



# Alcohol and Drug Abuse Division (ADAD)

## CSAC APPLICATION

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### Certified Substance Abuse Counselor

§11-177.1 “Substance abuse counselor” means a person who through both education and demonstrated experience, is capable of providing the twelve-core functions and, at a minimum, directly provides assessment, treatment planning and implementation, counseling, and discharge planning, as they relate to substance abuse treatment. Substance abuse counselor is synonymous with alcohol and drug counselor and chemical dependency counselor.

601 Kamokila Blvd. #360, Kapolei, HI 96701  
Phone: 808-692-7506 Fax: 808-692-7521

<https://health.hawaii.gov/substance-abuse/>

<https://health.hawaii.gov/substance-abuse/counselor-certification/>

## APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to submitting your application, review all the requirements and download the application. Use the table below as a guide for gathering your documents.

Do not submit any documentation with your application that is not listed on the table or the application unless instructed by ADAD.

| REQUIREMENT                             | DOCUMENT   |
|---|--|
| Application with Payment                | Certified cashier’s check or money order made payable to “State Director of Finance”/no credit card, personal checks or cash accepted  |
| Code of Ethics Acknowledgement          | Initial Release Form <a href="https://health.hawaii.gov/substance-abuse/files/2019/12/Code-of-Ethics-CSAC-CCS-CCJP-CSAPA.pdf">https://health.hawaii.gov/substance-abuse/files/2019/12/Code-of-Ethics-CSAC-CCS-CCJP-CSAPA.pdf</a> |
| Current Job Description                 | Obtain from employer submit with application   |
| Disciplinary Actions (if applicable)    | Include letter of explanation with application   |
| Copy of Photo ID                        | Include with application   |
| Legal/Civil Convictions (if applicable) | Include letter/legal documents with application  |
| Work Experience / Internship/Practicum  | Obtain from and employer who meets the requirements  |
| Education                               | Official transcripts sent directly to the ADAD, when file is open  |
| Code of Ethics                          | Retain for your records  |
| Twelve Code Functions                   | Retain for your records  |
| Hawaii Administrative Rules 11.177.1    | Retain for your records  |
| Schedule for an Orientation Meeting     | You will be notified with available dates  |

### TO SUBMIT YOUR APPLICATION, MAIL TO:

ADAD: Quality Assurance and Improvement Office  
 601 Kamokila Blvd. #360  
 Kapolei, HI 96701

### INQUIRES CONTACT:

Angela Bolan  
 Phone: 808-692-7521  
[angela.bolan@doh.hawaii.gov](mailto:angela.bolan@doh.hawaii.gov)

## REVIEW, APPROVAL, & PROCESS

1. Application submitted to ADAD. To request receipt confirmation of your application, email ADAD attention: Carrie at [carrie.figueiroa@doh.hawaii.gov](mailto:carrie.figueiroa@doh.hawaii.gov)
2. ADAD reviews application. Allow 6-8 weeks for review and processing of your application.
3. Applicant will be emailed if there is any documentation missing from the application or there are questions regarding your application. It is imperative to provide your email and contact phone number.
4. Your application is considered approved when you receive an email that your file has been opened. **You will also need to attend an orientation meeting.** Your file will open for a minimum of seven (7) years from the time of application with activity. If your file is inactive for two (2) years, ADAD will make one attempt to contact you. If no response by five (5) business days, ADAD will close your file.
5. When your file is open, all other documents must be sent to ADAD (via mail). Documents sent through email will NOT be accepted unless specifically instructed to do so.
6. Review of education and work verification takes up to 4-6 weeks.
7. Once all requirements are met, ADAD will send you the examination application.
8. Upon receiving your exam application and payment, ADAD will preregister you for the exam.
9. Follow all instructions that will be emailed to scheduling your exam.
10. Once you pass the exam, ADAD will notify you and verify your certificate information (via email), within 30 days.
11. Your official certificate will arrive in the mail within 5-10 business days upon receiving your verification email.

## APPLICATION INFORMATION

\*eligible for reciprocity and international certification to include oversight of the 12-core functions

| Certification   | Education Hours              | Supervised Work Verification                       | 12- Core Functions               | Required Education<br>6 hours in each                              | Other Requirement   |
|---|------------------------------|--|----------------------------------|--|---|
| *CSAC<br>High School Diploma/Equivalent   | 300<br>270 SUD specific      | 6000<br>(400 of which is in the 12-Core Functions) | 400<br>(20 minimum in each core) | HIV& STD<br>SUD Ethics<br>Confidentiality to include 42 CFR Part 2 | Exam Required   |
| *CSAC with Bachelors in BH Or Certificate in SUD education  | 300<br>270 SUD specific      | 4000<br>(400 of which is in the 12-Core Functions) | 400<br>(20 minimum in each core) | HIV& STD<br>SUD Ethics<br>Confidentiality to include 42 CFR Part 2 | Exam Required   |
| *CSAC with Masters in BH  | 300<br>270 SUD specific      | 2000<br>(400 of which is in the 12-Core Functions) | 400<br>(20 minimum in each core) | HIV& STD<br>SUD Ethics<br>Confidentiality to include 42 CFR Part 2 | Exam Required   |
| *CSAC Licensed Physician (Specialty)<br>Physician certified by the American Society of Addiction Medicine or Board-Certified Psychiatry by American Board of Psychiatry and Neurology |                              |  |                                  |  | Copy of current license to practice in the State of Hawaii                  |
| CSAC Licensed Physician (General)   | 50<br>SUD specific education | 1000<br>Direct SUD                                 |                                  | HIV& STD<br>SUD Ethics<br>Confidentiality to include 42 CFR Part 2 | Copy of current license to practice in the State of Hawaii<br>Exam Required |

| <b>Certification Eligibility</b>  | <b>Education Hours</b>        | <b>Supervised Work Verification</b> | <b>12- Core Functions</b> | <b>Required Education 6 hours in each</b>                             | <b>Other Requirement</b>  |
|---|-------------------------------|-------------------------------------|---------------------------|---|---|
| CSAC Licensed psychologist (specialty)<br>With a certificate of proficiency in alcohol and other psychoactive substance used disorders from APA |                               |                                     |                           |   | Copy of current license to practice in the State of Hawaii<br>Exam Required and proficiency certificate |
| CSAC licensed psychologist (General)  | 50<br>SUD specific education  | 1000<br>Direct SUD                  |                           | HIV& STD<br>SUD Ethics<br>Confidentiality to include 42<br>CFR Part 2 | Copy of current license to practice in the State of Hawaii<br>Exam Required                             |
| CSAC Licensed Clinical SW, LMFT, LMH  | 100<br>SUD specific education | 1000<br>Direct SUD                  |                           | HIV& STD<br>SUD Ethics<br>Confidentiality to include 42<br>CFR Part 2 | Copy of current license to practice in the State of Hawaii<br>Exam Required                             |
| CSAC Advance Practice Registered nurse  | 100<br>SUD specific education | 1000<br>Direct SUD                  |                           | HIV& STD<br>SUD Ethics<br>Confidentiality to include 42<br>CFR Part 2 | Copy of current license to practice in the State of Hawaii<br>Exam Required                             |

### **DEGREE/EDUCATION/TRAINING**

The degree must be from an accredited college/university that the US Department of Education or from the Council on Higher Education/Accreditation approves. An official transcript sent directly from college/university is required. If the degree is from outside the United States a degree equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all cost. Photocopies and student copies will not be accepted.

Degree obtained must be relevant to the field to be applicable.

Education certificates/training must be approved by ADAD. Exceptions for continuing education are already pre-approved by the National Association of Social Workers (NASW), the American Psychological

Association (APA), the American Medical Association (AMA), and the National Board of Certified Counselors (NBCC)

The courses must be at least one (1) hour in length per covered subject. Most three-credit college/university course are 45 hours. For initial certification: the courses must be directly

related to the eight domains of clinical evaluation, treatment planning, referral, service coordination, counseling, client, family and community education, documentation, and professional and ethical responsibility as pertain to substance use disorder functions.

ADAD may take up to 180 educational hours from transcripts relevant to the field of substance use disorder and up to an additional 45 total with co-occurring disorder.

Education accomplished through workshops approved by ADAD for continuing education or through ADAD-approved distance learning must be documented by submitting a copy of the certificate of completion to include hours. Distance learning is limited to 50% (135 hours) of the total education required unless authorized by the division.

A minimum of six (6) hours of education is required three areas:

1. Substance Use Disorder Ethics,
2. Title 42 Code of Federal Regulations, part 2 and HIPAA (Health Insurance Portability and Accountability Act)
3. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS).

### **CURRENT JOB DESCRIPTION**

All applicants must include their current job description with their application. This document is provided by your employer and must be signed and dated by you and your supervisor. Job descriptions are reviewed as a part of experience verification. If your supervisor does not have your job description, you should contact your organization's Human Resource department.

### **LEGAL/ CIVIL CONVICTIONS AND DISCIPLINARY ACTIONS**

A background check is done on all applicants. If there are any legal/civil convictions, disciplinary actions from other certification/licensing entities, documentation is required at the time of the application. An application may be refused due to a conviction for a crime when the crime directly relates to the applicant's possible performance as a substance abuse counselor.

### **EXPERIENCE AND SUPERVISION**

Qualifying experience is defined as providing primary, direct, and/or clinical, substance use disorder counseling to persons whose primary diagnosis is that of substance use disorder. Applicant must have primary responsibility of providing substance use disorder counseling in an individual and/or group setting, preparing treatment plans, documenting client progress and clinical supervise clients. Examples of positions that typically are not approved include: case managers, technicians, peer and recovery counselors, etc.

The applicant must be currently employed in the qualifying position at the time of application. Only employment within the last seven (7) years may be counted towards the total experience requirement.

If the applicant's experience requirement is not fulfilled from their current employer, they must include a letter (on company letterhead) from previous employer(s) verifying their duties and dates of employment and use the appropriate work verification provided by the department.

The supervisor must be employed or contracted by the program or agency in which the work experience is gained.

Those who do require the Twelve (12) Core Functions shall document on a form provided by the department four hundred hours (400) of supervised practical training. Four hundred (400) hours shall be completed under the supervision of a certified substance abuse counselor in a category which is eligible for reciprocity.

### **FEES**

The application fee may be paid by money order or Cashier's check payable to:

**The State Director of Finance**

ADAD shall collect a non-refundable fee for each of the following:

|                            |   |
|----------------------------|---|
| Initial application        | \$25.00   |
| Renewal Fee                | \$25.00   |
| Examination Fee& Retesting | \$150.00 (missed testing fee is the sole responsibility of the candidate) |

## **EXAMINATION INFORMATION**

### **EXAMINATION**

Applicants must pass the IC&RC Examination

Domains:

1. Screening, Assessment, & Engagement
2. Treatment Planning, Collaboration, & Referral
3. Counseling & Education
4. Professional & Ethical Responsibilities

The examination is a computer based, 150 multiple-choice questions and offered on an on-demand basis at an approved testing site. Candidates may choose the day, time, and site. There are limited sites in state, so travel may be necessary. The applicant is responsible for arranging this process and all cost.

Time Permitted: 3 hours to complete the exam.

Study Material: Visit IC&RC website for more information: [www.internationalcredentialing.org](http://www.internationalcredentialing.org)  
Special Situations & Accommodations

Individuals with disabilities that require modifications in examination administration may request specific procedure changes in writing with the official documentation to ADAD no fewer than 60 days prior to their examination date. Contact ADAD on what constitutes official documentation. ADAD will plan for appropriate modifications to its procedures when documentation supports the need.

### **PASSING**

If the applicant passes the examination and has met all the requirements of certification, an ADAD staff will notify you and verify your certificate information (via email), within 30 days. Your official certificate will arrive in the mail within 5-10 business days upon receiving your verification email. Certification shall be granted for a period of two (2) years.

### **Cancellation/Reschedule**

Candidates are required to arrive on time for their exam. Candidates who arrive late will not be permitted to take the examination and will be charged a \$150.00 cancelation/rescheduling fee.

### **RETESTING**

Candidates who fail the examination can retest after a 90 day wait period from the date of their last exam. Candidates will be sent instructions and fee information. Candidates have three opportunities to retake an examination. Candidate who fails the examination three (3) consecutive times must obtain 480 additional hours of clinically supervised work experience and possibly further education, including the possibility of additional meeting with ADAD and the candidate's mentor, before applying to retake the examination.



## CERTIFIED SUBSTANCE ABUSE COUNSELOR

|   |   |                                     |                                      |         |  |
|---|---|-------------------------------------|--------------------------------------|---------|--|
| First Name,<br>Middle<br>Initial:   |   | Last<br>Name:                       |                                      |         |  |
| Previous<br>Names:  |   |                                     |                                      |         |  |
| DOB:  |   | SSN:                                |                                      |         |  |
| Home<br>Address   |   |                                     |                                      |         |  |
| City:   |   | State:                              |                                      | Zip:    |  |
|   |   |                                     |                                      | Island: |  |
| Email:  |   |                                     | Alternative<br>Email:                |         |  |
| Phone #:  |   |                                     | Other<br>Phone#                      |         |  |
| Gender:   |   | Legal/Civil/Disciplinary Action(s): | Yes <input type="checkbox"/>         |         |  |
| <b>If yes is indicated on the Legal/Civil/Disciplinary Actions, please send in documentation as indicated</b> |   |                                     |                                      |         |  |
| Ethnicity   | <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese<br><input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Okinawan <input type="checkbox"/> Other Asian <input type="checkbox"/> Fijian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Part Hawaiian<br><input type="checkbox"/> Micronesian Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Isle<br><input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Portuguese <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican<br><input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Mixed, <input type="checkbox"/> Other, specify <a href="#">Click or tap here to enter text.</a> |                                     |                                      |         |  |
| Languages   | Please indicate other language (s) fluent in other than English   |                                     |                                      |         |  |
| Current<br>Employment   | Employer Name:  |                                     | Contact Number:                      |         |  |
|   | Address:  |                                     |                                      |         |  |
|   | Email:  |                                     |                                      |         |  |
|   | Applicant Position/Title:   |                                     |                                      |         |  |
|   | Hire Date in Current Position:  |                                     | How many hours do you work per week? |         |  |
| Current<br>Supervisors<br>Information   | Immediate Supervisor:   |                                     |                                      |         |  |
|   | Supervisor Position/Title:  |                                     |                                      |         |  |
|   | Email:  |                                     | Phone:                               |         |  |
| Highest Level of Education Completed:   |   |                                     |                                      |         |  |
| Name on Transcript:   |   |                                     |                                      |         |  |

***This page must be completed by the applicant. It must be submitted with the application.***

***I am applying for a CSAC with***

|  |  |   |  |
|--|--|---|--|
| <b><i>HS Diploma</i></b><br><input type="checkbox"/> | <b><i>Certificate in SUD/Bachelors/Masters</i></b><br><input type="checkbox"/> | <b><i>License SW,<br/>MFT, MH</i></b><br><input type="checkbox"/> | <b><i>License<br/>Physician, Psychologist/Psychiatrist/APR</i></b><br><input type="checkbox"/> |
|--|--|---|--|

**RELEASE**

I request that the Alcohol and Drug Abuse Division (ADAD) grant the credential to me based on the following assurance and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the CSAC Code of Ethics;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my credential. Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contain in my application and other pertinent date submitted to or collect by ADAD;
- I consent to authorize ADAD to gather information form third parties regarding education and employment and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to ADAD before, during, or after application for certification is made will be investigated by ADAD and could result in nullification of the application or denial or revocation of the certification.

**Initial Each Statement**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I have read and understood the Release   |
| <input type="checkbox"/> | I either live or work in the State of Hawaii at least 51% of the time  |
| <input type="checkbox"/> | I understand the application fee in nonrefundable if application is denied or cancelled prior to the examination and no refund will be issued if application is denied or called after examination   |
| <input type="checkbox"/> | I understand that my application is open for a period of seven (7) years after the date of review, providing there is activity towards progression and/or two (2) years with no activity. If no activity is done within in 2 (two) years my file will be closed. |
| <input type="checkbox"/> | I understand that it is my responsibility to work with my supervisor on work verification hours.   |
| <input type="checkbox"/> | I understand if my current job changes, I need to submit a new job description.  |
| <input type="checkbox"/> | I understand that if I have a new supervisor, the supervisors job description needs to be submitted.   |

Applicant Signature:

Date: