



Alcohol and Drug Abuse Division (ADAD)

CSAC APPLICATION

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 96707

Phone: 808-692-7506 Fax: 808-692-7521

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

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

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 indicated **"Only when file is open."** Failure to submit required documentation may result in rejection of your application, and/ or hinderance of the review processes.

REQUIREMENT	DOCUMENT
Application with Payment	Certified cashier's check or money order made payable to "State Director of Finance"/no creditcard, personal checks or cash accepted
Code of Ethics Signature Required pg. 11 of this application	Initial Release Form https://health.hawaii.gov/substance-abuse/files/2019/12/Code-of-Ethics-CSAC-CCS-CCJP-CSAPA.pdf
Current Job Description	Obtain from employer, and 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 employer "Only when file is open"
Education	Official transcripts sent directly to the ADAD, "Only 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 96707

INQUIRES CONTACT:

doh.adad.qaio@doh.hawaii.gov

REVIEW, APPROVAL, & PROCESS

1. Application submitted to ADAD. To request receipt confirmation of your application, email ADAD: doh.adad.qaio@doh.hawaii.gov
2. ADAD reviews application. Allow 8-10 weeks for review and processing of your application.
3. Applicant will be emailed or called if there are questions regarding your application. It is imperative to provide your current email and 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.

***eligible for reciprocity and international certification to include oversight of the 12-core functions, all Candidates need to have an accumulative of 6000 supervised hours in which to be eligible with some exemptions as seen below.**

Certification	Education Hours	Supervised Work Verification	12- Core Functions	Required Education 6 hours in each	Other Requirement
*CSAC High School Diploma/Equivalent	300 270 SUD specific	6000 (400 of which is in the 12-Core Functions)	400 (20 minimum in each core)	HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Exam Required
*CSAC with Bachelors in BH Or Certificate in SUD education	300 270 SUD specific	4000 (400 of which is in the 12-Core Functions)	400 (20 minimum in each core)	HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Exam Required
*CSAC with Masters in BH	300 270 SUD specific	2000 (400 of which is in the 12-Core Functions)	400 (20 minimum in each core)	HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Exam Required
*CSAC Licensed Physician (Specialty) 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 SUD specific education	1000 Direct SUD		HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Copy of current license to practice in the State of Hawaii Exam Required

Certification Eligibility	Education Hours	Supervised Work Verification	12- Core Functions	Required Education 6 hours in each	Other Requirement
CSAC Licensed psychologist (specialty) 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 Exam Required and proficiency certificate
CSAC licensed psychologist (General)	50 SUD specific education	1000 Direct SUD		HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Copy of current license to practice in the State of Hawaii Exam Required
CSAC Licensed Clinical SW, LMFT, LMH	100 SUD specific education	1000 Direct SUD		HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Copy of current license to practice in the State of Hawaii Exam Required
CSAC Advance Practice Registered nurse	100 SUD specific education	1000 Direct SUD		HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Copy of current license to practice in the State of Hawaii 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 three (3) 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	\$125.00 (missed testing fee is the sole responsibility of the candidate)

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

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.

First Name, Middle Initial:		Last Name:			
Previous Names:					
DOB:		SSN:			
Home Address					
City:		State:	Zip:	Island:	
Email:			Alternative Email:		
Phone #:			Other Phone#		
Gender:		Legal/Civil/Disciplinary Action(s): ADAD will conduct a full background check.	Yes	No	
If yes is indicated on the Legal/Civil/Disciplinary Actions, please send in documentation as indicated					
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 <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 <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Isle <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Portuguese <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Mixed, <input type="checkbox"/> Other, specify				
Languages	Please indicate other language (s) fluent in other than English				
Current Employment	Employer Name:		Contact Number:		
	Address:				
	Is this a substance abuse facility? Yes No				
	If No, please explain:				
	Applicant Position/Title:				
Current Supervisor Information	Hire Date in Current Position:		How many hours do you work per week?		
	Immediate Supervisor:				
	Supervisor Position/Title:				
	Email:		Phone:		

Previous Employer	Name of Employer:	Supervisor:
Previous Employer Contact Information:		
Previous Job Title:		
Reason for leaving:		
Can we contact previous employer: Yes No		
Previous Employer	Name of Employer:	Supervisor:
Previous Job Title:		
Reason for leaving:		
Can we contact previous employer: Yes No		
Education		
Highest Level Degree Complete:		
Name on Transcript		
Other License or Certificates :		

I am applying for a CSAC with a :

<i>HS Diploma</i>	<i>Certificate in SUD/Bachelors/Masters</i>	<i>License SW,MFT,MH</i>	<i>License Physician, Psychologist/Psychiatrist/APR</i>
--------------------------	----------------------------------------------------	---------------------------------	----------------------------------------------------------------

Reminder, if you are applying with a license, you are not eligible for reciprocity and oversight for a candidate in the future of the 12 Core Functions.

Reference :

<i>Name:</i>	<i>Contact Number:</i>	<i>Relationship:</i>
<i>Name:</i>	<i>Contact Number:</i>	<i>Relationship:</i>
<i>Name:</i>	<i>Contact Number:</i>	<i>Relationship:</i>

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

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 also verify that I have no prior disciplinary actions for other profession certification/license within or outside of the State of Hawaii.

- ***Sign Here as Acknowledgment of the Code of Ethics:*** _____

Date: _____

- 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 datesubmitted to or collect by ADAD;
- I consent to authorize ADAD to gather information from 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:

	I have read and understood the Release
	I either live or work in the State of Hawaii at least 51% of the time
	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
	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.
	I understand that it is my responsibility to work with my supervisor on work verification hours.
	I understand if my current job changes, I need to submit a new job description.
	I understand that if I have a new supervisor, the supervisors job description needs to be submitted.

Applicant Signature: _____

Date: _____

Administrative Only:
Fee Received: _____
Background Check: _____
Ethics: _____
Transcript: _____
Job Description: _____
ID: _____