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on
Alcoholism Inc.

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file

PAGES 28 and 32 SEEM TO BE MISSING FROM THESE PAPERS BUT THEY
WERE BLANK PAGES WHICH I DID NOT COPY.

Handbook on
Alcoholism Counselor Certification

Issued by the
Alcoholism Certification Board
of the
Alcoholism Professional Staff Society of Washington State

One Dollar

March 2077

HOW TO APPLY FOR CERTIFICATION

1. Study this Handbook. Determine whether or not you are likely to qualify. If you have some deficiencies in meeting the Standards for Certification, set a program for yourself to remove the deficiencies.

2. If you believe that you qualify for Certification by Prior Experience (Grandfathering), write to the Executive Secretary of the Certification Board, to request that you be sent the application forms. (Samples of the forms are included in this Handbook.)

Applications for Certification by Prior Experience will be accepted only between April 1 and September 30, 1977.

Thereafter, only Regular Certification will be available.

3. If not applying for Certification by Prior Experience, and if you believe you qualify for Regular Certification, Specialist I or Specialist II, write to the Executive Secretary to request that you be sent application forms. (Samples included.)

Applications for Regular Certification will be accepted on or after October 1, 1977.

4. After your completion of the application process, including (except in the case of Certification by Prior Experience) testing, competence evaluation, and an in-person evaluation, the Board will determine whether or not you will be certified. At that time you will be notified of the decision, and if you are certified, you will be awarded a certificate.

5. If you need additional information, please direct your inquiry to the Executive Secretary of the Alcoholism Certification Board.

ALCOHOLISM CERTIFICATION BOARD

of the

ALCOHOLISM PROFESSIONAL STAFF SOCIETY OF WASHINGTON STATE

Quinica Drake, Executive Secretary
Telephone (206) 373-8791

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DEVELOPMENT OF COUNSELOR CERTIFICATION IN WASHINGTON STATE

Alcoholism counseling, "The New Profession," was born ages ago when some person of insight and compassion attempted to assist a suffering alcoholic. Since then, an uncounted host of persons--recovered alcoholics, physicians, social workers, judges, clergymen, psychologists, psychiatrists, and many others--have counseled the alcoholic person.

In recent years it has become apparent that effective alcoholism counseling is not insured by training in any one of the above disciplines. nor is it guaranteed by the counselor's personal recovery from alcoholism. The practical result has been the emergence of a corps of alcoholism counselors from various academic and experience backgrounds who have the unique skills which are most effective in treating alcoholism.

Many alcoholism facilities have been established. Laws and regulations governing alcoholism services have been enacted. Training programs have been instituted. Alcoholism treatment has been recognized by insurance companies.

The need for a definition of "Alcoholism Counselor" became apparent. Standards by which an Alcoholism Counselor could be identified had not been formulated.

In 1973 the effort in Washington State began. A task force--later, a committee--was formed to explore the need and to produce a standard. This effort was supported by the Office of Alcoholism of the State of Washington, the Citizens Advisory Council of Washington State, the Alcoholism Professional Staff Society of Washington State, the Washington State Council on Alcoholism, and other bodies. (For membership roster, see page 22.)

The Committee on Alcoholism Certification Requirements completed its work in mid-1974, with the issuance of "Requirements for Certification as an Alcoholism Specialist, State of Washington." This document, which contained standards like those of the national Littlejohn report on certification, contained several suggestions for making certification operative. The Committee then presented its work to the State Office of Alcoholism in the hope that Washington State would proceed to enact a plan for certification.

Almost simultaneously, Washington's Department of Social and Health Services (of which the Office of Alcoholism is a part), and the National Institute of Alcohol Abuse and Alcoholism, determined that neither would establish a governmental structure for certification.

The Office of Alcoholism adopted the Committee's standards and issued them, in January, 1975, as "Guidelines for Qualifications of Alcoholism Counselors." These have since been used by the Office in determining whether or not an agency meets the state's program requirements.

The need to provide an alcoholism counselor with adequate credentials was still unmet.

An attempt was made, through the D.S.H.S. Citizens Advisory Council on Alcoholism, to create a certifying agency or board composed of representatives of various state-wide alcoholism organizations. This failed early in 1975. The matter was referred back to the Alcoholism Professional Staff Society.

Aware that professional societies in a number of states were undertaking certification, in lieu of state or federal credentialing, the members of the Alcoholism Professional Staff Society created The Alcoholism Certification Board of the Alcoholism Professional Staff Society--and elected its Board--on October 16, 1975.

The Certification Board has reported regularly to its parent body, the Alcoholism Professional Staff Society, and periodically to the Citizens Advisory Council.

The Certification Board has kept itself well informed concerning certification efforts in other states and the national effort. Forty-one of the states have operative or planned certification systems, twenty of them under the auspices of professional organizations.

The Alcoholism Certification Board has developed standards and procedures which are largely compatible with those of other states, and the Board expects that the Washington State plan will dovetail readily into any national certifying provisions that emerge at some future time.

PRINCIPLES

Certain important principles have emerged:

1. Certification is based largely on competence and on knowledge about alcoholism--rather than academic achievement.
2. Authority for this certification comes from professionals working in alcoholism who share a common concern for standards of competence.
3. Counselors, not other alcoholism workers, are offered certification at this time. Persons having counseling skills and utilizing them in positions other than those called "Counselor" may be certified. [Note: Although the Requirements and Standards referred to, above, refer to "Alcoholism Specialist(s)", the required skills are counseling skills.]
4. Certification is entirely voluntary. Recognition of Certification is entirely voluntary.
5. Certification is offered to both non-members and members of the Alcoholism Professional Staff Society.

AUTHORITY

This certification is voluntary. The authority of the Alcoholism Certification Board is derived from the persons who are dedicated to service as alcoholism counselors, and who will be most affected by certification. This authority is embodied in the state-wide association of alcoholism workers--The Alcoholism Professional Staff Society.

Application for certification is entirely voluntary. No governmental entity requires this certification. Individuals seeking certification choose to do so of their own free will, and must agree to accept the decision of the Certification Board.

Recognition of certification is voluntary. Any value or credence given to certification by an alcoholism agency or other employer is entirely at the discretion of the agency or employer.

The credibility of this certification will result from the standards which are maintained, the performance of the Certification Board, and--most important--the professional competence and integrity of Certified Alcoholism Counselors.

Elected by the membership of the Alcoholism Professional Staff Society, the Certification Board is governed by its By-laws. Members serve without remuneration. The Board is composed of three public members and six alcoholism-employed members, who may or may not be members of the Alcoholism Professional Staff Society.

GOALS OF CERTIFICATION

Certification has been created in Washington State and in many other states to achieve these goals:

- 1] To increase the effectiveness of services rendered persons suffering from alcohol abuse.
- 2] To enhance the skills and competence of alcoholism counselors.
- 3] To enlarge the public recognition of the treatment needs of alcoholic persons and of the value of the alcoholism counselor.
- 4] To encourage the alcoholism counselor to grow in knowledge and competence.
- 5] To advance the acknowledgement of "The New Profession", alcoholism counseling, as unique and essential among the healing arts.

STANDARDS FOR A CERTIFIED ALCOHOLISM COUNSELOR

An Alcoholism Counselor may be certified for either of two levels of knowledge and competence: Specialist I and Specialist II.

Sections A and D of these standards apply to both levels.

A. General Abilities and Experience.

An Alcoholism Counselor, Specialist I or Specialist II, should:

1. Possess these professional attributes:

a. Show evidence of a genuine interest in helping alcoholic persons, and of dedication to helping them help themselves as much as possible.

b. The ability to maintain confidentiality of all records, materials, and communications concerning the identity of clients.

c. The ability to work under supervision and to cooperate with other personnel, as well as to function effectively on one's own.

d. The ability to assess one's own personal and vocational strengths and limitations, biases, and effectiveness.

e. The ability and willingness to recognize when it is in the client's best interest to refer or release him to another individual or program.

f. Show responsibility for self-evaluation and continued growth through further education or training.

g. Show respect for the client by avoidance of any intrusion into the client's personal life outside of the professional relationship.

h. Show respect for rights and reputation of other alcoholism workers and workers of other professions.

i. Show no discrimination among clients or professionals on the basis of race, color, creed, sex, or age.

2. Demonstrate exposure to Alcoholics Anonymous, Al-Anon, and/or Alateen, as well as other community programs, through direct contact.

3. Have no history or substantial evidence of alcohol or other drug misuse for a period of two years immediately prior to the time of application for certification, and no misuse of alcohol or other drugs while a Certified Alcoholism Counselor.

B. Education, Training, and Experience - Specialist I

A Certified Alcoholism Counselor, Specialist I, should possess these qualifications:

1. A high school diploma or equivalent.
2. At least minimally adequate knowledge and competence in the field of alcoholism. [See Section D, below.]
3. One academic year of preplanned and reported field experience under academic supervision, or one full year of supervised experience in an approved^o alcoholism agency or facility, or a combination thereof acceptable to the Alcoholism Certification Board.
4. Satisfactory completion of a minimum of 12 quarter credits or 8 semester credits of course work in an accredited institution of higher learning (college or university)*, of which (a) at least 6 quarter (4 semester) credits must be in specialized alcoholism courses, and (b) the remaining 6 (4 semester) may be either in such courses or in counseling, psychology, sociology, or social work courses which have a specifically alcoholism-oriented emphasis.

C. Education, Training, and Experience - Specialist II

A Certified Alcoholism Counselor, Specialist II, should possess these qualifications:

1. Knowledge and competencies at a professional level in the field of alcoholism. (See Section D, below.)
2. Education and Experience, as described in Option A or Option B:

Option A.

1. A bachelor's degree from an accredited college or university, and,
2. A minimum of 12 quarter (8 semester) credits of specialized alcoholism courses in an accredited college or university^o, exclusive of field experience, and,
3. One year of full-time experience or two terms (quarter or semester) or 300 hours of preplanned and reported field experience under academic supervision, in an approved^o alcoholism agency or facility.

^o Or Equivalent.

* Applicants having completed course work which does not conform to this requirement, but is equivalent to it, may apply for acceptance of that course work in meeting this requirement. -- ACBoard

Option B.

1. Certification as an Alcoholism Counselor, Specialist I, and, thereafter,
2. Two years of successful full-time experience with duties comparable to those of an Alcoholism Counselor, Specialist I, in an approved^o alcoholism agency or facility, and
3. A minimum of 12 quarter (8 semester) credits in specialized alcoholism courses, which may include those under B, 4 (a), above, for Alcoholism Counselor, Specialist I.

D. Knowledge and Competence Requirements - Specialist I and II

1. Communication.

a. One course in writing and one course in speaking at the college or university level; or demonstrated communication skills in writing and speaking over a minimum period of 3 months in an approved^o alcoholism facility or agency.

b. For Specialist I, demonstrated ability to maintain records and write reports, and ability to establish communication readily with incoming referrals in order to evaluate, screen, and record pertinent information.

c. For Specialist II, demonstrated ability as delineated in the preceding paragraph b., and demonstrated ability to speak knowledgeably on alcohol problems and alcoholism in public meetings.

2. Knowledge of alcoholism, including these aspects:

a. Physiological, e.g., ingestion, absorption, metabolism, effects of alcohol blood level, organic damage, acute alcoholism, long-range management of the illness.

b. Psychological, e.g., dependency, patterns of progression (denial, projection, rationalization, collapse), psychiatric complications, patterns of recovery, personal and social reconstruction.

c. Socio-cultural, e.g., history of alcohol use and abuse, family ramifications, value systems of sub-cultures, spiritual, industrial, and legal aspects, including new legislation.

^o Or Equivalent.

3. Evaluation and Assessment.

- a. Thorough knowledge of symptoms of alcoholism--early, middle, and late stages.
- b. Strategies for assessing the individual in regard to the degree of alcoholism.
- c. Ability to recognize other medical/behavioral problems.
- d. Case history method.
- e. For Specialist II, know how to assess the effectiveness of various treatment and program modalities.

4. Referral.

- a. Knowledge of appropriate referral resources, their eligibility requirements, treatment philosophy, admission and contact procedures.
- b. Skill in evaluating a client's problem, reporting it to him at the client's level of understanding, and making a referral to a suitable program. This includes ability to work with persons, groups, or agencies with different treatment philosophies.
- c. Ability to assist clients and families with alcohol-related problems, with referrals for Public Assistance, medical or health needs, pastoral counseling, etc.

5. Counseling.

- a. Counseling principles and procedures, including:
 1. Crisis intervention.
 2. Establishing a working relationship with a variety of clients.
 3. Establishing treatment goals.
 4. Use of techniques designed to educate the client regarding alcoholism, elicit feelings, facilitate self-understanding in the client, and motivate the client for treatment.
 4. Appropriate termination of session.
 5. Writing case summaries and notes.
- b. Have a personal, formulated theory of counseling.

- c. Have a knowledge of, and ability to use, resources available for consultation.
- d. Understand and adhere to the ethics of counseling.
- e. Additional Requirements for Specialist II:
 - 1. Knowledge of different counseling philosophies and theories.
 - 2. Skill in individual or group counseling, appropriate to alcoholism.
 - 3. Ability to admit and discharge clients.
 - 4. Ability to coordinate a client's continuum of treatment and/or professional services for alcoholic persons or others with alcohol-related problems.

6. Treatment.

- a. Knowledge of various inpatient and outpatient methods and their rationale, their relation to other methods, and their limitations.
- b. Skill in managing the transition between detoxification and treatment, and the transition between intensive treatment and rehabilitation.
- c. Understanding of the steps and traditions of Alcoholics Anonymous, Al-Anon, and Alateen,* their relation to various treatments, and their functions and limitations. (*ACB Revision)
- d. Knowledge of long-range rehabilitative processes, including awareness of the need for medical care, post-treatment crises, relapses, and new problems arising from sobriety.

7. Professional Integrity.

- a. Ability to maintain confidentiality of all records, materials, and communications concerning the identity of clients.
- b. Ability to work under supervision and to cooperate with other personnel, as well as to function effectively on one's own.
- c. Evidence of a genuine interest in helping alcoholic persons, and dedication to helping them to help themselves as much as possible.
- d. Ability to assess one's own personal crises, relapses, and new problems arising from sobriety.

CERTIFICATION BY PRIOR EXPERIENCE

(Grandfathering)

The first Certified Alcoholism Counselors to be certified by the Alcoholism Certification Board will be persons currently employed in the alcoholism field who meet certain requirements.

It will be assumed that their competence has been established by their employment, using counseling skills, for the past two years, or more. They will be Certified by Prior Experience, rather than by a process of examination and evaluation.

Their classification will be Certified Alcoholism Counselor, Specialist II--the same as those certified by the examination and evaluation process, and who achieve the Specialist II level.

Whether a counselor is Certified by Prior Experience, or by examination and evaluation, she/he will be required to apply for Re-certification every two years in order to maintain status as a Certified Alcoholism Counselor. (See Re-Certification, pages 15 and 16.)

These are the requirements for Certification by Prior Experience:

1. The applicant shall have worked in an alcoholism facility or program,^o utilizing counseling skills, for two years immediately prior to the formal enactment of certification by the Alcoholism Certification Board; that is, prior to April 1, 1977.

2. The applicant must apply for Certification by Prior Experience within six months of the above date; that is, by September 30, 1977.

3. The applicant must submit an Application for Certification by Prior Experience, and accompany it with the non-refundable Certification Fee, \$50. Responsibility for providing sufficient information to enable the Board to verify the necessary employment and other information lies with the applicant.

4. The applicant must attest to her/his freedom from alcohol abuse or other substance abuse for a period of at least two years immediately preceding this application.

5. The applicant must be willing to take the knowledge examination which will be given subsequently to applicants for certification by examination and evaluation. This examination will be submitted without the name of the person attached, and will be used only to assist the Board in validating the examination procedure. It will have no bearing on the application of the person seeking Certification by Prior Experience.

^o Or Equivalent.

Types of Employment which May Qualify:

The candidate for Certification by Prior Experience shall have been using Alcoholism Counselor skills in full-time employment in services such as these:

Direct Client Services

*Detoxification
Inpatient Care
Residential Treatment*

*Recovery House Services
Long-term Care Services
Domiciliary Care*

*Outpatient Treatment
Court-Based Alcoholism Services
Court Relationships*

Indirect Services

*Alcohol Information School
Information and Referral Services
Training Programs
Administrative Services*

Questions concerning the suitability of a particular type of employment for qualifying for Certification by Prior Experience may be directed to the Executive Secretary, prior to formal application.

Procedure

When the Application for Certification by Prior Experience, three Letters of Endorsement, the Employment Verification Form(s), and the Certification Fee have been received by the Board, the Board will act upon the application within sixty days.

If approved, a Certificate will be awarded. If denied, the applicant will be notified by mail. An applicant who has been denied may request a hearing before the Board or its designee.

The process of Regular Certification will be available to a person who has been denied Certification by Prior Experience, at such time as Regular Certification requirements can be met.

REGULAR CERTIFICATION

Professional competence is the most important qualification for the Certified Alcoholism Counselor. There are also certain educational requirements, but these are limited largely to specialized alcoholism training.

Certification is available to persons holding college or university degrees, and to those who do not.

Certification is offered on two levels: Alcoholism Counselor, Specialist I, and Alcoholism Counselor, Specialist II. The difference between I and II is not in the amount of education required, but in the length of supervised training and/or work experience.

It is not required that an individual be a Specialist I before attaining Specialist II. [For details on the two levels, see "Standards for a Certified Alcoholism Counselor", pages 6 - 10.]

The process of application and the deliberations of the Alcoholism Certification Board are designed to determine whether or not the applicant meets the "Standards for a Certified Alcoholism Counselor." That determination is the province and responsibility of the Alcoholism Certification Board, and in making application, the applicant agrees to submit to the Board's procedures and to accept its determination.

These are the requirements of the applicant for certification:

1. Submit an Application for Certification as an Alcoholism Counselor, Specialist I or Specialist II (designate which), with accompanying non-refundable fee of \$50. A Certified Alcoholism Counselor, Specialist I, may apply to become a Specialist II at any time that she/he qualifies. The application process, including the fee, is the same.

2. Provide, on the specified forms, one Letter of Endorsement, and three Competence Evaluations, in accordance with the designated procedure.

3. Be prepared to take a written examination, to determine one's level of knowledge concerning alcoholism and counseling, at a time and place to be arranged by the Board.

4. Be prepared to meet with the Board, or a committee designated by the Board, for these purposes:

- a. To allow representatives of the Board to meet the applicant.
- b. To test the applicant's knowledge and competence.
- c. To offer the applicant an opportunity for verbal expression to the Board.

5. Attest to freedom from alcohol or other substance abuse for a minimum of two years immediately prior to application.

6. Agree to waive the right to inspect the results of inquiries made of employers, co-workers, references, or educational institutions which were sought and secured in the process of seeking certification and making a determination.

7. Affirm that the application is made voluntarily, and that the determination of the Board will be accepted.

When the application form, fee, letter of endorsement, and three competence evaluations have been received by the Board, the applicant will be notified, within 30 days, of the time and place for the knowledge examination and the meeting with the Board or committee thereof.

Applicants from Eastern Washington will be tested and interviewed in Eastern Washington; those from the West, in Western Washington.

Normally the personal interview will be conducted by a three-person committee of the Board. The committee will first review the written documentation submitted for each candidate; then, in the in-person interview, review the applicant's alcoholism knowledge and competencies.

Upon completion of the interview, the committee members will consult with each other and decide to recommend approval or denial. The applicant will be apprised of this recommendation and given an opportunity to appear personally before the Board.

The recommendation of the committee will be made to the Board at its next meeting, for Board action.

The applicant will be notified of the Board's decision within five working days. If approved, a Certificate will be awarded. If denied, the applicant may re-apply after six months.

Applications will be received on and after October 1, 1977.

RE-CERTIFICATION

Certification is granted for a two-year period. It may be renewed by Re-Certification, a process designed to assist the Certified Alcoholism Counselor in maintaining and expanding competence.

These are the requirements for Re-Certification:

1. Re-Certification will be required every two years, with application to be made at least 90 days prior to the expiration of the two-year certification period.

[Special Note: In the case of persons Certified by Prior Experience, the initial certification may be granted for a period longer than two years, in order to "stagger" the Re-Certification dates and thus distribute the work of the Certification Board throughout the year. Therefore, the first Re-Certification for these persons will be required by the last day of the month of the individual's third birthday after certification was initially granted. Application for Re-Certification must be made, therefore, at least 90 days prior to that date.]

2. The applicant for Re-Certification shall have been previously certified by this Alcoholism Certification Board, and the certification shall be current. If certification has lapsed or been withdrawn, regular certification shall be applied for. [Persons seeking to have certification by boards from other states recognized, for the purpose of seeking certification or Re-Certification, should apply to this Board concerning its policies on reciprocity.]

3. The applicant for Re-Certification will be required to:

a. Submit an Application for Recertification, and a non-refundable fee of \$25.

b. Be prepared to provide one letter of endorsement, and three competence evaluations, on the forms provided. These will be written by persons who have first-hand knowledge of the applicant's work, position, skills, and state-of-being; one of whom shall be her/his immediate supervisor, if applicable.

c. Provide documented evidence of completion of the following.

1. A minimum of 3 quarter (2 semester) hours, or the equivalent 33 classroom hours of education and/or training (outside of the applicant's place of employment), in subject areas that will increase knowledge and skills in counseling and aiding the alcoholic to recover. Accredited telecourses and/or correspondence courses will be accepted.

and 2. A minimum of two short courses, retreats, or workshops directly relating to alcoholism or alcoholism and other drug dependencies.

In case of doubt as to the acceptability of the foregoing training to the Alcoholism Certification Board, the applicant is obligated

to seek prior approval by the Board.

d. Submit, at a time and place arranged by the Board, to a personal interview and evaluation, conducted by the Board or a committee designated by the Board.

SUSPENSION OR REVOCATION OF CERTIFICATION

Introduction. A person certified by the Alcoholism Certification Board shall be certified for a specific period of time designated in the certification.

Upon expiration of the period of certification designated, a person who has been certified shall be subject to renewal of certification (re-certification) according to the designated procedures.

Prior to expiration of the specified period of certification, a person certified by the Alcoholism Certification Board may be subject to suspension or revocation of that certification according to the following procedures.

In the event of suspension or revocation or notification of intent to suspend or revoke, the person certified shall be entitled to a fair hearing to determine the appropriateness of the suspension or revocation.

The Board shall be empowered to revoke or suspend an individual's certification as an Alcoholism Counselor, Specialist I or Specialist II. Grounds for revocation or suspension shall be (a) obtaining or attempting to obtain certification or renewal by misrepresentation of a material fact, or (b) conviction of felony, or (c) misuse or abuse of alcohol and/or mood-altering chemicals or substances.

Suspension of Certification. Prior to expiration of the specified period of certification, a person who has been certified by the Alcoholism Certification Board may have that certification suspended or revoked under the following procedure.

1. Immediate suspension by the Alcoholism Certification Board with notice and an opportunity for hearing after suspension. The notice must be in writing and must state the time and place of the hearing on a date certain unless otherwise agreed to by the parties.

2. Notice of intent to suspend by the Alcoholism Certification Board and an opportunity for hearing prior to suspension. The notice must be in writing and must state the time and place of the hearing on a date certain unless otherwise agreed to by the parties.

3. Revocation by the Alcoholism Certification Board may occur after a hearing on immediate suspension or on notice of intent to suspend if, after a hearing, it is determined that the basis for suspension is clear and the evidence presented is fair and revocation is justified under procedures previously determined by the Alcoholism Certification Board and appropriately published.

4. Any person whose certification shall have been suspended or revoked under this procedure shall not be disqualified from making a new application for certification under procedures established for that purpose by the Alcoholism Certification Board.

Procedure Upon Notice of Suspension. Whenever a person certified by the Alcoholism Certification Board is given notice of immediate suspension or notice of intent to suspend certification, that person shall be entitled to the following procedures.

1. Immediate Suspension. Notification in writing to the person's address of record or to the person in hand on the date the immediate suspension is to be effective.

a. The notice shall specify in writing with reasonable certainty the basis for the suspension in clear language which would permit a person of reasonable intelligence to understand the basis for the suspension.

b. The person notified of immediate suspension shall be allowed five (5) business days after receipt of notice to answer in writing to the Alcoholism Certification Board.

1. The answer shall contain an adequate response to the matters stated as the basis for the suspension.

2. Failure to respond within the five (5) business days or failure to obtain an extension of time in writing from the Alcoholism Certification Board shall constitute a waiver of hearing. In that event, the temporary suspension shall become absolute, subject to appropriate procedures established by the Alcoholism Certification Board previously determined and appropriately published.

3. Within ten (10) business days after receipt of the written answer, the Alcoholism Certification Board shall conduct a hearing by a panel of three (3) persons.

a. The panel shall consist of one member of the Board of the Alcoholism Certification Board; one member of the Executive Committee of the Alcoholism Professional Staff Society; and one person selected by the person whose certification is the subject of the hearing.

4. The Alcoholism Certification Board and the person whose certification is the subject of the hearing shall each have a fair opportunity to present evidence by testimony and documents.

5. Either or both parties to the hearing shall be entitled to be represented by lawyers at their own expense.

6. The panel must reach a conclusion in writing within five (5) business days following the hearing. The writing must be signed by each member of the panel and the conclusion must be concurred in by at least two (2) of the three (3) members of the panel.

7. Suspension for a period short of the normal expiration time for the certification will permit resumption of the certification for the period specified by the original certification.

a. Suspension for a period at or beyond the normal expiration time for the certification shall constitute a revocation of certification, subject to procedures for recertification which shall previously have been determined by the Alcoholism Certification Board and appropriately published.

8. The purpose of the hearing shall be to assure fundamental fairness in the determination whether a person's certification may be suspended or revoked.

2. Notice of Intent to Suspend. Notification in writing to the person's address of record or to the person in hand at least ten (10) business days prior to the proposed hearing date.

a. The notice shall specify in writing with reasonable certainty the basis for the proposed suspension in clear language which would permit a person of reasonable intelligence to understand the basis for the proposed suspension.

b. The person notified of the proposed suspension shall be allowed five (5) business days after receipt of notice to answer in writing to the Alcoholism Certification Board.

1. The answer should contain an adequate response to the matters stated as the basis for the proposed suspension.

2. Failure to respond within the five (5) business days or failure to obtain an extension of time in writing from the Alcoholism Certification Board shall constitute a waiver of hearing. In that event, the proposed suspension shall become absolute, subject to appropriate procedures established by the Alcoholism Certification Board previously determined and appropriately published.

3. Within ten (10) business days after receipt of the written answer, the Alcoholism Certification Board shall conduct a hearing by a panel of three (3) persons.

a. The panel shall consist of one member of the Board of the Alcoholism Certification Board; one member of the Executive Committee of the Alcoholism Professional Staff Society; and one person selected by the person whose certification is the subject of the hearing.

4. The Alcoholism Certification Board and the person whose certification is the subject of the hearing shall have a fair opportunity to present evidence by testimony and documents.

5. Either or both parties to the hearing shall be entitled to be represented by lawyers at their own expense.

6. The panel must reach a conclusion in writing within five (5) business days following the hearing. The writing must be signed by each member of the panel and the conclusion must be concurred in by at least two (2) of the three (3) members of the panel.

7. Suspension for a period short of the normal expiration time for the certification will permit resumption of the certification for the period specified by the original certification.

a. Suspension for a period at or beyond the normal expiration time for the certification shall constitute a revocation of certification, subject to procedures for recertification which shall previously have been determined by the Alcoholism Certification Board and appropriately published.

8. The purpose of the hearing shall be to assure fundamental fairness in the determination whether a person's certification may be suspended or revoked.

Effect of Conclusion by Panel. If the conclusion of the hearing panel is that there is not justification for the suspension or the proposed suspension, the person whose certification is the subject of the hearing shall be allowed an extension of the period of certification necessary to compensate for any period of suspension already suffered by the person following notice of immediate suspension.

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PERSONNEL

ALCOHOLISM CERTIFICATION BOARD

of the

Alcoholism Professional Staff Society of Washington State

Public Members*J. Lawrence Conitt, Assistant Attorney General, State of Washington**Charles Z. Smith, Associate Dean, University of Washington School of Law**Richard L. Venneri, Coordinator of Assessment and Advising, Seattle
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Program*Executive Secretary (Non-Voting)*Quinica Drake, Alcoholism Information School Coordinator*Former Members*[These persons were elected as Board Members and served for various
periods of time during the initial year of Board work.]**Otis J. Benepe, Clinical Psychologist & Alcoholism Educator**Norman Chamberlain, Executive Director, Pioneer Cooperative Affiliation**Lorrie Dwinell, Alcoholism Educator, University of Washington**Ted Frightlinger, Alcoholism Coordinator, Pierce County**Patrick M. Libbey, Coordinator, Thurston-Mason Community Health and Social
Services Administrative Board**Ernest J. Turner, Director, Seattle Indian Alcoholism Program*

COMMITTEE ON ALCOHOLISM CERTIFICATION REQUIREMENTS

This Committee, also known as the Task Force on Certification of Alcoholism Specialists, performed its work in 1973 and 1974. It produced a set of standards, with some suggestions for implementation, issued under the title, "Requirements for Certification as an Alcoholism Specialist, State of Washington."

The following are the members of record of this committee.

Co-Chairpersons

*James E. Royce, Seattle University
Barbara Starr, Eastside Information and Referral Center*

Members

*Henry Polis, State Board for Community College Education
Marci McLeod, Office of Alcoholism
Wilma Moore, School of Education, Central Washington State College
John C. Soltman, SWARF Center (Appointee of Citizens Advisory Council)
William E. Strance, President, Alcoholism Professional Staff Society
Warren Garlington, Washington State University
Michele Raneaux, Bishop Lewis House
William R. Wilkinson, Central Alcoholism Agency
Fred Jamison, Alcoholism Information and Referral Center, Bellingham
Bob Maxwell, Alcoholism Information and Referral Center, Longview
Carl Garber, Cedar Hills Treatment Center
Sr. Patricia Hauser, M.S.W.
Marge Ross, Tacoma Community College
William Schneider, Citizens Advisory Council
Marla Guindon, Highline Community College
James Whipple, Washington State University
Dick Jones, Office of Alcoholism*

This set of standards was, in turn, utilized by the Office of Alcoholism, State of Washington, in establishing guidelines for counselors in Approved Alcoholism Facilities. With minor revisions, the standards were issued as "Office of Alcoholism Guidelines for Qualifications of Alcoholism Counselors." These guidelines were then adopted in substance by the Alcoholism Certification Board.

OFFICE OF ALCOHOLISM, DEPARTMENT OF SOCIAL AND HEALTH SERVICES

STATE OF Washington

BY-LAWS
of the
ALCOHOLISM CERTIFICATION BOARD
of the
Alcoholism Professional Staff Society of Washington State

ARTICLE I. Purpose

The Alcoholism Certification Board has been created by the Alcoholism Professional Staff Society of Washington State as a special-purpose board of the Society, and exists to certify the qualifications and competence of persons who are engaged in, or preparing for, professional service to persons suffering from alcoholism and/or drinking problems. Such certification shall be based upon standards recognized by appropriate state and national authorities.

ARTICLE II. Authority

Section 1. The Alcoholism Professional Staff Society hereby delegates to the Alcoholism Certification Board the authority to administer certification procedures, subject to the provisions of these by-laws.

Section 2. Decisions of the Board regarding granting, denying, conditioning, or revoking of certification shall not be subject to review by the Alcoholism Professional Staff Society. In all matters pertaining to the fiscal administration of its affairs, actions of the Board shall be subject to review by the Society.

ARTICLE III. Membership

Section 1. The Board shall consist of nine members.

Section 2. The Board shall be composed in this manner, except for the members presently authorized to serve:

a. Six members shall be Certified Alcoholism Counselors, Specialist II, (as described in the Guidelines for Qualifications of Alcoholism Counselors, issued by the Office of Alcoholism of the Department of Social and Health Services of the State of Washington, January 13, 1975.) These six members shall include both degreed and non-degreed persons.

b. Three members shall be persons, not alcoholism specialists, who are qualified by experience and training to represent the public and add breadth and perspective to the certification process.

c. In selecting Board members, care should be given to insure adequate representation of differing backgrounds--ethnic, geographical,

age, educational, type of alcoholism service, alcoholic and non-alcoholic, and other similar considerations.

d. Board members shall be elected to serve three-year terms.

e. No Board member shall serve more than two three-year terms, not counting a partial term of two years or less.

f. Any Board member who is absent without notice from three consecutive meetings of the Board may be removed upon approval of a two-thirds vote of those present at any regular meeting, in order that the absent member's place on the Board may be filled.

ARTICLE IV. Elections

Section 1. Members of the Board (except for the members of the original Board) shall be elected in this manner:

a. The nominating committee of the Alcoholism Professional Staff Society, meeting with a member of the Board, elected by the Board, as an adviser, shall nominate persons to fill vacancies on the Board.

b. Members shall be elected by the general membership of the Society, at the annual meeting of the Society or by special written ballot.

ARTICLE V. Officers

Section 1. The Board shall elect from its own members a Chairperson, Vice-chairperson, Secretary, and other officers it deems necessary. Persons so elected shall serve for one year and may be elected for two more successive terms.

Section 2. The Board may appoint an Executive Secretary, whose duties shall be determined by the Board, and who may be granted the privilege of participation in the work of the Board, without vote.

Section 3.

a. Officers and Board members shall hold office until their successors are installed, except in case of resignation or removal.

b. Board members shall take office at the next meeting of the Board after their election.

c. New officers shall be installed prior to the adjournment of the meeting at which they are elected, or as soon thereafter as possible, by the Chairperson or acting Chairperson.

Section 4. The Chairperson shall preside at all meetings of the Board. The Chairperson shall appoint the heads of all committees which shall be created, subject to the approval of the Board; shall be an ex-officio member, without vote, of all committees; and his or her signature shall appear on all certificates issued by the Board.

Section 5. The Vice-chairperson shall perform the duties of the Chairperson if absent or if a vacancy occurs.

Section 6. The Secretary shall maintain a record of all meetings and all transactions of the Board, and shall accept all fees. The Board may, however, assign such duties to the Executive Secretary, if one is appointed.

ARTICLE VI. Meetings

Section 1. The Board may meet six times each year, in regular sessions. Special meetings may be called if ten or more applications are pending or if, in the judgement of the Chairperson, other urgent business must be transacted.

Section 2. A quorum shall consist of a majority of the Board members. Board decisions shall be by a majority of those present, except in situations in which Roberts' Rules of Order shall prescribe otherwise.

Section 3. The rules contained in the current edition of Roberts' Rules of Order shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these by-laws.

ARTICLE VII. Finance

Section 1. The Board shall operate within a budget prepared by the Board at the beginning of each calendar year, which is subject to the approval of the Alcoholism Professional Staff Society.

Section 2. Funds for the operation of the Board shall accrue from fees paid by applicants for certification and re-certification.

Section 3. Fees for application for certification and re-certification shall be received by the Secretary of the Board and transmitted to the Treasurer of the Alcoholism Professional Staff Society.

Section 4. Payment of obligations shall be made by the Treasurer of the Alcoholism Professional Staff Society, when voucher is made and signed by the Chairperson of the Board.

Section 5. The Board shall be financially self-sustaining. Receipts from fees for applications shall be used solely for the work of the Certification Board. The Board may, however, borrow funds for operational expenses from the Alcoholism Professional Staff Society treasury during the formative period of the Board, which funds shall be repaid from application fees.

Section 6. No member of the Board shall be remunerated for services performed, but members may be recompensed for travel to meetings and other out-of-pocket expenses, within the limitations of the budget. The Executive Secretary may, if one is appointed, be remunerated for services performed.

ARTICLE VIII. Standards

Section 1. The Standards for certification of alcoholism counselors shall be those issued by the Office of Alcoholism under the title, "Guidelines for Qualifications of Alcoholism Counselors", January 13, 1975. The standards are based on those which were produced by the Alcoholism Certification Standards Committee (Fr. James Royce and Ms. Barbara Starr, Co-Chairpersons) and which were approved by the Citizens' Advisory Council of Washington State.

Section 2. Certification, whether by specified procedures or by prior experience (grandfathering) shall be granted for a two-year period. The Board shall establish standards and procedures for renewing certification (re-certification) for the purpose of insuring that certified persons maintain competence and increase their professional ability. Without re-certification, certification will become void after two years.

ARTICLE IX. Duties of the Board

Section 1. The Board shall take whatever actions are necessary to make the standards operative (for example: prepare examinations; prepare forms; establish procedures; rectify any inconsistencies; prepare certificates; set deadlines; complete the plan for certification by prior experience; complete the plan for re-certification; establish hearing and appeal procedures; and any other actions necessary to accomplish these objectives.)

Section 2. The Board shall be responsible for the revision of these by-laws and the standards for certification, when necessary, following this procedure:

a. Consider proposed changes, whether proposed by a member of the Board or any other person or organization.

b. Approve any proposed change by a majority vote.

c. Submit the proposed change to the next meeting of the Alcoholism Professional Staff Society, or its Executive Committee, for ratification. Upon ratification, the change shall become operative. If disapproved, the proposal shall be referred back to the Board.

Section 3. The Board shall seek to make the standards for certification consistent with national standards for certification, if there be such.

Section 4. In establishing procedures of operation, the Board shall consider the items in Appendix B of the Report of the Certification Requirements Committee (Royce-Starr), "Procedures for Certifying Board", and the "Certification Conditions" in the Proposed National Standard for Alcoholism Counselors, by Roy Littlejohn Associates (August 30, 1974).

Section 5. Provision shall be made for certifying by prior experience (grandfathering) of persons who have worked as full-time, paid

alcoholism counselor specialists for two years immediately prior to the formal enactment of this certification procedure, providing that such persons apply within six months of the public announcement that the Board is prepared to receive applications for certification.

Section 6. The Board shall make regular reports (not less frequently than every three months) of its activities and actions to the Executive Committee of the Alcoholism Professional Staff Society, and to other alcoholism organizations requesting such reports.

Section 7. The Board shall issue certificates which shall include the information that the Alcoholism Certification Board operates under the auspices of the Alcoholism Professional Staff Society of Washington State.

o o o o

Revised, September, 1976

APPLICATION to become a CERTIFIED ALCOHOLISM COUNSELOR, by PRIOR EXPERIENCE (Grandfathering)

To the Alcoholism Certification Board of the Alcoholism Professional Staff Society of Washington State

2615 E. Phinney Bay Drive Bremerton, Washington 98310 Telephone (206) 373-8791

Applicant's Name in Full _____

Home Address _____

City _____ State _____ Zip _____

Telephone (Area _____) _____ Business Phone (_____) _____

Business Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Social Security Number _____

Current Position _____ Agency _____

Attach job description to application form.

List prior full-time paid positions, with inclusive dates, beginning with most recent and going back consecutively, for last 5 positions, and/or to include at least 5 years.

<u>Dates</u>	<u>Agency</u>	<u>Position</u>	<u>Major Responsibilities</u>

SAMPLE

Name and business address of agency director(s) and/or immediate supervisor(s) of place(s) cited as prior experience consideration.

<u>Agency</u>	<u>Address</u>	<u>Director/Supervisor</u>

Attach confirmation of full-time paid employment which is claimed in meeting the Standards for a Certified Alcoholism Counselor, using attached Employment Verification Form.

Application to become a Certified Alcoholism Counselor, by Prior Experience

Letters of Endorsement:

Using the forms provided, three Letters of Endorsement will be sent directly to the Board by:

<u>Name</u>	<u>Agency</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Alcoholism Certification Board. I will accept the decision of the Board, and do accept full responsibility for any and all consequences of the process of seeking certification.

I certify that I have no history or substantial evidence of alcohol or other substance misuse for a minimum period of two years immediately prior to making this application.

To the best of my knowledge, the information contained herein is true and correct.

I authorize members or representatives of the Alcoholism Certification Board to contact and obtain information or opinions from any references, employers, or educational institutions deemed necessary in evaluation of this application for certification.

Date _____
Signature of Applicant

I waive my right to inspect the results of any such inquiries made to references, employers, or educational institutions. I waive my right to inspect any Letter of Endorsement.

Date _____
Signature of Applicant

I agree to take the Knowledge Examination which will be given subsequently to applicants for certification by examination and evaluation. This is to be done on the condition that the test will be turned in without my name attached, will be used only to assist the Board in validating the examination procedure, and will have no bearing on my application to be certified by prior experience.

Date _____
Signature of Applicant

Non-refundable fee of \$50 must accompany this application form.

Alcoholism Certification Board
2615 E. Phinney Bay Drive
Bremerton, WA 98310
Telephone (206) 373-8791

Application Number _____
To be Assigned by Board

EMPLOYMENT VERIFICATION FORM

Certification by Prior Experience

The following information is offered in fulfillment of the requirement of at least two years of continuous paid employment, using counseling skills, immediately prior to application.

Name of Employer _____ Agency _____

Address _____ Telephone (____) _____

City _____ State _____ Zip _____

Name of Applicant _____ Soc. Sec. No. _____

Position Held _____ Dates _____ to _____

Responsibilities _____

Degree to which counseling skills used _____

Position Held _____ Dates _____ to _____

Responsibilities _____

Degree to which counseling skills used _____

Signature of Employer _____

Title _____

Date _____

[If the verification by more than one employer is required to meet the standards, photo-copy this form.]

To the Alcoholism Certification Board of the
Alcoholism Professional Staff Society of
Washington State

2615 E. Phinney Bay Drive
Bremerton, Washington 98310
Telephone (206) 373-8791

Applicant's Name in Full _____

Home Address _____

City _____ State _____ Zip _____

Telephone (Area _____) _____ Business Phone (_____) _____

Business Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Soc. Sec. No. _____

Applying for Alcoholism Counselor Specialist I _____ Specialist II _____

Have you been previously certified? As a _____

By _____ Date _____ Currently Valid? _____

Current Position _____

Attach job description to application form.

List prior full-time paid positions, with inclusive dates, beginning with most recent and going back consecutively, for last 5 positions, and/or to include at least 5 years.

<u>Dates</u>	<u>Agency</u>	<u>Position</u>	<u>Major Responsibilities</u>

SAMPLE

Part-time and/or Voluntary Alcoholism Work:

<u>Dates</u>	<u>Agency</u>	<u>Position</u>	<u>Major Responsibilities</u>

Name and business address of agency director(s) and/or immediate supervisor(s) of place(s) cited as prior experience consideration.

Agency Address Director/Supervisor

Attach confirmation of full-time paid employment which is claimed in meeting the Standards for a Certified Alcoholism Counselor, using attached Employment Verification Form.

Attach confirmation of Supervised Experience which is claimed in meeting the Standards for a Certified Alcoholism Counselor, using attached Supervised Experience Form.

Education:

High School (place) _____ Graduate? _____

Dates _____ G.E.D. _____ Date _____

Other Education (list in chronological order). Send official transcripts directly to the Board with your application.

School Location Dates Type of Degree or Certificate

SAMPLE

Letter of Endorsement:

Using the form provided, a Letter of Endorsement will be sent directly to the Board

by (Name) _____ Agency _____ Title _____

Competence Evaluations:

Competence Evaluations are to be provided by persons well acquainted with the applicant's work, one of whom shall be her/his immediate supervisor, if applicable.

Using the forms provided, three Competence Evaluations will be sent directly to the Board by

<u>Name</u>	<u>Agency</u>	<u>Title</u>

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Alcoholism Certification Board. I will accept the decision of the Board, and do accept full responsibility for any and all consequences of the process of seeking certification.

I certify that I have no history or substantial evidence of alcohol or other substance misuse for a minimum period of two years immediately prior to making this application.

To the best of my knowledge, the information contained herein is true and correct.

I authorize members or representatives of the Alcoholism Certification Board to contact and obtain information or opinions from any references, employers, or educational institutions deemed necessary in evaluation of this application for certification.

Date _____
Signature of Applicant

I waive my right to inspect the results of any such inquiries made to references, employers, or educational institutions. I waive my right to inspect any Letter of Endorsement, or Competence Evaluation.

Date _____
Signature of Applicant

Non-refundable fee of \$50 must accompany this application form.

Alcoholism Certification Board
2615 E. Phinney Bay Drive
Bremerton, WA 98310
Telephone (206) 373-8791

Application Number _____
To be Assigned by Board

EMPLOYMENT VERIFICATION FORM

The following information is offered in fulfillment of the work experience requirements for a Certified Alcoholism Counselor.

Name of Employer _____ Agency _____

Address _____ Telephone (____) _____

City _____ State _____ Zip _____

Name of Applicant _____ Soc. Sec. No. _____

Position Held _____ Dates _____ to _____

Responsibilities _____

Position Held _____ Dates _____ to _____

Responsibilities _____

List any inservice training received while in your employ:

SAMPLE

Signature of Employer _____

[If the verification by more than one employer is required to meet the standards, photo-copy this form.] Title _____ Date _____

SUPERVISED EXPERIENCE CERTIFICATION FORM

The following information is offered in fulfillment of the supervised experience requirements for a Certified Alcoholism Counselor.

Name of Supervisor _____ Agency _____

Address _____ Telephone (____) _____

City _____ State _____ Zip _____

Name of Applicant _____ Soc. Sec. No. _____

Nature of Supervised Experience _____

Total Hours, Days, Months _____ Dates _____ to _____

Signature of Supervisor _____

Title _____ Date _____

LETTER OF ENDORSEMENT, in Support of Application for Certified Alcoholism Counselor

Completion of this form represents your personal appraisal of the applicant's professional and personal qualifications, which will be used in conjunction with the applicant's request to be certified as an Alcoholism Counselor by the Alcoholism Certification Board of the Alcoholism Professional Staff Society of Washington State.

No person is expected to complete this endorsement who does not know the applicant personally and who is not willing to furnish additional information upon request regarding his/her character, standing, and education.

Name of Applicant _____ Applying For _____
To be filled in by Applicant Specialist I or II

Address _____

Information provided herein, or in subsequent correspondence or inquiry, will be confidential to the Alcoholism Certification Board.

WAIVER: I waive my right to inspect this Letter of Endorsement and any subsequent information provided by the endorser (named below) in conjunction with my application for certification.

Signature of Applicant _____

INSTRUCTIONS: The above is to be completed by the Applicant, who will then forward the form to the Endorser, who will then forward it directly to the Alcoholism Certification Board. The application will only be processed when all required forms and letters are received by the Board.

To be completed by the Endorser:

I certify that I have known _____ personally for
Applicant's name in Full
_____ years, from _____ to _____. My relationship to the applicant has been that of _____
(Supervisor, friend, etc.)

The following information is my best judgment of this applicant's personal and professional qualifications for certification as an Alcoholism Counselor.

Please comment on the following characteristics regarding the applicant:

1. Moral Character: _____

2. Professional Integrity: _____

3. Personal Character: _____

4. Community Standing: _____

5. Basic Personal Skills and Knowledge

a. Oral Communication Skills: _____

b. Written Communication Skills: _____

c. Social Skills: _____

d. Understanding of Human Growth and Development: _____

e. Understanding of Family Dynamics: _____

f. Knowledge and Ability to Work with Community Resources: _____

g. Understanding of Alcoholism: _____

h. Ability to Develop Trust Relationships: _____

i. Ability to Work as a Team Member: _____

j. Ability to Teach or Train Others: _____

SAMPLE

6. Personal History of Alcohol or Other Substance Misuse (Length of Non-Abuse):

7. Other Remarks: _____

Name of Endorser _____

Address _____

_____ Zip _____

Telephone (_____) _____

Signature _____

Please send directly to ALCOHOLISM CERTIFICATION BOARD, 2615 E. Phinney Bay Drive,
Bremerton, Washington, 98310

COMPETENCE EVALUATION, in Support of Application for Certified Alcoholism Counselor

Completion of this form represents your personal appraisal of the applicant's competence as an Alcoholism Counselor, which will be used in conjunction with the applicant's request to be certified as an Alcoholism Counselor by the Alcoholism Certification Board of the Alcoholism Professional Staff Society of Washington State.

No person is expected to complete this evaluation who does not have extensive personal knowledge of the competence of the applicant, and who is not willing to furnish additional information upon request.

Name of Applicant _____ Applying for _____
To be filled in by Applicant Specialist I or II

Address _____

Information and opinions provided herein, or in subsequent correspondence or inquiry, will be confidential to the Alcoholism Certification Board.

WAIVER: I waive my right to inspect this Competence Evaluation and any subsequent information provided by the Evaluator (named below) in conjunction with my application for certification.

Signature of Applicant _____

INSTRUCTIONS: The above is to be completed by the Applicant, who will then forward the form to the Evaluator, who will then forward it directly to the Alcoholism Certification Board. The application will only be processed when all required forms and letters are received by the Board.

To be completed by the Evaluator:

I certify that I have known _____ personally for
Applicant's name in Full
_____ years, from _____ to _____. I am knowledgeable about the applicant's competence because of this relationship: _____

IMPORTANT PLEASE RESPOND
TO ALL ITEMS.

Please Circle the Appropriate Number

Weak Adequate Superior
1 2 3 4 5 6 7 8 9 10
(Sample) 1 2 3 4 5 6 7 8 9 10

COMMUNICATION

- 1. Oral 1 2 3 4 5 6 7 8 9 10
- 2. Written 1 2 3 4 5 6 7 8 9 10

KNOWLEDGE OF ALCOHOL/ALCOHOLISM

- 3. Physiological 1 2 3 4 5 6 7 8 9 10

	Weak	Adequate	Superior
4. Psychological	1 2 3	4 5 6 7	8 9 10
5. Pharmacological	1 2 3	4 5 6 7	8 9 10
6. Socio-cultural	1 2 3	4 5 6 7	8 9 10
EVALUATION & CLIENT ASSESSMENT			
7. Human growth and development	1 2 3	4 5 6 7	8 9 10
8. Family dynamics & interaction	1 2 3	4 5 6 7	8 9 10
9. Signs & symptoms of alcoholism	1 2 3	4 5 6 7	8 9 10
10. Signs & symptoms indicating referral for medical psychological or other assessment	1 2 3	4 5 6 7	8 9 10
11. Assessing stage of alcoholism	1 2 3	4 5 6 7	8 9 10
12. Ability to take a case history	1 2 3	4 5 6 7	8 9 10
13. Recognize appropriate treatment modalities	1 2 3	4 5 6 7	8 9 10
14. Evaluation of client progress	1 2 3	4 5 6 7	8 9 10
15. Goal setting, contracting, problem solving	1 2 3	4 5 6 7	8 9 10
16. Individualized treatment plan	1 2 3	4 5 6 7	8 9 10
17. Involving client in planning	1 2 3	4 5 6 7	8 9 10
18. Informing client of legal rights	1 2 3	4 5 6 7	8 9 10
19. Assisting clients in making arrangements to pay for treatment	1 2 3	4 5 6 7	8 9 10
INFORMATION AND REFERRAL			
20. Recruiting Clients	1 2 3	4 5 6 7	8 9 10
21. Mobilizing community resources	1 2 3	4 5 6 7	8 9 10
22. Knowledge of eligibility requirements (admission, welfare, etc.)	1 2 3	4 5 6 7	8 9 10
23. Knowledge of treatment philosophies	1 2 3	4 5 6 7	8 9 10
24. Knowledge of admissions policies	1 2 3	4 5 6 7	8 9 10
25. Selecting proper referral	1 2 3	4 5 6 7	8 9 10
26. Interpreting to client the need for referral	1 2 3	4 5 6 7	8 9 10
27. Assisting individuals and families to other needed special services	1 2 3	4 5 6 7	8 9 10

	Weak			Adequate				Superior		
28. Follow-up to insure client gets service from other providers	1	2	3	4	5	6	7	8	9	10
COUNSELING AND TREATMENT										
29. Establishing a therapeutic relationship with client	1	2	3	4	5	6	7	8	9	10
30. Teaching or training others	1	2	3	4	5	6	7	8	9	10
31. Elicit feelings	1	2	3	4	5	6	7	8	9	10
32. Facilitate self-understanding by client	1	2	3	4	5	6	7	8	9	10
33. Motivate the client	1	2	3	4	5	6	7	8	9	10
34. Locate, develop, basic information, materials, and resources	1	2	3	4	5	6	7	8	9	10
35. One-to-one counseling	1	2	3	4	5	6	7	8	9	10
36. Group counseling	1	2	3	4	5	6	7	8	9	10
37. Counseling with spouse & family	1	2	3	4	5	6	7	8	9	10
38. Coordinate client's continuum of treatment	1	2	3	4	5	6	7	8	9	10
39. Understand steps, traditions, and philosophy of A.A., Al-Anon, Alateen	1	2	3	4	5	6	7	8	9	10
40. Engender client's participation in A.A., Al-Anon, Alateen	1	2	3	4	5	6	7	8	9	10

SAMPLE

COMMENTS. [Do your responses need to be qualified in any way? Are there aspects of the Applicant's competence which deserve special mention?]

Name of Evaluator _____

Address _____ Zip _____

Telephone (_____) _____

Signature _____

Please send directly to ALCOHOLISM CERTIFICATION BOARD, 2615 E. Phinney Bay Drive, Bremerton, Washington, 98310