MARYLAND
Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

ALCOHOL AND DRUG TRAINEE APPLICATION
INSTRUCTIONS

**** IMPORTANT ****

BEFORE submitting your application, please:

- □ Retain a copy of all documents for your records. Documents **will not** be returned once received by the Board.
- □ All forms must be legible, complete, signed, and dated (where applicable) or processing may be delayed.
- □ Include a check or money order in the amount of $150.00 payable to: *Board of Professional Counselors and Therapists*. Fees are **non-refundable and non-transferable.**
- □ Applications **may not** be submitted via fax or email. Please mail to:

Board of Professional Counselors and Therapists
Attn: Tawana Brown, Alcohol and Drug Trainee Coordinator
4201 Patterson Avenue, Suite 316
Baltimore, MD 21215

- □ *****NEW***** Submit a copy of the receipt from your criminal history background check **with** your application. The form for the background check is on the Board's website. Background check reports are sent directly to the Board by CJIS.

ELIGIBLITY/REQUIREMENTS: *The following is a summary only. For complete requirements and definitions, see Md. Code Ann. Health Occ. II, §17-101, et. seq. and COMAR 10.58.07 which may be found on the Board's website,* www.dh.maryland.gov/bopc.

□ **Applicant must be pursuing** (and provide supporting documentation):

1) Licensure as a graduate or clinical alcohol and drug counselor (LGADC/LCADC); **or**

2) Certification as an alcohol and drug counselor (CAC-AD or CSC-AD).

□ **Educational Requirements:**

Option 1: Associate's degree or higher in health and human services counseling field (or a program of study determined by the Board to be substantially equivalent) from a Board approved, regionally accredited educational institution which **includes** 1 semester/2 quarter credit hours in the ethics of drug and alcohol counseling;

OR

Option 2: Have completed 15 semester/25 quarter credit hours* from among the following topic areas*:

- Medical aspects of chemical dependency
- Individual counseling
- Theories of counseling
- Abnormal psychology
- Ethics of Alcohol and Drug Counseling
- Addictions Treatment Delivery
- Group counseling
- Family counseling
- Human development
- Treatment of co-occurring disorders
- Topics in substance related addictive disorders

*15 semester credit hours/ 25 quarter credit hours must **include** either 1 credit hour in the ethics of alcohol and drug counseling or 15 CEUs in the ethics of alcohol and drug counseling.

Topic Areas for Option 2:

***(a) Medical Aspects of Chemical Dependency*:** (1) Brain structure and function as it relates to psychoactive drugs and (2) Classes of psychoactive drugs, including their addiction potential, withdrawal syndromes, and associated medical problems.
***(b) Individual Counseling*:** (1) The formation of therapeutic relationships and (2) Therapeutic communication skills.
***(c) Group Therapy*:** (1) Therapeutic factors in groups (2) Stages of development, (3) Types of therapy groups.
***(d) Abnormal Psychology*:** (1) Major categories of mental disorders and (2) Theoretical models of mental disorders.
***(e) Addictions Treatment Delivery*:** (1) Screening (2) Intake (3) Orientation (4) Case Management (5) Crisis intervention (6) Education and prevention (7) Referral (8) Consultation

(9) Reports and record keeping (10) Assessment and diagnosis based on standard criteria and (11) Treatment planning.

***(f) Topics in Alcohol and Drug Counseling*:** (1) Various theories of addictive disorders (2) Models of treatment and (3) Other topics related to alcohol and drug dependency.

(g) Theories of Counseling: Major theoretical schools and theorists.

***(h) Family Counseling*:** (1) Family systems theory and dynamics (2) Family processes in addiction and (3) Family recovery models.

***(i) Human Growth and Development*:** (1) Developmental stages and (2) Expected milestones.

(j) Ethics (with a focus on Alcohol & Drug) covering: (1) Self disclosure of recovering counselors (2) Ethics of being a two-hatter (3) Self-help fellowship participation (4) Avoiding dual relationships (5) Relapsing Counselor (6) Confidentiality Laws.

(k) Treatment of Co-Occurring Disorders: (1) Screening, assessment and treatment of people with co-occurring disorders (2) types of integrated treatment. Courses in dual diagnosis, treatment of substance abuse and mental health disorder.

□ **Supervision:** Applicant must include verification that applicant's supervisor is:

1) A licensed clinical alcohol and drug counselor (LCADC);

2) A certified professional counselor-alcohol and drug (CPC-AD); or

3) One of the following, who has been approved by the Board:

(i) A certified associate counselor- alcohol and drug (CAC-AD);

(ii) A licensed clinical professional counselor (LCPC);

(iii) A licensed clinical marriage and family therapist (LCMFT);

(iv) A licensed clinical professional art therapist (LCPAT); or

(v) A mental health care provider licensed under the Health Occupations Article, Annotated Code of Maryland.

* Individuals listed in (3) above shall document a minimum of 5 years of experience delivering alcohol and drug counseling services. COMAR 10.58.14.03.

□ **Miscellaneous:**

- Trainee authorization is valid for a period of 2 years. Authorization may be renewed in 2-year increments, provided all renewal requirements are satisfied, and in no event, shall the total trainee period exceed 6 years from the original date of authorization.

- Failure to provide an explanation of all criminal convictions will result in delays in processing the application.

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ALCOHOL AND DRUG TRAINEE APPLICATION

Please type or print all information.

I. VETERANS AND SPOUSAL PREFERENCE

Are you an active service member or the spouse of any active service member? □ Yes □ No

Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one year of filing this application? □ Yes □ No

II. DEMOGRAPHIC INFORMATION

Name: _____
Last *First* *MI* *Maiden*

SSN: _____ Date of Birth: _____ Place of Birth: _____

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Home Address: _____
Street *City* *State* *Zip*

Prior address: _____
(If less than 3 years at current address) *Street* *City* *State* *Zip*

Mailing Address: _____
(If different than above) *Street* *City* *State* *Zip*

Business: _____
Name *Street* *City* *State* *Zip*

Gender and Ethnicity: *This information is optional and may be used for statistical purposes by authorized personnel.*

Gender: □ Male □ Female

Ethnicity: Are you of Hispanic or Latino origin? □ Yes □ No

Check all that apply:

□ American Indian or Alaska Native □ Asian □ White

□ Black or African American □ Native Hawaiian or Pacific Islander

III. LICENSURE/CERTIFICATION: I attest that, at the end of my trainee status period, I intend to obtain licensure/certification as *(check one):*

□ a licensed clinical alcohol and drug counselor (LCADC);
□ a licensed graduate alcohol and drug counselor (LGADC);
□ a certified associate counselor – alcohol and drug (CAC-AD); or
□ a certified supervised counselor (CSC-AD) – alcohol and drug.

IV. INFORMATION REGARDING BACKGROUND

Please answer Yes or No to each question.

YES NO

☐ ☐ 1. Has any state licensing or disciplinary board ever taken any disciplinary action against your license or certification, including, but not limited to, charges, admonishment, reprimand, revocation, or suspension?

*If **YES***, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a ***certified*** copy of the disciplinary/court document from the issuing agency.

Please note: If this question is not answered, your application will be returned and a new application and fee will be required. If you answered, "Yes", but do not include a written explanation **AND** certified copies, your application will be returned and a new application and fee will be required.

☐ ☐ 2. Have you pled guilty, *nolo contendre*, or been convicted of, received probation before judgment, or had a conviction set aside for any criminal act (excluding traffic violations)?

*If **YES***, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a ***certified*** copy of the disciplinary/court document from the issuing agency, if applicable.

Please note: If this question is not answered, your application will be returned and a new application and fee will be required. If you answered, "Yes", but do not include a written explanation **AND** certified copies, your application will be returned and a new application and fee will be required.

3. Were you ever granted "Alcohol and Drug Trainee Status" prior to this application?

If yes, when does it expire? ____/____/____.

☐ ☐ 4. Are you currently (or have you ever been) licensed or certified as a:

Check all that apply.

□ CSC-AD □ CAC-AD □ CPC-AD □ LGADC □ LCADC

□ LCPC □ LGPC □ LCMFT □ LBMFT □ LCPAT

□ LGPAT □ None of the above.

****** If you hold one of the above credentials, please indicate why you are applying for trainee status.***

☐ ☐ 5. Are you currently licensed or certified by another ***Maryland*** board in mental health counseling or other health occupation? *If so*, specify license/certificate (Ex: LCSW-C, Psychologist, Registered Nurse, etc.) _____.

****** If you hold a credential under the Maryland Health Occupation Article, please indicate why you are applying for trainee status.***

☐ ☐ 6. Are you currently licensed or certified by a mental health or addictions counseling board ***outside of Maryland***?

If yes, please complete the "Out of State" application for certification/ licensure in Alcohol and Drug Counseling which can be found on the Board's website.

V. EDUCATION: List colleges or universities attended to satisfy academic requirements for licensure or certification. Do not list degrees unrelated to counseling. Please list the most recent colleges/universities first and provide **official** transcripts. Attach additional sheets, if necessary.

A. _____
Name of School *City* *State*
Dates attended: From (mo./yr.) _____ To (mo./yr.) _____
Degree awarded: _____ Date awarded: _____
Major field of study: _____

B. _____
Name of School *City* *State*
Dates attended: From (mo./yr.) _____ To (mo./yr.) _____
Degree awarded: _____ Date awarded: _____
Major field of study: _____

C. _____
Name of School *City* *State*
Dates attended: From (mo./yr.) _____ To (mo./yr.) _____
Degree awarded: _____ Date awarded: _____
Major field of study: _____

VI. QUALIFICATIONS: Applicant shall meet one of following requirements:

- **<u>OPTION 1</u>: Applicant must:**
  - Have an **Associate's degree** or higher;

- in a **health or human services counseling field (or a substantially equivalent program of study as approved by the Board);**
- from an **accredited educational institution approved by Board;**
- which **includes** 1 semester or 2 quarter credit hours in the **ethics** of alcohol and drug counseling.

*CEUs are not accepted under Option 1.

*Ethics course must appear on official transcript.

*Official transcript(s) must be enclosed with this application.

- OR –

- **<u>OPTION 2</u>: Applicant must:**
  - Have **completed 15 semester /25 quarter credit hours in alcohol and drug counseling from among the topic areas:**

- Medical aspects of chemical dependency	- Group counseling
- Individual counseling	- Family counseling
- Theories of counseling	- Human development
- Treatment of co-occurring disorders	- Abnormal psychology
- Addictions treatment delivery	- Topics in substance
- Ethics of A/D counseling	related/addictive disorders

*15 semester / 25 quarter credit hours **must include** either 1 credit in the ethics of alcohol and drug counseling or 15 CEU hours in the ethics of alcohol and drug counseling.

* Official transcript(s) must be enclosed with this application.

*Complete the chart below. If the title of your course differs from those listed, you must include a catalog course description or syllabus for each course. A course applied to one topic area **may not** be used to fulfill another topic area.

Topic Area	Course Title and Number (Must appear on transcript)	Credits Earned	College/Univ.	Date	Grade
Medical Aspects of Chemical Dependency					
Indiv. Counseling					
Group Counseling					
Abnormal Psychology					
Addictions Treatment Delivery					
Family Counseling					
Theories of Counseling					
Topics in A&D Dependency					

Human Development					
Ethics in A&D Counseling (course description /syllabus must indicate alcohol/drug counseling)					
Co-Occurring Disorders					

Total Credits Earned: _____VII. SUPERVISOR INFORMATION

_____

Name of Supervisor Supervisor's Lic./Cert. No. Exp. Date Ref. No.

_____

Supervisor's Place of Employment and Address Office Phone

_____

Supervisor's Signature

VIII. AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists (the "Board") for the issuance of a Alcohol and Drug Trainee (ADT) status:

☐ I agree to abide by the rules and regulations of the Board and to take all examinations necessary for the processing of my application;

☐ Upon issuance of ADT status, I agree to abide by the Code of Ethics as set forth in COMAR;

☐ I understand that the fee submitted with this application is **NON-REFUNDABLE**;

☐ I agree to hold the Board, its members, officers, agents, and examiners free from any damage or claim of damage or complaint by reason of any action taken in connection with this application, the attendant examination, the grades with respect to any examination, and/or the failure or refusal of the Board to issue me a license or certificate.

☐ I grant permission to the Board to seek any information or references it deems appropriate or necessary in verifying my credentials as it pertains to this application.

☐ I understand, by law, it is my responsibility to notify the Board, in writing, of any change of address.

I do hereby affirm that all of the statements made herein are true and correct to the best of my knowledge and belief. I voluntarily consent to a thorough review of the information in this application and other activities for the purpose of verifying my qualifications for licensure.

ATTACH APPLICANT PHOTO

(Recent 2”x2”)

_____ _____

Applicant’s Signature Date

NOTARY

State of _____

City/County of _____

I HEREBY CERTIFY that on this _____ day of _____, before me, a Notary Public of the State and City/County aforesaid, personally appeared _____ and made oath in due form that the contents of the foregoing Affidavit are true.

Notary Public _____ Commission Expires _____

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NOTICE OF CRIMINAL HISTORY RECORDS CHECK

Effective January 1, 2014, the Maryland Board of Professional Counselors and Therapists (the "Board") requires that all applicants for licensure, certification, and trainee status complete a criminal history records check in accordance with §§17-501 and 17-501.1 of the Health Occupations Article, Annotated Code of Maryland.

A Criminal History Records Check includes a national and state criminal history background search. The criminal history records check requires you to be fingerprinted. In order to be fingerprinted, you will need to complete and present the LiveScan Pre-Registration Form. (Attached).

You must present this form to the fingerprinting site because it provides the Criminal Justice Information System (CJIS) authorization number **#1300005490** and the FBI ORI number **#MD920512Z** assigned specifically to the Board.

This allows the information to be forwarded directly to the Board.
For additional information contact CJIS at 410-764-4501. For current listings of fingerprinting providers please go to http: //www.dpscs.maryland.gov/publicservs/fingerprint.shtml.

FOR FAST AND ACCURATE SERVICE

1. When requesting a criminal history records check for licensing purposes you must have an agency name and authorization number (Listed above).

2. Your background check is being sent to the Board.

3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).

4. Complete the LiveScan Pre-registration Application and bring it to any fingerprinting center/provider.

5. Bring payment as indicated above. The Board will receive the results from the criminal history records check directly from CJIS within *5-7* business days. The Board will contact you if it has any questions regarding the report. Please do not contact the Board to check if the report has been received.

6. Please do not send the LiveScan Pre-registration Application to the Board. You must present it at the fingerprint center/provider location.

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:			
Date of birth:	SSN:	Gender: ☐ Male ☐ Female *(Please check)*	
Height: ft. inches	Weight: lbs.	Eye Color:	Hair Color:
Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other *(Please check)*			
Place of Birth:		Citizenship:	
Current address:			
City:		State:	ZIP Code: -
Daytime Phone:	Evening Phone:	Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 1300005490

ORI # (If required): MD920512Z — Reason fingerprinted? License/Cert.

Position Applied for: N/A

Request Type: *(Choose one ONLY)*

- ☐ Adult Dependent Care
- ☐ Attorney/Client
- ☐ Child care
- ☐ Criminal Justice
- ☐ Gold Seal/ Adoption
- ☐ Gold Seal/Letter/VISA
- ☐ Government Employment
- ☒ Government Licensing or Certification
- ☐ Immigration/VISA
- ☐ Individual Challenge
- ☐ Individual Review
- ☐ MSP Licensing
- ☐ Private Party Petition
- ☐ Public Housing

Mail Response to:
(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: _____

Address: _____

City, State, Zip code: _____