for the agency's rules of operation.**

**Principle 7.3: Board Registered MISA professionals shall strive at all times to maintain high standards in the services they offer.**

- a. The maintenance of high standards of competency is a responsibility shared by all Board Registered MISA professionals.
- b. In circumstances where Board Registered MISA professionals violate ethical standards, it is the obligation of Board Registered MISA professional who knows first hand of their activities to attempt to rectify the situation, and to notify the Executive Director of the IAODAPCA if such attempts fail.

**Principle 7.4: Board Registered MISA professionals respect their professional status and standing.**

- a. Board Registered MISA professionals shall not misrepresent their professional qualifications and affiliations.
- b. Board Registered MISA professionals shall not aid or abet a person not duly registered as a MISA professional in representing himself/herself as a Board Registered MISA professional.

**Principle 7.5: Board Registered MISA professionals have an obligation to see that qualified, competent persons do MISA counseling. Constructive efforts to achieve competent MISA counseling services, such as registration, deserve support.**

- a. Board Registered MISA professionals shall submit accurate and honest information to the IAODAPCA for the purpose of obtaining, maintaining and recommending someone for registration.

**Principle 7.6: In the conduct of research, Board Registered MISA professionals should adhere to high standards and follow appropriate scientific procedures.**

**Principle 7.7: When Board Registered MISA professionals accept the responsibility of teaching MISA counseling or of supervising MISA professionals, they should discharge these responsibilities with the same regard for standards required of all other professional activities.**

**Principle 7.8: As authors or editors, Board Registered MISA professionals shall adhere to high standards abiding by the traditions established in the academic arena.**

- a. Board Registered MISA professionals must acknowledge and document materials and techniques used.
- b. Board Registered MISA professionals, who conduct training in alcoholism or drug abuse, or MISA counseling skills or techniques, must indicate to the audience the requisite training and qualifications required to properly perform these skills and techniques.
- c. Board Registered MISA professionals must recognize joint authorship and major contributions of a professional character made by several persons to a common project. The author who has made the principle contribution to a publication must be identified by being listed first.
- d. Board Registered MISA professionals must acknowledge, in footnotes or an introductory statement, minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- e. Board Registered MISA professionals must acknowledge, through specific citations, unpublished, as well as published material that has directly influenced the research or writing.
- f. Board Registered MISA professionals who compile and edit for publication, the contributions of others, must list oneself as editor, along with the names of those others who have contributed.
- g. Board Registered MISA professionals must define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- h. Board Registered MISA professionals must not use a client/patient in a demonstration role in a workshop setting where such participation would potentially harm the client/patient.

**Principle 8: Resolving Ethical Issues**

- a. Board Registered MISA professionals shall take appropriate action when they possess information that raises doubts as to whether another MISA professional is acting in an ethical manner.
- b. Board Registered MISA professionals shall not initiate, participate in or encourage the filing of ethics complaints that are frivolous or intend to harm a MISA professional rather than to protect clients/patients or the public.
- c. Board Registered MISA professionals shall cooperate with investigations, proceedings and requirements of the IAODAPCA, ethics investigation or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.

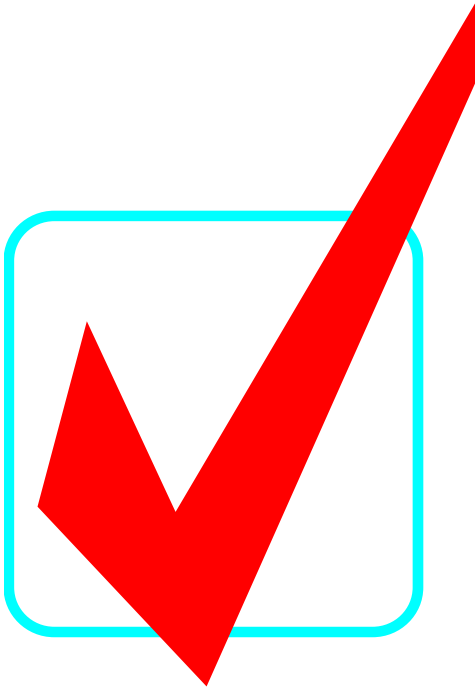
**PERSONAL STATEMENT**

As a Board Registered Mental Illness/Substance Abuse Professional, 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** \_\_\_\_\_

**Signature of Notary** \_\_\_\_\_ **Date** \_\_\_\_\_



## MISA Application Checklist

The following should be included in your MISA Board Registration Application:

- \_\_\_\_\_ Application information
- \_\_\_\_\_ Employment 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.
- \_\_\_\_\_ Supervisor 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 IAODAPCA, 401 East Sangamon Avenue, Springfield, IL 62702. **Applications will not be accepted by fax.**