

**Hawaii, Alcohol and Drug Abuse Division:  
GENERAL INFORMATION FOR CSAC APPLICANTS WHO ARE  
LICENSED PHYSICIANS OR PSYCHOLOGISTS**

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. Those certified in this category are not eligible for reciprocity or the Internationally Certified Alcohol and Drug Counselor (ICADC) designation.
2. Criteria for Certified Substance Abuse Counselor (CSAC):
  - Licensed physician or psychologist.
  - 50 clock hours of ADAD-approved substance abuse specific education to include any course with a specific substance abuse/chemical dependence focus.
  - 1000 hours (6 months) of clinically supervised work experience providing alcohol/drug abuse counseling services to clients with substance use disorders. 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.
  - 6 education hours of Confidentiality regulations training, including 42 CFR, Part 2
3. The following information must be received by ADAD **before** an applicant is eligible to begin the examination process:
  - A completed application for certification (see following documents)
  - A copy of the applicant's current license to practice in the State of Hawaii
  - 50 clock hours of substance abuse specific education documented by certificates of completion or official transcript(s)
  - 1000 hours of supervised substance use disorder treatment experience verified by the supervisor on the form provided (see following document)
  - A signed Code of Ethics statement agreeing to abide by the CSAC Code of Ethics (see following documents)
  - Completed 6 education hours of Confidentiality regulations, including 42 CFR, Part 2 and 6 education hours in Substance Abuse Ethics.
  - **The \$25.00 application fee payable by money order or cashier's check 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 directly to ADAD. 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 Examination	\$125.00
CSAC Renewal	\$25.00

8. Refer to Chapter 11-177.1 HAR, entitled "Certification Standards for Substance Abuse Counselors and Program Administrators," for more specifics regarding certification criteria.
9. For questions regarding the certification process, please contact the Certification Office at 692-7518.

## INSTRUCTIONS FOR GENERAL APPLICATION

1. Other helpful items not included with this packet but downloadable from [www.hawaii.gov/health](http://www.hawaii.gov/health) under "Health Topics," -- "Substance Abuse," -- "Counselor Certification," include:
  - 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 returned 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
4. **The Process:** Mail in your application, payment, and signed code of ethics statement first, and wait to hear back from ADAD as to the status of your application, once the mandatory criminal background check has been completed. Once your application status has been approved, you can then send 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. The ADAD office will notify you what has been credited towards your requirements, and what you still have remaining before qualifying to test for the CSAC exam.
5. 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 are allowed.

Once ADAD receives the information required on page 1, a review of the applicant's file will be conducted and a status 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 50 hours of substance abuse specific education, and the 6 education hours of confidentiality training (including 42CFR, Part 2) and 6 hours of Substance Abuse Ethics. will be eligible to register for the computer examination.

### SOME TIPS TO REMEMBER:

- **Send all payments by money order or business check payable to "State Director of Finance"**
- **Original signatures only**
- **Plan ahead**

- **When in doubt, call the Certification Office for clarification at (808) 692-7518**
- **There are, generally, no extensions for deadlines and no waivers for the basic requirements stated in HAR 11-177.1**

If a licensed physician or psychologist applicant passes the computer examination and has met all of the other requirements for certification, a certificate will be issued signed by the Director of Health. If the applicant fails the written examination, the applicant will have to register for an upcoming examination and pay a retake fee of \$125.00.

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, and paying the \$25.00 renewal fee.

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

**Hawaii, Alcohol and Drug Abuse Division,  
GENERAL APPLICATION CERTIFIED SUBSTANCE ABUSE COUNSELOR  
LICENSED PHYSICIAN or PSYCHOLOGIST**

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

1. Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
(Legal Name)

2. Home Address: \_\_\_\_\_  
Street/P.O. Box  
 \_\_\_\_\_  
City/State Zip Code

3. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Area Code & Number

4. Email: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

6. What language(s) are you fluent in other than English? \_\_\_\_\_

7. What is your ethnicity? (Optional--research purposes only)

- |   |   |
|---|---|
| <p>— (1) Alaskan Native</p> <p>— (2) American Indian</p> <p>— (3) Cambodian</p> <p>— (4) Chinese</p> <p>— (5) Filipino</p> <p>— (6) Japanese</p> <p>— (7) Korean</p> <p>— (8) Laotian</p> <p>— (9) Okinawan</p> <p>— (10) Other Asian</p> <p>— (11) Fijian</p> <p>— (12) Hawaiian</p> <p>— (13) Part-Hawaiian</p> | <p>— (14) Micronesian</p> <p>— (15) Samoan</p> <p>— (16) Tongan</p> <p>— (17) Other Pacific Isle</p> <p>— (18) African American</p> <p>— (19) Caucasian</p> <p>— (20) Portuguese</p> <p>— (21) Cuban</p> <p>— (22) Mexican</p> <p>— (23) Puerto Rican</p> <p>— (24) Other Hispanic</p> <p>— (25) Mixed</p> <p>— (26) Other, Specify _____</p> |
|---|---|

**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: \_\_\_\_\_

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*)?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, attach an explanation, and copies of official documents showing all charges have been adjudicated and you are not on probation or parole.)

"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."

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Applicant's Name (PRINT)

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Applicant's Signature (IN INK)

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Date

\*\*You must sign the "Code of Ethics Statement," which follows, and submit that with your application. Unsigned or incomplete applications will not be processed.

### RECORD STORAGE

The Alcohol and Drug Abuse Division maintains records on all applicants and Certified Substance Abuse Counselors and Program Administrators. Inactive records are archived for three (3) years from date of last correspondence and may be destroyed after five (5) years from date of last correspondence. Therefore, it is important to keep ADAD informed of any address change.

**Hawaii, Alcohol and Drug Abuse Division,  
Code of Ethical Conduct Statement**

**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.)

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PRINT NAME

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SIGNATURE

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DATE

**Hawaii, Alcohol and Drug Abuse Division,  
INSTRUCTIONS FOR COMPLETING THE  
“WORK EXPERIENCE VERIFICATION RECORD”**

1. **APPLICANT CONSENT TO RELEASE INFORMATION.** Applicant completes this section giving permission for the supervisor to provide information and documentation regarding the applicant's work experience to ADAD. Applicant gives this form to the supervisor.
2. **SUPERVISOR:** Print name, program unit where applicant worked, your organization and 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 cannot provide for substance abuse clients
  - substance abuse treatment reports and records keeping
  - consultation in addressing treatment needs of substance abuse clients
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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





## 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  
 /-----/-----/-----/-----/-----/-----/-----  
 Minimum Ability    Below Average Ability    Average Ability    Above Average Ability    Outstanding Ability    Unknown or Not Observed

CLINICAL SKILLS/ABILITIES	EVALUATION (Circle One)	COMMENTS
<b>SCREENING:</b> Demonstrated competency in determining appropriateness for admission to a program	1    2    3    4    5    X	
<b>INTAKE:</b> Demonstrated competency in client intake process	1    2    3    4    5    X	
<b>CLIENT ORIENTATION:</b> Demonstrated competency in client orientation and motivation	1    2    3    4    5    X	
<b>ASSESSMENT:</b> 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	
<b>TREATMENT PLANNING:</b> Demonstrated competency in establishing treatment goals and objectives for client	1    2    3    4    5    X	
<b>COUNSELING:</b> Demonstrated competency in individual counseling	1    2    3    4    5    X	
<b>COUNSELING:</b> Demonstrated competency in group counseling	1    2    3    4    5    X	
<b>COUNSELING:</b> Demonstrated competency in counseling of the family of the client and significant others	1    2    3    4    5    X	
<b>CASE MANAGEMENT:</b> Demonstrated competency in coordinating multiple treatment activities and support systems for the client	1    2    3    4    5    X	
<b>CRISIS INTERVENTION:</b> Demonstrated competency in crisis intervention	1    2    3    4    5    X	
<b>CLIENT EDUCATION:</b> Demonstrated competency in didactic presentations	1    2    3    4    5    X	
<b>REFERRAL:</b> 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	
<b>REPORTS/RECORD KEEPING:</b> Demonstrated competency in writing reports and maintaining records	1    2    3    4    5    X	
<b>CONSULTATION:</b> Demonstrated competency in ability to relate to other professionals to assure comprehensive, quality care for the client	1    2    3    4    5    X	
<b>SELF-EVALUATION:</b> 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.**

<b>CLINICAL SKILLS/ABILITIES</b>	<b>EVALUATION (Circle One)</b>	<b>COMMENTS</b>
<b>DECISION-MAKING:</b> Ability to make decisions and initiate action with minimal or no supervision	1    2    3    4    5    X	
<b>CONFIDENTIALITY:</b> Ability to comply with State and Federal laws pertaining to client's rights and confidentiality	1    2    3    4    5    X	
<b>ETHICS:</b> 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:

CERTIFICATION OFFICE  
 ALCOHOL AND DRUG ABUSE DIVISION  
 601 KAMOKILA BOULEVARD, ROOM 360  
 KAPOLEI, HAWAII 96707