



California Consortium of
Addiction Programs and
Professionals

Certified Admissions and Marketing Specialist (CAMS)

MANUAL/APPLICATION FOR CERTIFICATION

California Consortium of Addiction Programs and Professionals
CCAPP | 2400 MARCONI AVE., SUITE C, SACRAMENTO, CA 95827
WWW.CCAPP.US

CHECK LIST:

Any document which must be submitted in a sealed envelope may not be tampered with. (CCAPP retains the right to verify the legitimacy of the document with the entity/person who signed it.)

- Application** *(be sure that it is complete and please note that you must have your high school diploma or GED to be eligible for the certification process.)*
- Consent-to-Release** *(Must be signed and dated within 60 days of submission to the office.)*
- Code-of-Ethics** *(Must be signed and dated within 60 days of submission to the office.)*
- Copy of Driver’s License** *(Must be grey in color) or A 2 x 2 Original Photo* *(photo must be a 2X2, copies of photos or photos of different sizes will not be accepted)*
- Official Certificate of Completion of an education program specific to the Certified Admission and Marketing Treatment Specialist requirements outlined herein.**
- Recommendation & Evaluation Packet** *(This must be completed and submitted in a sealed envelope by the supervisor or equivalent (see packet.)*
- Resume** *(A copy of your current Resume)*
- Required fees** *(see fee schedule below.)*

Certified Admissions and Marketing Specialist (CAMS)

All fees must be submitted with the required documentation. Note: all fees are non-refundable and are subject to change without notice. Returned checks will be assessed a fee of \$30.00 and declined credit cards will be assessed a fee of \$30.00.

	<u>*CCAPP Full Member Discount</u>	<u>Non-Member</u>
CAMS Manual/Application Processing	\$300.00	\$500.00
Must be paid when portfolio is submitted		

Important Notes:

The CAMS does not qualify as membership. If you wish to receive the membership discount, you will need become a CCAPP member. You may visit www.ccapp.us to apply for membership.

CAMS Certification Requirements

1. Take and successfully complete the following executive/management level courses which may be offered by CCAPP Educational Institute or at another CCAPP approved provider:

<u>CCAPP Course Title</u>		<u>Clock Hours</u>
Course 001	Corporate Ethics and Compliance	6
Course 002	Consumer Privacy and Data Security	6
Course 003	Ethical Communications in Marketing	6
Course 004	Addiction Treatment Marketing I	6
Course 005	Addiction Treatment Marketing II	6
Course 006	Ethical Compensation Practices	6

2. Must have at least 2080 of management experience at a SUD treatment facility; candidate must provide a letter of verification of experience from supervisor.
3. Must complete, sign and return the application/manual.
4. Read, agree, sign and return the CAMS Code of Conduct.
5. Read, agree, sign and return the Consent to Release Information and the Statement of Understanding.
6. Provide a copy of CAMS Course Completion Certificate.
7. Have supervisor or equivalent complete and confidentially submit the Recommendation and Evaluation Packet. (Separate document.)
8. Pay required fees.

Reapplication: For any candidate who is denied CAMS credential the candidate may reapply after a period of no less than 90 days. The full application and Recommendation and Evaluation Packet must be resubmitted along with designated fees.

Recertification: Recertification is required every two years. Applicants for renewal must complete the renewal application, sign code of conduct/ethics, statement of understanding, consent to release information and complete six hours CE within course education areas and pay renewal fees. (See renewal application.)

Application for CAMS

Please print or type

1. Name: Last _____ First _____ Middle Initial _____

2. Home Address No. & Street City & State Zip Code:

3. Home Phone: _____ Work Phone: _____ Cell Phone: _____

4. Male: _____ Female: _____

5. Date of Birth: _____

6. Email Address: _____

7. Last four of Social Security #: _____

8. CCAPP Member: Yes No _____ Membership Number: _____

9. Ethnic Background (Optional): _____

10. Professional Affiliations: _____

11. Sobriety Date (Must have a minimum of Five Years): _____

12. Education: **List all CAMS specific Education.** (Must have a High School Diploma/GED to be eligible for Certification, list it below) and CAMS education must be completed through CCAPP or a CCAPP approved provider.

School Name	Dates Attended	Degree/Diploma Earned
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12. Have you ever been registered, certified or licensed in the human services field or alcohol/drug counseling field? (If yes, please indicate what certification or licensure body, the date(s) of certification or licensure and the status of the certification/licensure (i.e. expired, suspended, etc. Attach additional sheets if necessary.)

13. Have you ever been convicted of a felony? (yes or no) _____

If yes, for what and when? (Attach Additional Pages if Necessary) _____

14. I hereby attest that I have a valid High School Diploma or GED (CCAPP retains the right to verify such). _____Initials

CCAPP CERTIFIED ADMISSIONS AND MARKETING SPECIALIST (CAMS)

AUTHORIZATION TO RELEASE INFORMATION

I understand that additional information may be necessary to continue the CCAPP certification process. I hereby authorize the release of my employment and/or personal reference information to any authorized representative of CCAPP. Further, I give consent for CCAPP to release information and/or my photo regarding my CCAPP status to prospective employers, members of the public, or State or County SUD Administrators or designees. I recognize there is no expiration date on this request.

Name (Please print): _____ Date: _____

Signature: _____

STATEMENT OF UNDERSTANDING

I understand that intentionally making false or misleading statements on this application will result in my being declared ineligible for certification. It is my responsibility to turn in course descriptions for classes of programs that are not approved by CCAPP. The application/manual and processing fees become the property of CCAPP. *All fees are non-refundable.* I understand I must comply with the CCAPP CAMS Code of Conduct, the Uniform Code of Conduct and all requirements contained herein along with all requirements of Department of Health Care Services Title 9 Regulations. This section of the regulations indicates minimum requirements for certification, the CCAPP CADC I, CADC II, LAADC, and LAADC-S far exceed the requirements of the regulation and thereby meet the requirements; the CAMS does not replace nor does it substitute for the aforementioned certifications or requirements. I have read and understand the processes as outlined in the Certification Handbook describing policies and procedures and other pertinent information about certification.

I understand and agree to cooperate with any requests of CCAPP with regard to processing this application; this includes submitting name changes, address changes, phone number changes, employer address changes (if applicable.)

I understand I do not have to be a member of CCAPP to become certified by CCAPP.

Signature: _____ Date: _____

Print Name: _____

MANUAL/APPLICATION PROCESSING FEES: \$300.00 CCAPP Members and \$500.00 Non-CCAPP members.

METHOD OF PAYMENT:

1. Check Money Order (Mail with fee to: **CCAPP** PO Box 214127, Sacramento, CA 95821)

2. Visa MasterCard Amex Discover (Mail to address above)

Card Number _____

Expiration Date _____ Total Amt \$ _____

Name as it appears on Card _____

Signature _____

Billing address for card _____

***DO NOT FAX, NO CERTIFICATION DOCUMENTS WILL BE ACCEPTED FAXED AND WILL BE SHREDDED UPON RECEIPT IN THE OFFICE.**

All fees must be submitted when submitting required documentation and fees paid to CCAPP are nonrefundable and are subject to change without notice. Returned checks will be assessed and additional \$30 fee and all Declined Credit Cards will be assessed an additional \$10.00 fee.

CAMS Code of Ethics/Conduct

The Certified Admissions and Marketing Specialist (CAMS) will conduct themselves and must agree to abide by the following ethical principles in the practice of business as follows:

1. To obey all applicable federal, state, and local laws, regulations, and guidelines related to health, welfare, safety, and employment;
2. To only offer services, programs and products for which the facility or individual is appropriately licensed, trained, and equipped to provide;
3. To comply with all applicable licensing requirements, rules and regulations, including programs' and professionals' duties to maintain required licensure and/or credentialing and to participate in continuing education;
4. To maintain client/patient confidentiality and privacy, consistent with applicable federal regulations including the Health Insurance Portability and Accountability Act of 1996 and Title 42 of the Code of Federal Regulations, state laws, code(s) of conduct, and professional guidelines;
5. To protect clients'/patients' personal rights and dignity, and to comply with any applicable rules, regulations and policies related to client/patient rights;
6. To maintain transparency related to fee structures, patient financial responsibility, available discounts or promotions, and other economic matters with clients/patients;
7. To collect co-payments, co-insurance, and deductibles, and to refuse to waive patient financial responsibility unless a documented and good faith exception or hardship applies;
8. To maintain clear and appropriate personal and professional boundaries;
9. To avoid inappropriate contact with clients/patients or staff including any romantic or sexual contact with current clients/patients, sexual harassment, sexual abuse or misconduct, unwelcome social contact, or other unwanted attention;
10. To abide by applicable federal and state laws and professional guidelines related to financial relationships with clients/patients, client's/patients' family and friends, and referral sources, to avoid the illegal payment or receipt of remuneration for patient referrals, and to prevent and report any suspected cases of kickbacks and/or patient brokering, or other unlawful business practices;
11. To not engage in, accept, or endorse any advertising or marketing practices that involve illegal compensation structures, kickbacks, fraud, deception, misrepresentations, unfair business practices, and/or ambush marketing;
12. To not engage in, accept, or endorse any advertising or marketing practices that are false, misleading, or contain unfair statements;
13. To accept reasonable responsibility for the strategies, tactics and behaviors made by contracted firms and services on behalf of the Member;
14. To act with collegiality and respect in interactions with or relating to competitors;
15. To take appropriate action to prevent or stop any form of retaliation in response to a client/patient, staff member, volunteer, or other individual making a grievance, complaint, or report of suspected misconduct or violations;
16. To facilitate and fully cooperate with investigations resulting from grievances, complaints, or reports of suspected misconduct or violations; and
17. To exercise discretion and caution in the use of social media and other mass communication tools.

Signature

Date

Printed Name