

# CCAPP CREDENTIALING

## SUD Counseling Work Experience Verification Form

This form is to verify the 3,000 hours of work experience required for CADC I applicants who do not hold an associate's, bachelor's, or master's degree. If the applicant holds an associate's degree in a related field, then 2,080 must be verified. By completing this form, the applicant consents to release their work experience information to CCAPP. **Falsifying documentation is a violation of California regulations and the CCAPP Code of Conduct and may result in sanctions, including suspension, denial of certification, and/or revocation.**

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### Applicant Information

Full Name: \_\_\_\_\_

CCAPP Registration Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Work Experience Details

Employer Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Position Title: \_\_\_\_\_

Start Date (MM/DD/YYYY): \_\_\_\_\_ End Date (MM/DD/YYYY): \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

### Supervisor Information

Full Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Supervisor Qualification (Check all that apply):

\_\_\_ CADC I, CADC II, CCAPP CCS, IC&RC ICCS, LAADC, LAADC-S, or any person who has documented education, training, and experience that is comparable to, or exceeds the above certifications; indicate how this supervisor meets this qualification below•

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\*Definition of "comparable to" (Registrants must submit supervisors' resumes or letters documenting how requirements are satisfied).

\_\_\_ CADC-CAS must have at least 9 years' experience and submit a resume.

\_\_\_ Master`s degree in a behavioral health discipline and three years of supervised experience in delivering counseling services consistent with the 12 core functions.

\_\_\_ Bachelor`s degree in a behavioral health discipline and five years of supervised experience in delivering counseling services consistent with the 12 core functions.

\_\_\_ Associate`s degree in a behavioral health discipline and seven years of supervised experience in delivering counseling services consistent with the 12 core functions.

## Explanation of Supervisor Qualification (if applicable):

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## Breakdown of Supervised Work Hours

### Closely Supervised Internship/Practicum Hours: (Supervisor must be in the same room)

- Total Internship Hours: \_\_\_\_\_

### Work Experience Hours: (Supervisor oversees quality and provides clinical supervision)

- Total Work Experience Hours: \_\_\_\_\_

### Description of Duties Performed:

(Provide a summary of the applicant's roles and responsibilities, ensuring alignment with the 12 core functions.)

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## Weekly Clinical Supervision Tracking Form

Applicant Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Week Starting (MM/DD/YYYY): \_\_\_\_\_

Date	Duration of Supervision (Hours)	Topics Covered	Methods Used (e.g., case review, role-play)	Supervisor Initials

Supervisor Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

## Weekly Hours Tracking Form

Applicant Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Week Starting (MM/DD/YYYY)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Weekly Hours	12 Core Functions Performed	Supervisor Initials

Supervisor Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

## Supervisor Declaration

By signing below, I confirm that the information provided in this form is true and accurate to the best of my knowledge. I understand that falsifying information is a violation of California regulations and the CCAPP Code of Conduct.

Supervisor Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_



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## Applicant Declaration

By signing below, I consent to release my work experience information to CCAPP for the purpose of CADC I certification. I affirm that the information provided is accurate and understand the consequences of falsifying documentation.

**Applicant Signature:** \_\_\_\_\_

**Date (MM/DD/YYYY):** \_\_\_\_\_

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## Instructions for Submission

1. Complete all sections of this form.
2. Attach supporting documents (e.g., supervisor's resume, qualification letters).
3. Submit this form and supporting documentation via Certemy.

**Note:** Ensure all hours are verified and meet CCAPP standards for supervision and experience.

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## The 12 Core Functions of Addiction Counseling

1. **Screening:** Determining whether the client is appropriate and eligible for admission to a particular program.
  - Activities include evaluating psychological, physical, and social data to determine a client's suitability for treatment.
2. **Intake:** Completing the admission process by collecting necessary administrative and assessment information.
  - Includes gathering consent forms, initial interviews, and paperwork.
3. **Orientation:** Informing clients about the general nature and goals of the program, rules, and the rights of clients.
  - Includes providing program guidelines and discussing client expectations.
4. **Assessment:** Identifying and evaluating an individual's strengths, weaknesses, and problems for treatment planning.

CCAPP Credentialing  
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800-564-5927 | [www.ccappcredentialing.org](http://www.ccappcredentialing.org) | [staff@ccapp.us](mailto:staff@ccapp.us)



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- May involve standardized assessment tools and interviews.
5. **Treatment Planning:** Collaboratively developing individualized plans based on assessment results.
    - Includes setting measurable goals and identifying interventions to address specific client needs.
  6. **Counseling:** Using specific techniques to assist clients in achieving their goals.
    - Includes individual, group, and family counseling sessions.
  7. **Case Management:** Coordinating care to ensure that the client receives the appropriate treatment and services.
    - Includes referral to medical, psychiatric, or social services.
  8. **Crisis Intervention:** Addressing acute emotional or physical distress in an immediate and effective manner.
    - Involves de-escalating situations and providing support during emergencies.
  9. **Client Education:** Providing information about alcohol, drugs, and other addictive behaviors.
    - Includes prevention education and skills for coping with addiction.
  10. **Referral:** Directing clients to resources that fall outside the counselor's expertise or scope of practice.
    - Includes linking clients to community services or specialized programs.
  11. **Reports and Record Keeping:** Documenting all aspects of client care accurately and confidentially.
    - Includes progress notes, treatment plans, and discharge summaries.
  12. **Consultation with Other Professionals:** Communicating with colleagues to ensure quality care.
    - Involves case discussions, staffing meetings, and professional collaboration.

Each function must be performed ethically and in accordance with established standards to support the client's recovery journey.

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Date (MM/DD/YYYY): \_\_\_\_\_

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