

[The Arkansas Substance Abuse Certification Board](#)



## **Mission Statement**

It is the mission of the Arkansas Substance Abuse Certification Board (ASACB) to adopt standards for qualifying, evaluating, and credentialing individuals as alcohol drug counselors (ADC), advanced alcohol drug counselors (AADC), and clinical supervisors (CS) in an effort to ensure that consumers receive the highest quality of care from competent addiction professionals.

## **Who We Are**

The Arkansas Substance Abuse Certification Board is a private, non-profit board comprised of 15 members that volunteer their time to improve and support the standards, policies, and ethics of substance abuse counselors and supervisors across the state of Arkansas. They work tirelessly in their own professions and for Arkansas citizens to provide qualified professionals that will provide treatment using evidence-based practices and research. It is the goal of this Board to ensure that Arkansans receive quality care from competent counselors and professionals so that every person suffering from addiction can have a realistic outcome of recovery and rehabilitation.

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## Equal Opportunity Employment

ASACB is committed to realizing a diverse workforce through the application of its equal opportunity and nondiscrimination policy in all aspects of our organization, including recruitment, hiring, promotions, transfers, discipline, terminations, applicable wage and salary administration, benefits, and training. The organization does not discriminate against individuals in the admission or access to treatment, employment in, or its programs and activities. This policy is adopted pursuant to Section 601, Title VI, and Title VII of the Civil Rights Act of 1964, Public Law 88-352, Section 504 of the Rehabilitation Act of 1,973, and Title VI and XVI of the Public Health Service Act and the Americans with Disabilities Act of 1992.

The ASACB will promote principles of equity in its efforts to staff available positions. The Board will monitor labor market information and maintain contact with staffing sources to further these principles.

We will endeavor to ensure qualified applicants are employed and that employees are treated equally during employment without regard to race, color, religion, gender, sexual orientation, national origin, disability, veteran status, ancestry, age, or another legally protected status. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, transfer recruitment or recruitment advertising, lay-off or termination, rates of pay, other forms of compensation, and selection of training. We will post in visible locations, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

We will comply with all provisions of applicable laws prohibiting discrimination.

Any employee may request a reasonable accommodation under the Americans with Disabilities Act of 1992. Such requests should be made to the President of the Arkansas Substance Abuse Certification Board. The President shall review the request and respond in writing within a reasonable amount of time. The written response shall be retained in the employee's personnel file.

## Introduction

A process of certification is made available to any person in Arkansas who voluntarily wishes to have his/her credentials objectively evaluated by the Arkansas Substance Abuse Certification Board (ASACB). The primary purpose of certification is to assure professionals engaged in alcohol and drug counseling meet acceptable standards of quality in practice and to provide a baseline for professional growth for persons desiring to work in the arena of substance use treatment. The certification process outlined in this document establishes a method whereby the highest professional standards can be systematically maintained and updated. Establishing standards for certification is in the best interest of the client and the public, as well as the counselors.

In this process, the roles, and functions of the AODA counselor represent Individuals who have experience in AODA treatment services, have demonstrated appropriate skills, have performed the appropriate task, and have achieved the desired results with clients in treatment. For this reason, these standards are heavily weighted on the side of proven, effective experience and on-the-job education and training.

The ASACB standards are founded largely upon competency-based methods of assessment and place the responsibility for demonstrating the necessary competencies, skills, and knowledge upon the applicant. While academic degrees do make a valuable contribution to the substance abuse field, these standards are intended to extend beyond this knowledge base and assure quality in practice for all persons who work in the AODA treatment field.

The Arkansas Substance Abuse Certification Board is a member Board of the International Certification and Reciprocity Consortium / Alcohol and Other Drug Abuse (IC&RC /AODA) Inc.

Their address is:

**IC&RC/AODA  
P.O. Box 61227  
Harrisburg, PA 17106**

The IC&RC, INC. It is a membership organization for member Board certification authorities. The organization promotes uniform professional standards with a commitment to providing quality services to its clients. It is also committed to the ongoing professional growth of both counselors and member Board certification bodies.

## [CERTEMY Process](#)

### Step by Step Certification Process

Before registering as a Counselor In Training (CIT), you MUST have a Certified Clinical Supervisor with ASACB working with you! To access a list of authorized ASACB Clinical Supervisors, [click here](#).

Counselor In Training (CIT) registration fee is \$100.00 (Non-refundable). You can pay online with a debit or credit card. If you need to send in your payment as a check or money order, please mail a (check or money order, please) payable to ASACB.

ASACB recommends [Better Future's background check](#) for obtaining your background check. At the end of the process, you will have the option to share your results directly with ASACB ([ar.asacb@gmail.com](mailto:ar.asacb@gmail.com)).

When the background check is complete, it will be added to your CERTEMY account for approval. If applicable, request an official electronic transcript from your college or university to be emailed to the ASACB office at [ar.asacb@gmail.com](mailto:ar.asacb@gmail.com).

Your proof of degree will remain locked and show incomplete in CERTEMY until ALL other registration steps are complete.

Upon ASACB review and approval, you will be registered as a Counselor in Training (CIT), and your confirmation letter will be awarded to you in your digital wallet.

Once all your hours are completed, you will need to [schedule your test](#).

Upon completion of these steps, you will be registered as a Counselor-in-Training (CIT). It is your responsibility to keep the ASACB informed of your current mailing address. CITs and certified counselors must work 51% of the time in the jurisdiction where you hold your certification.

## [Operation of Committees](#)

### DUTIES AND RESPONSIBILITIES

The Education Committee has the primary responsibility to review and approve all education hours submitted for both initial and recertification purposes.

Other responsibilities include:

- Maintain a current record of all approved education training hours.
- Review all requests for grace periods and make recommendations.
- Review all requests for inactive status and re-activation status and make recommendations.
- Provide a monthly report to the Board of any relevant activities.

- Develop and promulgate recertification guidelines.
- Make recommendations on all of the above to the Board.

## FORMAL TRAINING HOURS

- All requests for formal education training approvals must be completed properly and submitted on the **Training Approval Request Form** located in the appendix (formerly located in the Application and Standards Manual on the website at <https://asacb.com/education/> under Continuing Education Resources and select the form hyperlink.
- Other formal education training hours must be documented by certificates/transcripts issued through the sponsoring organization.
- Once a presenter or a subject matter is approved, they will remain approved for a period of five (5) years. If the presenter or the subject matter changes during this period, a new formal education training approval request form must be submitted by the sponsoring organization.
- A presenter may receive education hours for the initial presentation once per certification cycle.
- All formal substance use education training must be approved by any IC&RC Board member or by a national accreditation body unless exclusion by Board is acceptable.

## INFORMAL/IN-SERVICE EDUCATION TRAINING HOURS

- Informal hours are not typically open to the public and do not require pre-approval by the education committee.
- Informal/in-service education training hours are documented either by a certificate from the facility where offered or by an official dated sign-in sheet noting the applicant's signature of attendance and the supervisor or trainer's signature. The topic and length of time spent in the in-service education training must be specified in the documentation.
- In formal/in-service education, training hours are approved for recertification only.

## COLLEGE/UNIVERSITY COURSEWORK

- Transcript hours are reviewed and accepted only from regionally or nationally accredited colleges or universities.
- Original official transcripts must be obtained from the college or university where the transcript hours were earned. Unofficial or copies of student-issued transcripts will be returned without review.
- College and university coursework credits are approved based on their relevance to the substance abuse field. The applicant may be required to provide documentation of the content of the class by attaching a syllabus or course description.
- Approved transcript hours are converted into contact hours using the following guide. Each approved three (3) hour class converts into 42 contact hours.

- Educational internships provided through regionally or internationally recognized colleges or universities will be reviewed individually.
- One semester hour of approved college coursework will equal 14 hours of ASACB-approved training for certification or recertification. (A three-semester hour approved college course is equal to 42 contact hours). Approved transcript hours have no expiration date. College and university coursework credits used for recertification must be specifically related to addiction and behavioral health counseling. All courses/transcripts must be preapproved prior to submission of recertification hours.

## ONLINE/HOME STUDY CORRESPONDENCE COURSEWORK

- Training approval requests for credit hours for home study coursework will be evaluated on a case-by-case basis.
- Training approval request for credit hours for home study course work must include a written published endorsement of all national accreditation, certification, or licensing organizations that have approved the course (Example: ASAM, NASW)
- Approved online/home study courses must include documentation of completion of coursework by a certificate issued by the sponsoring entity.

## Fee Schedule

Fees may be received via the United States Postal System payable to ASACB by personal check, traveler's check, cashier's check, or money order OR paid directly in the payment steps Certemy provides. Cancellations must be addressed with the testing center five (5) days prior to the date of testing. Failure to provide proper notification will result in forfeiture of testing fees.

\$ 100.00	CIT Registration Fee
\$ 25.00	Payable to AR State Police or other entity for each background report
\$ 250.00	Testing Fee for credentials
\$ 250.00	Re-testing Fee for all credentials
\$ 250.00	Initial Certification and Recertification fees for ADC, AADC, and CCS
\$ 100.00	Re-certification Fee for PR
\$ 50.00	Re-certification Late Fee for each credential per three months with a three-month limit after the credential expires.
\$ 100.00	Inactive Fee per credential
\$ 150.00	Reciprocity Fee payable to IC&RC

For postmark deadlines for mailed recertification fees, you must ensure that any mailed recertification fees are mailed one month prior to your credential expiration date.

Due to testing restrictions in certain IC&RC areas, the ASACB allows those certification candidates to apply for testing through the ASACB even if the candidate does not plan to certify in Arkansas but to reciprocate back to another state.

The testing fee is \$250.00.



## REPLACEMENT CERTIFICATES

There is a \$40 processing fee for any paper ASACB credential certificate with seals.

## The 12 Core Functions

### SCREENING

The process by which the client is determined appropriate and eligible for admission to a particular program.

#### Criteria

1. Evaluates psychological, social, and physiological signs and symptoms of alcohol and other drug use.
2. Determine the client's eligibility for admission or referral.
3. Determine the client's appropriateness for admission or referral.
4. Identify any co-existing conditions (medical, psychiatric, physical, etc.) that indicate the need for additional professional assessment and/or services.
5. Adhere to any applicable laws, regulations, and agency policies governing alcohol and other drug abuse services.

#### Explanation

This function requires that the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment. It is imperative that the counselor use appropriate diagnostic criteria to determine whether the applicant's alcohol or other drug use constitutes a substance use disorder.

All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and other drugs has led to a particular client becoming dysfunctional. The determination of a particular client's appropriateness for a program requires a counselor's judgment and skill and is influenced by the program's environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, co-ed, daycare.) Important factors include the nature of substance use, the physical condition of the client, outside support/resources, previous treatment efforts, motivation, and the philosophy of the program. The eligibility criteria are generally determined by the focus, target population, and funding requirements of the counselor's program or agency. Many of the criteria are easily ascertained. These may include the client's age, gender, place of residence, legal status, veteran status, income level, and referral source.

If the applicant is found ineligible or inappropriate for this program, the counselor should be able to suggest an alternative.

## **INTAKE**

The administrative and initial assessment procedures for admission to a program.

### **Criteria**

1. Complete the required documents for admission to the program.
2. Complete the required documents for program eligibility and appropriateness.
3. Obtain appropriately signed consent when soliciting from or providing information to outside sources to protect client confidentiality and rights.

### **Explanation**

The intake usually becomes an extension of the screening process when the decision to admit is formally made and documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate releases of information, collect financial data, sign consent for treatment, and assign the primary counselor.

## **ORIENTATION**

Describing to the client the following: general nature and goals of the program, rules governing client conduct, and infractions that can lead to disciplinary action or discharge from the program; and in a non-residential program, the hours during which services are available, treatment costs to be borne by the client, if any, and client rights.

### **Criteria**

1. Provide an overview to the client by describing program goals and objectives for client care.
2. Provide an overview to the client by describing program rules and client obligations and rights.
3. Provide an overview to the client of program operations.

### **Explanation**

The orientation may be provided before, during, and/or after the client's screening and intake. It can be conducted in an individual, group, or family context. Portions of the orientation may include other personnel for certain specifics of the treatment, such as medication.

## **ASSESSMENT**

The procedures by which a counselor/program identifies and evaluates individual strengths and weaknesses, including problems and the need for the development of a treatment plan.

### **Criteria**

1. Gather relevant history from clients including but not limited to alcohol and other drug use, using appropriate interview techniques.
2. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding the client's alcohol and other drug use and psychosocial history.
3. Select appropriate assessment tools.
4. Explain to the client the rationale for the use of assessment techniques to facilitate his/her understanding.
5. Develop a diagnostic evaluation of the client's substance use and any co-existing conditions based on the result of all assessments to provide an integrated approach to treatment weaknesses, identified problems, and needs.

### **Explanation**

Although assessment is a continuing process, it is generally emphasized in treatment. It usually results from a combination of focused interviews, testing, and record reviews. The counselor evaluates major loss areas (i.e., physical health, vocational development, social adaptation, legal involvement, and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with the client's functioning in each of these areas. The result of this assessment should suggest a focus of the treatment.

## **TREATMENT PLANNING**

The process by which the counselor and the client identify and rank issues needing resolution; establish agreed-upon immediate and long-term goals; and decide upon treatment methods and the resources to be utilized.

### **Criteria**

1. Explain assessment results to the client in an understandable manner.
2. Identify rank problems in the written treatment plan based on individual client needs.
3. Formulate agreed-upon immediate and long-term goals using behavioral terms in the written treatment plan.
4. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

### **Explanation**

The treatment contract is based on the assessment and is a product of negotiation between the client and the counselor to ensure that the plan is tailored to the individual needs. The language of the problem, goal, and strategy statements should be specific, intelligible to the client, and expressed in behavioral terms. The statement of the problem concisely elaborates on a client's need previously identified. The goal statements refer specifically to the identified problem and may include one objective or a set of objectives ultimately intended to resolve or mitigate the problem. The goals must be expressed in behavioral terms for the counselor and client to determine progress in treatment. Both immediate and long-term goals should be established.

The plan or strategy is a specific activity that links the problem with the goal. The plan describes the services, who will perform them, when they will be provided, and at what frequency. Treatment planning is a dynamic process, and the contracts must be regularly reviewed and modified as appropriate.

## **COUNSELING**

Individual, Group, and Significant Other. The utilization of specific skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making.

### **Criteria**

1. Select the counseling theory (or theories) that apply.
2. Apply techniques to assist the client, group, and/or family in exploring problems and ramifications.
3. Apply techniques to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings, if appropriate, in the treatment setting.
4. Individualized counseling in accordance with cultural, gender, and lifestyle differences.
5. Interact with the client in an appropriate therapeutic manner.
6. Elicit alternative solutions and decisions from the client.
7. Implement the treatment plan.

### **Explanation**

Counseling is basically a relationship in which the counselor helps the client mobilize resources to resolve his/her problem and modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client-Centered Therapy, etc. Furthermore, the counselor must be able to explain the rationale for using a specific approach to the client. Also, the counselor should explain his/her rationale for choosing a counseling approach in an individual, group, or significant other contacts. Finally, the counselor should be able to explain why the counseling approach or context may have changed during treatment.

## **CASE MANAGEMENT**

Activities intended to bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

### **Criteria**

1. Explain the rationale of the case management activities used by the client.
2. Coordinates services for client care

### **Explanation**

Case Management is the coordination of a case service plan. The case management decisions must be explained to the client. By the time many clients enter treatment, they tend to manifest dysfunction in a variety of areas. If an individual is involved in many systems (i.e., the criminal justice system, mental health system, and social services systems) these activities must be integrated into the treatment plan, and communication must be maintained with the appropriate personnel.

## **CRISIS INTERVENTION**

Those services which respond to the needs of an alcohol and/or other drug abusers needs during acute emotional and/or physical distress.

### **Criteria**

1. Recognize the elements of the client crisis.
2. Implement an immediate course of action appropriate to the crisis.
3. Enhance the overall treatment by utilizing crisis events.

### **Explanation**

A crisis is a decisive, crucial event during treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly or indirectly related to substance use (i.e., overdose or relapse). The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, a psychotic episode, or outside pressure to terminate treatment. If no specific crisis is presented in the written case, the counselor should rely on and describe a past experience with a client. Describe the overall picture – before, during, and after the crisis. It is imperative the counselor be able to identify the crisis when they surface, attempt to mitigate, or resolve the immediate problem and the type, and use negative events to enhance the treatment efforts, if possible.

## **CLIENT EDUCATION**

Provision of information to individuals and groups concerning substance use and the available services and resources.

### **Criteria**

1. Present relevant substance use information to the client through formal and/or informal processes.
2. Present information about available substance use services and resources.

### **Explanation**

Client, family, and community education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually or informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the client and their families. The applicant must be competent in providing specific examples of the types of education provided to the client and the relevance to the case.

## **REFERRAL**

Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client in utilizing the support systems and community resources available.

### **Criteria**

1. Identify needs and or problems that the agency or counselor cannot meet.
2. Explain the rationale for the referral of a client.
3. Match client needs and/or problems to appropriate resources.
4. Adhere to applicable laws, regulations, and agency policies that govern procedures related to the protection of the client's confidentiality.
5. Assist the client in utilizing the support systems and community resources available whenever possible.

### **Explanation**

To be competent in this function, the counselor must be familiar with community resources, both alcohol and drug, and others, and should be aware of the limitations of each service and if the limitations could adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including the confidentiality requirement and outcomes of the referral. A referral is obviously closely related to case management when integrated into the initial and ongoing treatment plan. It also includes, however, aftercare or discharge planning referrals that consider a continuum of care.

## **REPORTS AND RECORD-KEEPING**

Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data.

### **Criteria**

1. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
2. Chart pertinent ongoing information pertaining to the client.
3. Utilize relevant information from written documentation for client care.

## **Explanation**

The report and record-keeping functions are important. It benefits the counselor by documenting the client's progress in achieving his/her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervisor with continuing services to the client later. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, it enhances the client's entire treatment experience. The applicant must prove personal action regarding the report and record-keeping function.

## **CONSULTATION**

Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

### **Criteria**

1. Recognize issues that are beyond the counselor's base of knowledge and/or skills.
2. Explain the rationale for the consultation to the client if appropriate.
3. Consult with the appropriate resources to ensure the provision of effective treatment services.
4. Adhere to applicable laws, regulations, and agency policies governing the disclosure of client-identifying data.

### **Explanation**

Consultations are meetings for discussion, decision-making, and planning. The most common consultation is the regular in-house staffing in which the client's cases are reviewed with other members of the treatment team. Consultations may also be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers, and other service providers connected to the client's case.

## **Knowledge Base Requirement**

### **HUMAN BEHAVIOR**

Understand the dynamics of psychological functioning, social adaptation, physical health, and vocational development; understand attitudes, values, and lifestyles of various cultures and special populations; understand how alcohol and drug use relates to human behavior, attitudes, values, and lifestyles; understand the relationship between human behavior, cultural influences, societal norms and laws, and alcohol and/or other drug abuse; understand human sexuality, sexual dysfunction, sexual orientation and the importance of these factors.

### **SIGNS AND SYMPTOMS OF ALCOHOL AND DRUG USE, INCLUDING PHARMACOLOGICAL FACTORS**

Understand the categories of mood-altering drugs including alcohol and their side effects; understand the effects of alcohol and other drug use, in relationship to individual body chemistry, pregnancy, sex, setting, dose, drug combination and routes of administration, tolerance and withdrawal symptoms; understand the complications resulting from the use of more than one mood altering drug, including cross tolerance, synergism, antagonism, potential and multiple psychological dependence; understand the alcohol and other drug related psychological, physical and medical problems which may exist (fetal alcohol syndrome, organic brain syndrome, drug-induced psychosis, etc.), and the signs and symptoms indicating a need for other medical, psychological and social assessment; understand the components of the withdrawal syndrome and mechanisms of psychological and physiological dependence; understand the criteria for evaluation of dependence including the different developmental stages, signs, and symptoms, as well as behavior patterns of the alcohol and other drug dependent persons during the progression through treatment and rehabilitation; understand recognized pharmaceutical reference materials (Physicians' Desk Reference, American Medical Association Drug Evaluations and/or Goodman and Gilman's Pharmacological Basis of Therapeutics)

### **COUNSELING APPROACHES, PHILOSOPHIES, METHODS, AND OBJECTIVES**

Understand different approaches to counseling, including the philosophies, methods, and objectives of each approach; understand the practical application of these approaches to counseling (individual, significant other, spouse, family, employer) and group counseling; understand the implications of counseling approaches to clients of various; ethnic, cultural, economic backgrounds, and specific populations; understand the philosophy, policies, and practice of appropriate voluntary self-help groups; understand techniques of evaluating therapy progress and outcome of treatment.

### **CONTINUUM OF CARE**

Understanding the mechanism involved in coordinating a client's total treatment; understand the service (prevention, intervention, aftercare, self-help groups, etc.) available to the client and the community, including the limitations of each service; understand the social services (financial, marriage, sexual counseling, etc.) which are not designed specifically for the individuals engaged in substance use, including client eligibility, referral procedures, follow-up mechanisms, and limitations of each service.

### **FEDERAL STATE AND LOCAL STATUTES; ADMINISTRATIVE RULES, AND REGULATIONS**

Understand the limitations and applications of the statutes, administrative rules, and regulations that directly relate to the use and abuse of alcohol and other drugs, including commitment and protective placement procedures; understand the statutes, regulations, and current judicial decisions in regard to the counselor's relationship to the client and his/her family, with respect to confidentiality and the client's Bill of Rights.



## **STATE ALCOHOL AND DRUG ABUSE SERVICE SYSTEM**

Understand the state's resource agencies, organizations, facilities, and centers that are directly concerned with alcohol and other drug use; understand how to utilize these resources for obtaining information, materials, training, and consultation.

A list of services, resources, and providers can be found on the [ASACB site here:](#)

### **Skills Requirements**

#### **COUNSELING**

Communication Skills: Active listening, Leading, Summarizing, Reflection, Interpretation, Confrontation, Self-disclosure. Establish an effective counseling relationship with the client by demonstrating warmth, respect, genuineness, concreteness, and empathy; work with individual clients and/or families and groups by clarifying dysfunctional behavior and its ramifications for the individual client; motivate the client to actively participate in the counseling sessions and develop functional behavior; develop and implement individual counseling programs according to client needs; use problem-solving techniques, goal setting, and decision-making in conjunction with clients; facilitate termination of counseling; coordinate the designated continuum of services needed by the client including Case follow-up.

#### **CLIENT ASSESSMENT AND REFERRAL**

Client intake process; initial and ongoing client evaluation process; interpretation and assessment of client records; assessment of the treatment plan or strategy for the purpose of

evaluation and/or modification; identification of additional resources and services best suited for the individual client; directing the client to additional resources and services; maintaining follow-up with the client and service providers to assure that the client's needs are met.

#### **CASE MANAGEMENT AND RECORD-KEEPING**

Efficient, productive handling and coordination of and involvement with clients throughout the counseling process, from initial intervention or intake through disposition, termination, and follow-up; maintenance of up-to-date, accurate, and understandable case files and records, including history, intervention intake progress reports, staffing; referral dispositions and termination; treatment of client files and records in accordance with federal, state, local and agency confidentiality regulations in the client's best interest which includes careful and professional disclosure; consultation, referral or client advocacy in inter-agency/intra-agency settings; verbal and written communication with co-workers and supervisors.

## **ALCOHOL AND OTHER DRUG USE (AODA) COUNSELING SCOPE OF PRACTICE STATEMENT**

### **Purpose**

This scope of practice statement is intended to (1) provide a basic definition of a professional alcohol and drug counselor's rights and (2) distinguish this profession from other health and human services professionals.

### **Introduction**

Alcohol and drug counseling is the application of general counseling theories and treatment methods adapted to specific alcohol and drug theory and research for the express purpose of treating alcohol and drug problems within our diverse society.

### **Foundation of Alcohol and Drug Counseling**

The practice of alcohol and drug counseling is based on the following knowledge:

1. Pharmacology and psychopharmacology of alcohol and drugs (both drugs of use and drugs used in the treatment of addictions) including pharmacokinetics; pharmacodynamics; and the effects of these drugs on violence and aggression, learning and memory, sensation and perception, sleep, sexual behavior, human growth and development, and psychiatric conditions.
2. Addiction processes include models and theories of addiction; the social and cultural context of addiction; biological, psychological, and social effects of addiction; and differentiation of addiction from other medical and psychological conditions.
3. Various treatment models and methods include models of treatment, relapse prevention, and continuing care; the impact of treatment on problems associated with addiction; and the importance of community, social, family, and self-help systems.
4. Practical application includes the use of interdisciplinary approaches and teams in treatment; assessment and diagnostic criteria; appropriate use of treatment modalities; adapting treatment strategies to a client's individual characteristics and needs; and the use of other resources in securing the best available services for the client.
5. Professional standards of practice include recognizing the needs of diverse populations related to issues of ethnicity, race, gender, sexual orientation, and HIV/AIDS; adherence to ethical and professional standards of conduct; commitment to continuing education and clinical supervision; awareness of policies and procedures for clients and staff safety; an understanding of etiology, treatment, and prevention; and the clinical application of current research in alcohol and drug treatment.

### **Scope of Practice**

The practice of alcohol and drug counseling consists of the activities listed below. The practice of these activities will conform to the individual's level of training, education, and supervised experience.

- Clinical evaluation of drug and alcohol issues
- Screening of alcohol and drug problems
- Assessment of alcohol and drug use
- Diagnosis
- Treatment planning
- Case management
- Treatment plan implementation
- Consultation

Scope of Practice Continued:

- Continuing assessment and treatment planning
- Referral
- Client advocacy
- Counseling (individual, group, and family)
- Education and prevention
- Documentation
- Professional and ethical standards

## Packet Approval Guidelines

### INITIAL CERTIFICATION

#### Counselor in Training (CIT) Status

- All persons wanting to obtain any credential with the ASACB are required to register with the Board through the [CERTEMY link](#) on the ASACB website.
- Registration requires completion of the CIT initial registration application.
- The CIT status is good for (5) five years. If this period expires, the person will have to register with the Board again through CERTEMY.

**The ASACB neither registers nor certifies persons convicted of murder or a sexual offense. Sexual offenses include, but are not limited to, any sexual offense that results in a felony conviction; any conviction, whether a felony or misdemeanor, any crime of violence involving involuntary sexual acts, incest, any conviction involving the sexual abuse of minors, or any offense that requires the perpetrator to be registered as a sexual offender under Arkansas or federal law.**

### BACKGROUND CHECKS

- The ASACB will accept criminal background reports from other entities for initial CIT registration and for testing packets provided that meet or exceed ASACB policy.
- The report must be provided by the organization through a certified letter of verification of the CIT's background clearance r through the provision of a copy of the original report from the criminal history reporting organization.

- A background check is required upon initial registration and again with the testing packet
- It is the responsibility of Board- registered persons to keep the ASACB informed of a current address.

## **CIT STATUS**

All persons wanting to obtain any credential through the ASACB are required to register as a Counselor In Training (CIT) with the Board.

Once a candidate has begun the testing process, work experience and continuing education hours must remain current and be completed within five (5) years of the initial CIT registration date; otherwise, the registration lapses and the candidate must renew their CIT.

- All the required education training hours submitted in the initial testing packet must have been approved by the education committee prior to the packet submission deadline. Packets not meeting these requirements will be denied and returned to the applicant.
- All education training hours must have been earned within the immediate past five (5) years prior to the testing packet deadline.
- A minimum of six (6) hours of ethics training is required.
- There is no limit to the number of approved college courses submitted for initial certification.
- The second criminal background check request form must be concurrent with the testing packet submission and must meet or exceed the ASACB policy.

## **INTERSTATE AND INTERNATIONAL CERTIFICATION**

### Reciprocity

Reciprocal credentials holders who have applied for reciprocity with the ASACB and are awaiting paperwork and/or approval may use their international certification in the interim.

- Contact your certifying state board if you are outside of Arkansas.
- If you are professionally licensed in the state of Arkansas, then ASACB is your certifying Board.
- Those in-state looking to get reciprocity outside of Arkansas will need to go through ASACB for approval.

## **RECERTIFICATION**

It is the responsibility of Board-certified persons to keep the ASACB Executive Director informed of a change in name, phone number, email, or physical address.

A counselor may request up to a 90-day grace period for all credentials with an additional fee of \$50 per month for up to 90 days after the recertification deadline.

Any education training hours not previously approved for certification/recertification by the education committee must be submitted and approved prior to the certification/recertification deadline.

Recertification packets not meeting these requirements will be denied and returned to the applicant.

Continuing education training hours must have been earned within the immediate past two-year certification cycle. Extra hours do not carry over to the next certification cycle. A minimum of six hours of ethics training is required for all credentials in a two-year cycle.

Persons holding the ADC, AADC, CS, or CCDP credential need to keep track of their two-year recertification cycle in Certemy.

Forty (40) hours of approved continuing education are required for the two-year ADC, an ADC, and CCDP credential. The maximum amount of thirty-four (34) formal hours may be used for this -recertification. Fourteen (14) of the thirty-four hours may be gained by informal education options. The remaining six (6) hours, of the required forty hours, must be in an ethics training per recertification cycle.

Twenty (20) hours of approved continuing education are required for the two-year PR recertification, The maximum amount of twenty (20) formal hours may be used for this -recertification. Six (6) of the twenty hours may be gained by informal education options. The remaining six (6) hours of the required twenty hours must be in peer ethics training per recertification cycle.

Eighteen (18) hours of approved continuing education are required for the two-year CS recertification. The maximum amount of eighteen (18) formal hours may be used for this -recertification. Six (6) of the eighteen hours may be gained by informal education options. The remaining six (6) hours of the required eighteen hours six must be directly related to clinical supervision skills. Selected formal education/training hours may fall under the domains of both the counselor and the supervisor and may be applicable to recertification for both credentials.

AADCs, ADCs, and CSs who receive reciprocity into Arkansas begin earning their recertification education training hours from the month of recertification in Arkansas. These hours will be prorated.

## **GRACE PERIOD**

A counselor may request up to a 90-day grace period for all credentials with an additional fee of \$50 per month per condition credential. See the fee schedule.

## **Evaluation Committee Duties and Responsibilities**

The evaluation committee is charged with:

- Ensuring all certification applicants comply with applicable standards.

- Overseeing the written testing process by proctoring or designating the Proctor (when a written test is required for special cases).
- Providing a monthly report to the Board of any relevant activities.

The ASACB will accept criminal background reports from other entities for initial CIT registration packets and testing packets, provided they meet or exceed ASACB policy. The report must be provided by the organization either through a certified letter of verification of the CIT's background clearance or through the provision of a copy of the original report from the criminal history reporting organization. The criminal background check must be dated within the last three months prior to the packet being submitted.

The evaluation committee will not process any application for reciprocity until the ASACB has received a statement from the state of origin through the IC&RC stating that the individual is not currently under an ethics investigation or sanction. Anyone in the process of seeking reciprocity who holds a current international certification, and is in good standing, may use the international certification until the reciprocity process has been completed.

## Functions and Competencies of the Counselor In Training (CIT)

To assist the client in gaining insight and motivation aimed at resolving problems related to the use of alcohol and/or drugs.

To assist the client in recognizing and evaluating individual usage of alcohol and/or drugs.  
To provide professional guidance, assistance, and support to the client attempting to develop and/or maintain a responsible and functional lifestyle.

To recognize problems beyond the scope of the counselor's training and to be willing to refer the client for other appropriate professional services.

To provide all the above professional services as needed to clients, spouses, family, and employers.

The professional activities of the AODA counselor cover a broad range of techniques and modalities appropriate for a variety of factors, e.g., age, sex, religious preference, ethnic background, sexual orientation, education, and social and economic status, which affect chemical dependency clients.

The tasks that the alcohol and drug counselor performs will generally fall into one or more of the following **core functions**:

- Screening
- Intake
- Orientation
- Assessment
- Treatment Planning
- Counseling
- Case Management

- Crisis intervention
- Client, Family, and Community Education
- Referral
- Report and Record-Keeping
- Consultation

The following list of competencies is not intended to be an all-inclusive definition of the AODA counselor role for which the addiction professional is certified. It serves as a guide to the study of those competencies essential to effective counseling. These competencies apply to persons whose major role is that of a clinician and to persons who are supervisors or administrators with responsibilities for other counselors, trainers, or educators who regularly perform all core functions. In all cases, the role of CIT is one of establishing a therapeutic relationship with the client and assisting the client in recognizing how substance use is interrelated with the current challenges being experienced.

To achieve this goal, the certification process clearly defines core functions that are knowledge-based and skills in which a level of competence must be achieved and maintained. The Arkansas Substance Abuse Certification Board requires strict adherence to the Ethics Code and Committee Process for all Alcohol and Drug Counselors, Advanced Alcohol and Drug Counselors, Clinical Supervisors, Co-occurring Disorders professionals, and Counselors-in-Training (CIT)

## **Functions and Competencies of the Alcohol Drug Counselor (ADC)**

All applicants must meet the following standards when applying for the ADC/AODA reciprocal credential. Counselors-in-Training CIT's have up to five (5) years to pass the written examination for the credential they are seeking.

### **EDUCATION**

- The education requirement for initial certification is a total of 300 approved formal education clock hours.
- Formal education is defined as face-to-face classroom education, i.e., workshops, seminars, institutes, live internet training, and college/university work.
- One clock hour of education is equal to 50 minutes of continuous instruction.
- Education must be specifically related to the knowledge and skills necessary to perform the task within each of the IC&RC /AODA practice dimensions (refer to TAP 21).
- **A minimum of six (6) hours must be in counselor ethics.**
- All formal education hours must be preapproved by the ASACB education committee and must be documented by a certificate or official transcript.
- Up to 70 hours of in-service training will be accepted toward the 300 required education hours, documented by a certificate or transcript from the agency.

## **EXPERIENCE**

The work experience requirement for the Alcohol Drug Counselor (ADC) credential is three years (6,000 hours) of supervised work experience under a certified or licensed behavioral healthcare professional. Supervised work experience is defined as paid or volunteer experience as a counselor who provides direct counseling services to AODA clients. An AODA client is a person with a diagnosis of alcohol and/or other drug abuse. Supervised work experience must be in the eight (8) IC&RC /AODA practice dimensions of Clinical Evaluation, Treatment Planning, referral, Service Coordination, Counseling, Client Family and Community Education, Documentation, and Professional and Ethical Responsibilities.

The ASACB allows an applicant to exchange 1,000 hours of the 6,000 hours required for an approved associate degree CIT level, 2,000 hours for a bachelor's degree, and 4,000 hours for an approved advanced degree (master or above) in Behavioral Science, provided they meet the supervision requirements.

## **SUPERVISED PRACTICUM**

The 300-hour practicum requirement includes a total of 300 hours of Alcohol and Other Drug Abuse (AODA)-specific work experience which must take place in a setting where AODA counseling is being provided. Practicum is defined as a formal systematic process that focuses on skill development and integration of knowledge. The practicum must be specifically related to the knowledge and skill necessary to perform all of the IC&RC/AODA Twelve (12) Core Functions with at least fifteen (15) hours in each core function. Direct supervision is defined as the one-on-one supervision, group supervision, or direct observation of skills within the core functions and will be inclusive of the Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services Administration's (SAMHSA) Technical Assistance Publication (TAP) 21 definition. TAP 21 defines supervision/clinical supervision as the administrative, clerical, and evaluative process of monitoring, assessing, and enhancing counselor performance. The practicum may occur as part of the eligible work experience and may be completed under more than one supervisor or agency. All practicum hours must be supervised by an ASACB Certified Clinical Supervisor and documented in Certemy.

## **CODE OF ETHICS**

The applicant must sign a statement that they understand and agree to comply with the ASACB Code of Ethics. ASACB regards its Code of Ethical Conduct and ethics process as the single greatest consumer protection measure within the credentialing process. ASACB is dedicated to the principle that individuals in the substance abuse field must conform their behavior to the highest standards of ethical practice. To that end, the ASACB has adopted a Code of Ethical Conduct which is applied to all professionals certified by or seeking certification from ASACB. ASACB is committed to investigating and sanctioning those who breach this code.

The Arkansas Substance Abuse Certification Board is committed to ensuring the highest ethical standards of its members. The following link takes you to the Counselor [Code of Ethics](#) and information on reporting ethical concerns.



## COMPUTER-BASED EXAMINATIONS

Each applicant must pass the international computer-based examination as determined by IC&RC Standards.

## FEES

Fees may be paid through Certemy or via the United States Postal System payable to ASACB by personal check, traveler's check, cashier's check, or money order. Cancellations must be addressed with the testing center five (5) days prior to the Date of testing. Failure to provide proper notification will result in forfeiture of testing fees.

## Functions and Competencies of the Clinical Supervisor (CS)

The Arkansas Substance Abuse Certification Board and the IC&RC / AODA defined 'clinical supervision as a process of developing clinical skills and competencies for persons providing counseling. A primary purpose of clinical supervision is to ensure skill development, as evidenced in quality patient/client care. All applicants must meet the following standards when applying for the clinical supervision reciprocal credential.

## EDUCATION

A certified ADC or AADC counselor must maintain these pre-requisite credentials to be eligible to test for the CS credential and/or to recertify their CS credential.

The applicant must provide documentation by a certificate of thirty (30) hours of preapproved formal didactic education training in clinical supervision.

The formal education training must include education hours **within each** of these five IC&RC following clinical supervision practice dimensions:

1. Counselor Development
2. Professional/Ethical Standards
3. Program Development
4. Performance Evaluation
5. Treatment Knowledge

A minimum of six (6) hours in the area specifically related to clinical supervision skills is required. Higher education does not substitute for any portion of the education requirement. All education hours must be documented by a certificate.

## EXPERIENCE

The work experience requirement for the credential of a clinical supervisor is as follows: (1) current certification as an ADC or AADC counselor at the reciprocal level; (2) verification and documentation of 5 (five) years [10,000] hours of counseling experience. All experience must be

documented as outlined in the policies and procedures manual available on the website at [www.asacb.com](http://www.asacb.com)

## **SUPERVISED PRACTICUM**

Practicum is defined as a formal systematic process that focuses on skill development and integration of knowledge. Direct supervision is defined as the one-on-one supervision, group supervision, or direct observation of skills within the core functions and will be inclusive of the Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services Administration's (SAMHSA) Technical Assistance Publication (TAP) 21 definition. TAP 21 defines supervision/clinical supervision as the administrative, clerical, and evaluative process of monitoring, assessing, and enhancing counselor performance. The practicum may occur as part of the eligible work experience and may be completed under more than one supervisor or agency. All practicum hours must be supervised by CS and documented as outlined in the Policies & Procedures Manual.

The supervised practicum includes verification and documentation of two (2) years [4,000 hours] of clinical supervisory experience in the AODA field. The two (2) years may be included in the five (5) years [10,000 hours] of counseling experience and must include the provision of 200 contact hours of face-to-face clinical supervision, or 50% (100 hours) face-to-face hours and 50% electronically, i.e., webcam, Audiovisual, conferencing, etc. The practicum must be documented as outlined in the Policies & Procedures Manual.

## **CODE OF ETHICS**

The applicant must sign a statement that they understand and agree to comply with the ASACB Code of Ethics. ASACB regards its Code of Ethical Conduct and ethics process as the single greatest consumer protection measure within the credentialing process. ASACB is dedicated to the principle that individuals in the substance abuse field must conform their behavior to the highest standards of ethical practice. To that end, the ASACB has adopted a Code of Ethical Conduct which is applied to all professionals certified by or seeking certification from ASACB. ASACB is committed to investigating and sanctioning those who breach this code.

## **COMPUTER-BASED EXAMINATIONS**

Each applicant must pass the international computer-based examination as determined by IC&RC Standards.

## **FEES**

Fees may be paid through Certemy or via the United States Postal System payable to ASACB by personal check, traveler's check, cashier's check, or money order. Cancellations must be addressed with the testing center five (5) days prior to the Date of testing. Failure to provide proper notification will result in forfeiture of testing fees.

## **Functions and Competencies of the Advanced Alcohol and Drug Counselor (AADC)**

All applicants must meet the following standards when applying for the AADC/AODA reciprocal credential.

### **EDUCATION**

The education requirement for the AADC is a minimum of a master's degree in a Human Services or Behavioral Sciences field with a clinical application [i.e., supervised practicum] from a regionally or nationally accredited college or university. In addition, a minimum of six (6) hours of formal training must be in counselor ethics.

### **EXPERIENCE**

The work experience requirement for the Advanced Alcohol Drug Counselor (AADC) is one (1) year [2,000 hours] of supervised AODA-specific work experience, which includes documentation of a 300-hour practicum in the 12 core functions (with one hour of supervision for every ten (10) hours of practice). Supervised work experience is defined as paid or voluntary experience as a paid or voluntary experience as a counselor who provides direct counseling services to AODA clients. An AODA client is a person with a diagnosis of alcohol and/or other drug abuse or dependency. Supervised work experience must be within the ten (10) IC&RC /AODA practice dimensions of Clinical Evaluation, Treatment Planning, Referral, Service Coordination, Counseling, Client, Family, and Community Education, Professional and Ethical Responsibility, Research Design, Analysis, and Utilization, and Clinical Supervision. All work must be documented as outlined in the Policies & Procedures Manual.

### **SUPERVISED PRACTICUM**

The 300-hour practicum requirement includes a total of 300 hours of Alcohol and Other Drug Abuse (AODA)-specific work experience which must take place in a setting where AODA counseling is being provided. A practicum is defined as a formal systematic process that focuses on skill development and integration of knowledge. The practicum must be specifically related to the knowledge and skill necessary to perform all of the IC&RC/AODA Twelve (12) Core Functions with at least fifteen (15) hours in each core function. Direct supervision is defined as the one-on-one supervision, group supervision, or direct observation of skills within the core functions and will be inclusive of the Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services Administration's (SAMHSA) Technical Assistance Publication (TAP) 21 definition. TAP 21 defines supervision/clinical supervision as the administrative, clerical, and evaluative process of monitoring, assessing, and enhancing counselor performance. The practicum may occur as part of the eligible work experience and may be completed under more than one supervisor or agency. All practicum hours must be supervised by an ASACB Certified Clinical Supervisor and documented in Certemy.

## CODE OF ETHICS

The applicant must sign a statement that they understand and agree to comply with the ASACB Code of Ethics. ASACB regards its Code of Ethical Conduct and ethics process as the single greatest consumer protection measure within the credentialing process. ASACB is dedicated to the principle that individuals in the substance abuse field must conform their behavior to the highest standards of ethical practice. To that end, the ASACB has adopted a Code of Ethical Conduct which is applied to all professionals certified by or seeking certification from ASACB. ASACB is committed to investigating and sanctioning those who breach this code.

## COMPUTER-BASED EXAMINATIONS

Each applicant must pass the international computer-based examination as determined by IC&RC Standards.

### Inactive Status

An ADC, AADC, CCDP-A, B, or D may be granted inactive status by following the protocol listed:

Properly credentialed professionals can seek "Inactive Status" when their status is current with the Re-cert process, and they are actively credentialed in "good standing."

At Re-cert, if a professional desires to acquire inactive status – per credential:

- Professionals must pay their Re-cert fee of \$250
- Produce their 40 hours of professional educational development certificates of attendance
- Complete the application packet to Re-cert. In addition:
- Write a letter to ASACB for a request for "Inactive Status."
- Pay an additional \$100 for Inactive Status for a 2-year cycle

Inactive status runs from Re-cert to Re-cert is equivalent to 2 years. If a professional needs to remain on "Inactive Status" past a re-cert cycle - At the next Re-cert, the professional will submit another "Letter of Status" concerning a further need for "Inactive Status," which is required by ASACB for an extension of 2 more years of a Re-cert to Re-cert cycle and another \$100 "Inactive Status" fee is required.

"Inactive Status" is not to exceed 2 cycles of Re-cert – the equivalency of 4 years. Professionals on "Inactive Status" will be posted on the ASACB Website

If the professional has a Clinical Supervision (CS) credential and puts the "Counseling" credential on "Inactive Status," then the CS credential is also on "Inactive Status."

CS credential remains "Inactive Status" for as long as the "Counseling" credential is on "Inactive Status."

Since the professional was credentialed at the origin of the Re-certification, then at any point they come back, they are in "good stead" until – the next re-certification.

To return to "Active Status," a letter of reinstatement is written and accepted by the ASACB.

**NOTICE:** Not being fully prepared for the Re-cert process does not constitute the use of "Inactive Status" hence, the 6.014 Grace Period – 90 days (3 months) \$50 @ monthly per credential to get application requirements met for Re-cert is the method in these cases

## [Appendix](#)

### **IC&RC Candidate Guides**

As a service to the profession, IC&RC provides publications for students, interns, and educators. Each publication offers educators guidance for curriculum development and assistance in preparing students for examinations and their work in the field. IC&RC offers these resources free of charge:

- [Counselor \(ADC\) .pdf](#)
- [Advanced Counselor \(AADC\) .pdf](#)
- [Clinical Supervisor \(CS\) .pdf](#)
- [Peer Recovery \(PR\) .pdf](#)

### **Endorsed ADC and AADC and CS Study Guides**

After a thorough review, IC&RC has endorsed M404 – [Getting Ready to Test: A Review and Preparation Manual for Drug and Alcohol Credentialing \(9th edition\)](#). This self-guided manual provides the most comprehensive set of materials designed to help enhance your knowledge of many of the major, need-to-know areas of information required for the IC&RC ADC examination.

For those counselors who are planning to take the Advanced Alcohol and Drug Counselor (AADC) Credentialing Examination offered by IC&RC. This supplement the M404SUP - Getting Ready to Test: A Supplemental Review/Preparation Manual for the IC&RC Advanced Alcohol and Other Drug Abuse Credentialing Examination also includes an all-new 50-questions sample examination and MUST be paired with the M404 – Getting Ready to Test: A Review and Preparation Manual for Drug and Alcohol Credentialing (8th edition).

IC&RC has endorsed CS405 - [Getting Ready to Test: A Review and Preparation Manual for the Written Clinical Supervisor Examination](#). This self-guided manual provides the most

comprehensive set of materials designed to help enhance your knowledge of many of the major, need-to-know areas of information required for the IC&RC ADC examination.

### **Continuing Education Resources**

Other types of training can be accepted but must be approved by Board. Requests must be submitted by downloading and completing this [form](#) and attaching a copy of the agenda and trainer biography.

- [MidSOUTH Training Academy](#) offers many different types of relevant training for counselors. All training is approved by MidSOUTH Training Academy.

### **Approved Online Classes**

- [Relias](#)
- [Cross Country University](#)
- [Quantum Units Education](#)
- [The Distance Learning Center for Addiction Studies](#)
- [All CEUs Counseling CEUs](#)
- [CE4less.com](#)
- [AddictionCounselorCE.com](#)
- [PAR professionals Training Opportunities](#)
- [Center for Addiction Studies](#)
- [Laban's Addiction Specific Trainings](#)

### **Links to Downloadable Forms**

- [CS Code of Ethics \(PDF\)](#)
- [ADC, AADC, CCDP Code of Ethics Signature Form](#)
- [Peer Recovery Code of Ethics Signature Form](#)
- [Arkansas State Police Background Check](#)
- [Case Study Submission Form](#)
- [Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs](#)



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