

**ADAD GENERAL INFORMATION FOR CSAC APPLICANTS WHO ARE
LICENSED CLINICAL SOCIAL WORKERS, LICENSED MARRIAGE &
FAMILY THERAPISTS, LICENSED MENTAL HEALTH COUNSELORS,
OR ADVANCED PRACTICE REGISTERED NURSES**

1. The credential of Certified Substance Counselor fulfills two purposes. First, and most important, the public has a means by which to identify individuals who have met the minimum requirements as set forth in Hawaii Administrative Rules 11-177.1. Second, individuals certified in this category are eligible for third-party reimbursement for treatment of substance use disorders. Finally, individuals are recognized for the time, education, and experience they have accumulated in the profession of substance abuse counseling. Certification is meant to recognize a counselor's accomplishments and competence in providing counseling, and not as an entry-level credential. *Please note: Those certified in this category are not eligible for reciprocity, or the Internationally Certified Alcohol and Drug Counselor (ICADC) designation. For that, you must have the standard CSAC, and fill out the forms listed on the ADAD website instead.*

2. Criteria for Certified Substance Abuse Counselor (CSAC):
 - Licensed clinical social workers, marriage & family therapists, mental health counselors, or advanced practice registered nurse.
 - 180 clock hours of ADAD-approved substance abuse specific education to include any course with a specific substance abuse/chemical dependence focus. No more than 90 of these hours may be counseling courses without a substance abuse focus. Also required are 6 hours in 42 CFR, Part 2 (federal law pertaining to confidentiality for substance abuse programs) and 6 hours in HIV/STDs related to substance users, and 6 hours of substance abuse ethics.
 - 1000 hours (6 months) of clinically supervised work experience providing alcohol/drug abuse counseling services to alcohol and other drug abuse clients. The clinical supervisor must be a CSAC or licensed health care professional with a minimum of one year experience treating substance use disorders in order for the work experience to be applicable for certification purposes.
 - Agree to abide by the CSAC Code of Ethics included in the General Application Packet and found in HAR 11-177.1, Subchapter 3, 11-177.1-33.
 - Successful completion of the International Written Certification Examination for Alcohol and Drug Abuse Counselors as developed by the IC&RC/AODA, Inc.

3. The following information must be received by ADAD **before** an applicant is eligible to begin the examination process:
 - *Please wait until you receive an email confirmation back from ADAD before sending in documents or for any transcripts.*
 - A completed application for certification (see following documents)
 - A copy of the applicant's current license to practice in the State of Hawaii
 - 180 clock hours of substance abuse specific education
 - 1000 hours of supervised substance use disorder treatment experience verified by the supervisor on the form provided (see following documents)
 - A signed Code of Ethics statement agreeing to abide by the CSAC Code of Ethics (see following documents)

- The \$25.00 application fee payable by money order to “State Director of Finance”
4. All signatures must be originals. FAXed signatures will not be accepted. Supervisor forms must be sent by the originating supervisor. *Supervisor forms received from the applicant will not be accepted!*
 5. All fees must be paid by money order or cashier’s check. **Personal checks will not be accepted.**
 6. Deadlines will not be extended.
 7. Fees:

General Application	\$25.00
Computer-Based Examination	\$125.00
CSAC Renewal	\$25.00
 8. Refer to Chapter 11-177.1 HAR, entitled “Certification Standards for Substance Abuse Counselors, Program Administrators, Prevention Specialists, Clinical Supervisors, Criminal Justice Addictions Professionals, and Co-Occurring Disorders Professional-Diplomate” for more specifics regarding certification criteria.
 9. For questions regarding the certification process, please contact the Certification Office at 808-692-7518.

INSTRUCTIONS FOR GENERAL APPLICATION

1. Other helpful items not included with this packet but downloadable from <http://health.hawaii.gov/substance-abuse/> include:
 - Frequently Asked Questions
 - Code of Ethics
 - Twelve Core Functions of the Alcohol and Drug Abuse Counselor
 - Hawaii Administrative Rules 11-177.1 entitled “Certification Standards for Substance Abuse Counselors and Program Administrators”
 - Bibliography and Supplemental Reading List
2. Complete the “General Application” and “Code of Ethics Statement” and return the completed forms with a copy of your professional license to ADAD with the general application fee of **\$25.00 in the form of a money order or cashier’s check made payable to “State Director of Finance.” Personal checks will be not be accepted**, and the application will be incomplete. *This one time application fee is non-refundable.*

Mailing address:

Certification Office
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

3. After you have been notified of your application approval, mail in copies of your certificates of completion for ADAD approved substance abuse specific training (e.g., workshops, distance learning, etc.), and/or request transcripts for college courses.
4. Give the “Work Experience Verification Record” with the attached “Confidential Evaluation” to your supervisor(s) for completion. Copy as many of these forms as needed. **NOTE: You must complete the top section of the “Work Experience Verification Record” before giving the form to your supervisor(s). Your supervisor(s) must complete the remainder of the form and evaluation and send it directly to ADAD. Completed forms will not be accepted from the applicant. All signatures must be original signatures, no FAXed signatures.**

Once ADAD receives the information required on page 1, a review of the applicant’s file will be conducted and an email sent to the applicant. Only those applicants who have completed and documented the required 6 months (1000 hours) of supervised experience providing direct alcohol and drug treatment services, and the 180 hours of substance abuse specific education will be eligible to register for the examination.

SOME TIPS TO REMEMBER:

- **Send all payments by money order or cashier’s check**
- **Read the Frequently Asked Questions on the ADAD website for more information**
- **Original signatures only**
- **Plan ahead**
- **When in doubt, call the Quality Assurance Office for clarification at (808) 692-7518**
- **There are no extensions for deadlines and no waivers for the basic requirements stated in HAR 11-177.1**

When an applicant qualifies for the computer-based examination by virtue of documenting the education and supervised experience requirement, an application for the test will be sent. If the applicant does not pass the examination, the applicant will have to register to retake that test and again pay the fee.

If a clinical social work, marriage & family therapy, mental health counselor, or advanced practice registered nurse applicant passes the written examination and has met all requirements for certification, a certificate will be issued signed by the Director of Health.

Certificates are issued for a two-year period and can be renewed by completing an application for renewal, documenting sixteen (16) hours of substance abuse continuing education (6 of which is SUD ethics, and paying the \$25.00 renewal fee.

Applicants certified according to these criteria are not eligible for reciprocity with other IC&RC member boards or the Internationally Certified Alcohol and Drug Counselor (ICADC) certificate.

Questions? Call 808-692-7518

GENERAL APPLICATION
CERTIFIED SUBSTANCE ABUSE COUNSELOR—LCSW, LMFT, APRN, LMHC

NOTE: **This category of certification is not eligible for reciprocity or the ICADC**

1. Name: _____
 (Legal Name Only)
2. Home Address: _____
 Street/P.O. Box

 City/State, Zip Code
3. Home Phone: _____ Cell Phone: _____
 Area Codes & Numbers
4. Email: _____
5. Gender: ___Male ___Female
6. Social Security Number: _____
7. What language(s) are you fluent in other than English? _____
8. What is your ethnicity? (Optional--research purposes only)
- | | |
|--|--|
| ___ (1) Alaskan Native
___ (2) American Indian
___ (3) Cambodian
___ (4) Chinese
___ (5) Filipino
___ (6) Japanese
___ (7) Korean
___ (8) Laotian
___ (9) Okinawan
___ (10) Other Asian
___ (11) Fijian
___ (12) Hawaiian
___ (13) Part-Hawaiian | ___ (14) Micronesian
___ (15) Samoan
___ (16) Tongan
___ (17) Other Pacific Isle
___ (18) African American
___ (19) Caucasian
___ (20) Portuguese
___ (21) Cuban
___ (22) Mexican
___ (23) Puerto Rican
___ (24) Other Hispanic
___ (25) Mixed
___ (26) Other, Specify _____ |
|--|--|

FOR OFFICIAL USE ONLY

Fee Amount: _____	Transcripts: _____
Date Received: _____	Supervisor Forms: _____
Training Resume: _____	Code of Ethics: _____
DBASE: _____	Background Check: _____

EDUCATIONAL INFORMATION:

I have a: (high school diploma or highest degree, completed:) _____

In what area of study: _____

I will request that transcripts be sent to ADAD: **YES** **NO**

SUBSTANCE ABUSE COUNSELING WORK HISTORY
(Work history must be verified through the enclosed Supervisor Form)

Employer: _____
Dates of Employment: _____
Employer Address: _____

Supervisor's Name: _____
Supervisor's Phone: _____

Employer: _____
Dates of Employment: _____
Employer Address: _____

Supervisor's Name: _____
Supervisor's Phone: _____

Employer: _____
Dates of Employment: _____
Employer Address: _____

Supervisor's Name: _____
Supervisor's Phone: _____

CURRENT EMPLOYMENT

Employer: _____
Dates of Employment: _____
Employer Address: _____
Work Phone: _____

Background Check:

Have you, at any time ever, been the subject of a finding of unethical, unprofessional, or illegal conduct made as part of a final decision by a regulatory body (e.g. certification or licensing board) or by a **court** (civil or criminal)? **(Note: Mandatory background checks are conducted, and falsifying any information may result in your application being declined!)**

_____ Yes _____ No **(This includes ANY criminal charge, ever! If yes, you MUST attach a letter of explanation, and copies of official court documents showing all charges have been adjudicated, and you are not on probation or parole for at least one year.)**

"I hereby certify that all of the information given herein and on any attachments is true and complete to the best of my knowledge. I understand that falsification of any portion of this application or attachments may result in the revocation of this application.

I further agree to hold the Department of Health, Alcohol and Drug Abuse Division agents, staff and examiners free from any civil liability for damages or complaints about any action within the scope and arising out of the performance of their duties and which is taken in connection with this application, the examinations, grades received on examinations, and/or the failure of the Division to issue me a certificate."

Applicant's Name (PRINT)

Applicant's Signature (IN INK)

Date

****You must sign the "Code of Ethics Statement" which follows, and mail it to ADAD with your application. Unsigned or incomplete applications will not be processed.**

RECORD STORAGE

The Alcohol and Drug Abuse Division maintains records on all credential applicants. Inactive records are archived for three (3) years from the date of last document submission(s) indicating progress towards your credential and may be destroyed after five (5) years from the date of your last submission. It is important to keep ADAD informed of any address/email changes. Applicants have a total of ten (10) years to work on a credential from their application date.

Remember to include your \$25 certified check or money order (only!!) made out to the "State Director of Finance." Please mail your application, payment, and signed code of ethics statement *BEFORE* you include any certificates of completed trainings or send for any transcripts so that we can first open a file for you in our office. Mahalo!

**Please mail your completed application to:
Certification Department
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, HI 96707**

PLEASE READ THE “CERTIFIED SUBSTANCE ABUSE COUNSELOR CODE OF ETHICS,” AND COMPLETE THIS “CODE OF ETHICS STATEMENT” AND RETURN IT TO ADAD WITH YOUR GENERAL APPLICATION

CODE OF ETHICS STATEMENT

I HAVE RECEIVED A COPY OF, READ, AND AGREE TO ABIDE BY THE CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) CODE OF ETHICS (REFERENCE: HAR 11-177.1, SUBCHAPTER 3, 11-177.1-33.)

PRINT NAME

SIGNATURE

DATE

**INSTRUCTIONS FOR COMPLETING THE
“WORK EXPERIENCE VERIFICATION RECORD”**

1. **APPLICANT CONSENT TO RELEASE INFORMATION.** The applicant completes this section giving permission for the supervisor to provide information and documentation regarding the applicant’s work experience to ADAD. The applicant gives this form to the supervisor.
2. **SUPERVISOR:** Print name, program unit where applicant worked, your organization, address, and a day and evening phone number.
3. **APPLICANT EMPLOYMENT STATUS.** Check whether work was full-time, part-time, volunteer, or formal internship. Check all that apply. Print applicant’s job title and dates of employment. Print the percentage of the time actual work experience was in the 12 core function areas (see clarification of 12 core functions below). For total work experience hours, multiply the total hours applicant worked in your program by the percent of time working in the 12 core function areas to arrive at a total number of supervised experience hours. Enter this number in the space provided.
4. **THE 12 CORE FUNCTIONS.** The only experience that qualifies as supervised experience for a substance abuse counselor applicant is experience applying the 12 Core Functions in addressing the substance abuse treatment needs of clients. Each core function should be applied as follows:
 - screening for substance abuse problems
 - intake to your substance abuse services
 - orientation to your substance abuse program
 - assessment of substance abuse problems and their ramifications
 - treatment planning to address substance abuse problems
 - counseling (individual, group, and family) with the focus on substance abuse and recovery
 - case management that addresses treatment and recovery issues of substance abuse clients
 - crisis intervention with substance abuse clients
 - client/family education around addictive substances and recovery issues
 - referral for services that a program can not provide for substance abuse clients
 - substance abuse treatment reports and records keeping
 - consultation in addressing treatment needs of substance abuse clients
5. **SUPERVISOR CERTIFICATION.** Print name and job title and check each credential that applies. Sign and date the form, then complete the one and a half page evaluation signing and dating that form where indicated. NOTE: All hours must be supervised by a CSAC or licensed healthcare professional.
6. Return completed forms to:

Certification Office
Alcohol and Drug Abuse Division
601 Kamokila Blvd., Room 360
Kapolei, HI 96707

**APPLICATION FOR CERTIFIED SUBSTANCE ABUSE COUNSELOR
WORK EXPERIENCE VERIFICATION RECORD**

TO BE COMPLETED BY APPLICANT(PLEASE PRINT)	
APPLICANT CONSENT TO RELEASE INFORMATION	
APPLICANT NAME	
HOME ADDRESS	HOME TELEPHONE NO.
BY MY SIGNATURE BELOW, I AM AUTHORIZING THE SUPERVISOR IDENTIFIED BELOW TO PROVIDE INFORMATION AND DOCUMENTATION TO THE STATE OF HAWAII, DEPARTMENT OF HEALTH, ALCOHOL AND DRUG ABUSE DIVISION (ADAD)	
APPLICANT SIGNATURE	DATE

INFORMATION AND INSTRUCTIONS TO SUPERVISOR: PLEASE COMPLETE THIS FORM WHICH REFLECTS YOUR KNOWLEDGE OF THE APPLICANT'S WORK EXPERIENCE WHILE EMPLOYED AT THE WORK SETTING INDICATED. BE SURE THAT THE APPLICANT HAS SIGNED THE ABOVE "APPLICANT CONSENT TO RELEASE INFORMATION" ALLOWING YOU TO MAKE AVAILABLE TO ADAD ANY AND ALL INFORMATION REGARDING HIS/HER WORK EXPERIENCE NEEDED TO MEET THE CSAC ELIGIBILITY REQUIREMENTS.

DO NOT COMPLETE THIS WORK EXPERIENCE VERIFICATION RECORD UNLESS THE RELEASE IS SIGNED
IF YOU HAVE QUESTIONS RELATED TO THIS FORM, PLEASE CONTACT THE ADAD CERTIFICATION OFFICE AT
808-692-7518

TO BE COMPLETED BY SUPERVISOR(PLEASE PRINT)	
SUPERVISOR NAME:	PROGRAM UNIT WHERE APPLICANT WORKED
SUPERVISOR ORGANIZATION AND ADDRESS	SUPERVISOR PHONE DAY: EVENING:

APPLICANT EMPLOYMENT STATUS

UNDER THE APPROPRIATE HEADING, INDICATE THE APPLICANT'S JOB TITLE DURING EMPLOYMENT; DATES OF EMPLOYMENT (MONTH/YEAR); PERCENTAGE OF TIME SPENT PERFORMING IN THE 12 CORE FUNCTION AREAS; AND TOTAL WORK EXPERIENCE HOURS IN THE 12 CORE FUNCTIONS

PAID WORK EXPERIENCE		<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME
APPLICANT JOB TITLE	DATES OF EMPLOYMENT FROM: TO:	% OF TIME PERFORMING 12 CORE FUNCTIONS: _____%	TOTAL WORK EXPERIENCE HOURS: _____
VOLUNTARY OR OTHER NON-PAID WORK EXPERIENCE PLACEMENT		<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> FORMAL INTERNSHIP OR FIELD
APPLICANT JOB TITLE	DATES OF EMPLOYMENT FROM: TO:	% OF TIME PERFORMING 12 CORE FUNCTIONS: _____%	TOTAL WORK EXPERIENCE HOURS: _____

SUPERVISOR CERTIFICATION

I HAVE REVIEWED OUR RECORDS AND CERTIFY THAT THE INFORMATION PROVIDED ON THE WORK EXPERIENCE OF THE ABOVE-NAMED APPLICANT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
NAME OF APPLICANT SUPERVISOR	JOB TITLE OF APPLICANT SUPERVISOR
CHECK ALL CREDENTIALS OR LICENSES THAT VERIFY YOUR STATUS AS A QUALIFIED HEALTH PROFESSIONAL <input type="checkbox"/> CSAC <input type="checkbox"/> LICENSED SOCIAL WORKER <input type="checkbox"/> LICENSED PSYCHOLOGIST <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> LICENSED MARRIAGE AND FAMILY THERAPIST <input type="checkbox"/> LICENSED ADVANCED PRACTICE REGISTERED NURSE	
SIGNATURE OF APPLICANT SUPERVISOR	DATE

CONFIDENTIAL EVALUATION

The following items are representative of the skills needed by a certified substance abuse counselor in the 12 Core Functions. Please evaluate the applicant as you feel he/she demonstrates his/her abilities in each area. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the following scale:

1 2 3 4 5 X
 /-----/-----/-----/-----/-----/-----/-----
 1:Minimum Ability; 2:Below Average Ability; 3:Average Ability; 4:Above Average Ability; 5:Outstanding Ability; X:Unknown/Not Observed

CLINICAL SKILLS/ABILITIES	EVALUATION (Circle One)	COMMENTS
SCREENING: Demonstrated competency in determining appropriateness for admission to a program	1 2 3 4 5 X	
INTAKE: Demonstrated competency in client intake process	1 2 3 4 5 X	
CLIENT ORIENTATION: Demonstrated competency in client orientation and motivation	1 2 3 4 5 X	
ASSESSMENT: Demonstrated competency in the use of psycho-social tools for assessing the intensity and extent of a client's problem with chemical dependency	1 2 3 4 5 X	
TREATMENT PLANNING: Demonstrated competency in establishing treatment goals and objectives for client	1 2 3 4 5 X	
COUNSELING: Demonstrated competency in individual counseling	1 2 3 4 5 X	
COUNSELING: Demonstrated competency in group counseling	1 2 3 4 5 X	
COUNSELING: Demonstrated competency in counseling of the family of the client and significant others	1 2 3 4 5 X	
CASE MANAGEMENT: Demonstrated competency in coordinating multiple treatment activities and support systems for the client	1 2 3 4 5 X	
CRISIS INTERVENTION: Demonstrated competency in crisis intervention	1 2 3 4 5 X	

CLIENT EDUCATION: Demonstrated competency in didactic presentations	1	2	3	4	5	X	
REFERRAL: Demonstrated competency in identifying the needs of the client that cannot be met by the counselor and assisting the client to utilize other agency or community resources available	1	2	3	4	5	X	
REPORTS/RECORD KEEPING: Demonstrated competency in writing reports and maintaining records	1	2	3	4	5	X	
CONSULTATION: Demonstrated competency in ability to relate to other professionals to assure comprehensive, quality care for the client	1	2	3	4	5	X	
SELF-EVALUATION: Ability to evaluate one's own shortcomings; accept guidance or suggestions (openness to the supervisory process)	1	2	3	4	5	X	

CONFIDENTIAL EVALUATION CON'T.

CLINICAL SKILLS/ABILITIES	EVALUATION (Circle One)						COMMENTS
DECISION-MAKING: Ability to make decisions and initiate action with minimal or no supervision	1	2	3	4	5	X	
CONFIDENTIALITY: Ability to comply with State and Federal laws pertaining to client's rights and confidentiality	1	2	3	4	5	X	
ETHICS: Ability to comply with the Code of Ethics [HAR 11-177.1-33]	1	2	3	4	5	X	

SUPERVISOR CERTIFICATION

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN AND ON ANY ATTACHMENTS IS TRUE TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE OF APPLICANT SUPERVISOR	DATE

PLEASE RETURN THIS EVALUATION ALONG WITH THE WORK EXPERIENCE VERIFICATION RECORD TO:

**ALCOHOL AND DRUG ABUSE DIVISION
601 KAMOKILA BOULEVARD, ROOM 360
KAPOLEI, HAWAII 96707
808-692-7518**