



CCS

Certified Clinical Supervisor

Application Packet

***100 SOUTH TURNPIKE ROAD, SUITE C
WALLINGFORD, CT 06492***

PHONE: (203) 284-8800 FAX: (203) 284-9500

www.ctcertboard.org

Email: info@ctcertboard.org

Connecticut Certification Board, Inc.

Mission

To educate and credential behavioral health professionals in competency-based standards

History

The Connecticut Certification Board, Inc., is an independent, non-governmental, non-profit 501(c)3 organization. Since 1981, CCB has offered voluntary certification to addiction counselors, initially in alcoholism and, later, in 1984, in drug abuse. In 1993, CCB merged its certification functions with those of the Connecticut Association of Prevention Professionals and began offering a prevention practitioner credential.

Certification is a voluntary process by which professionals with a special interest in prevention or addiction treatment may receive recognition of demonstrated competency. Its purpose is to establish professional standards, which enable counselors, allied health professionals, health service providers, third party payers, employers, and the general public to recognize qualified professionals in these fields. Certification is evidence that standards of knowledge, skill competencies, and experience have been met.

CCB is a member of the International Certification and Reciprocity Consortium/Alcohol and Other Drugs (ICRC). ICRC is an organization created to promote uniform professional standards and quality for the prevention and substance abuse counseling professions. It works toward giving the substance abuse professional greater visibility, not only in the United States, but internationally. Because of our membership, Connecticut's reciprocally certified counselors and prevention professionals may re-locate to any member boards including the U.S. Air Force, Army, and Navy, Canada, Sweden, Germany, Malaysia, Singapore, the United Kingdom, Puerto Rico, and Bermuda. Transferring certification requires a minimum of effort and expense.

The Board operates with the support of the Connecticut Department of Mental Health and Addiction Services, the Connecticut Association of Nonprofits, the Connecticut Association of Addiction Professionals, the Connecticut Association of Prevention Practitioners, and the Methadone Directors of Connecticut. It is our shared goal to assure quality service for those affected by substance use and mental disorders.

Definition and Scope of a Certified Clinical Supervisor

The Connecticut Certification Board recognizes the importance of clinical supervision in the training and professional development of substance abuse counselors. Certified counselors are recognized as professionals competent within their specified field of counseling. To identify counselors who have the skills, knowledge, and desire to train and supervise other counselors and to provide a standard from which to measure the quality of clinical supervision received within the field, the Board offers certification to clinical supervisors.

Clinical Supervision is defined as a specific aspect of staff development dealing with the clinical skills and competencies of each staff member. The structure for clinical supervision is typically one-to-one and/or small groups on a regular basis. The methods used are intensive case review and discussion, utilizing direct and indirect observation of clinical practice.

To become a Certified Clinical Supervisor, a candidate must present evidence that they have the knowledge and skills listed below, as attested to in the references, and appropriate documentation that they have met the specific requirements.

To become a CCS, one must be a standard & reciprocal level Certified Addiction Counselor for one year prior to submitting their CCS application.

Certified Clinical Supervision Application Checklist

When you have completed the application, be sure to check this list to ensure that you have:

- _____ given a reference form to your current clinical supervisor and two other colleagues and asked them to complete the forms and send them directly to the CCB
- _____ requested that copies of your academic transcripts, if needed, be mailed directly to CCB
- _____ verify that the trainings you are submitting meet the current education requirements
- _____ you must either live or work in Connecticut to apply for initial certification
- _____ verify that the minimum requirements in all categories have been met and that all trainings are accompanied with documentation of attendance (*copies only please*)
- _____ signed both the Code of Ethics and the authorization to obtain information?
- _____ **Made a copy of the entire packet for your records? CCB will not provide you with a copy of your application.**

Submission Requirements for the CCS Application

Please make sure you have included all of the following components with your application. Your application will not be accepted unless all of the following items have been included:

- _____ Currently certified as a Certified Addiction Counselor for 1 year with reciprocity through the ICRC
- _____ Completed Application Forms
- _____ Signed Work Experience: Work History Form(s)
- _____ Signed Supervised Clinical Supervision by Clinical Supervisor Form
- _____ Completed Training Summary Form
- _____ Copies of the Certificates of Completion/Attendance for all Training/Education events
- _____ Attached a copy of your resume
- _____ Enclosed the \$150 Application Filing Fee

What to do after submitting your application to CCB

Once you have sent us your application, you can expect to hear from the CCB confirming receipt of your application within two weeks after the submission deadline. After we have reviewed your portfolio we will notify you in writing (email or regular mail) of any changes or additional information that we require. We will also notify you, by letter, when we have accepted your application.

If you have concerns or questions about your certification packet after submitting it to us for review, or if it has taken us longer than four weeks to get a notification letter to you, please document your concerns in an email or letter to us. We will attempt to respond to your inquiry as soon as possible.

To inquire by email, send your request to: info@ctcertboard.org

Fees (All Fees are Non-Refundable)

Fees for Initial Certification

Application filing fee	\$ 150
IC&RC Written test (or test repeat)	\$ 125
Total cost of initial certification	\$ 275

Other Fees

Fee to reopen a file	\$ 25
Replacement/duplicate certificate	\$ 10
2 year recertification fee	\$ 75 w/ recertification of CAC

PLEASE NOTE: THE CCB REQUIRES THAT ALL APPLICANTS MUST BE CERTIFIED AT THE RECIPROCAL LEVEL CREDENTIAL (CAC – CERTIFIED ADDICTION COUNSELOR) FOR AT LEAST ONE YEAR AND CURRENTLY BE CERTIFIED IN GOOD STANDING IN ORDER TO BECOME A CCS (CERTIFIED CLINICAL SUPERVISOR).

Name _____

Education (circle highest level) GED High school Associates Bachelor's Master's PhD

Institution _____ Graduation Date _____
(Please list institution of highest academic achievement) (mm/dd/yyyy)

City: _____ State: _____

Major _____ Minor _____

Professional Affiliations and Current Licenses _____

Are you a Licensed Alcohol and Drug Counselor with the Department of Public Health? No Yes

DPH LADC Lic # _____ Current Through: _____

Has certification or licensure been denied or rescinded in any other state (circle) No Yes

Please include details _____

Experience

Years in substance abuse treatment _____

Years in clinical supervision _____

Years in co-occurring treatment _____

Years in mental health treatment _____

Years in problem gambling treatment _____

Years in prevention _____

Field(s) in prevention _____

PLEASE ATTACH A CURRENT COPY OF YOUR RESUME.

CCB CODE OF ETHICAL CONDUCT

The following Rules of Conduct, adopted by the CCB, set forth the minimum standards of conduct which all certified professionals are expected to honor. Failure to comply with an obligation or prohibition set forth in the rules may result in discipline by the CCB. Effective March 1, 2010, this Code of Ethical Conduct will replace the previously published CCB ethics code and investigations procedure.

UNLAWFUL CONDUCT

Rule 1.1 – Once certified, a certified professional shall not be convicted for any misdemeanor or felony relating to the individual's ability to provide substance abuse and other behavioral health services as determined by CCB.

Rule 1.2 – Once certified, a certified professional shall not be convicted of any crime that involves the possession, sale or use of any controlled or psychoactive substance.

SEXUAL MISCONDUCT

Rule 2.1 – A certified professional shall, under no circumstances, engage in sexual activities or sexual contact with clients, whether such contact is consensual or forced.

Rule 2.2 – A certified professional shall not knowingly engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client.

Rule 2.3 – A certified professional shall not engage in sexual activities or sexual contact with former clients when there is a risk of exploitation or potential harm to the client.

Rule 2.4 – A certified professional shall not provide clinical services to individuals with whom they have had a prior sexual relationship.

FRAUD-RELATED CONDUCT

Rule 3.1 – A certified professional shall not: 1) present or cause to be presented a false or fraudulent claim, or provide any proof in support of such claim, to be paid under any contract or certificate of insurance; 2) prepare, make, or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss, or other document or writing; 3) present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information, which would affect a future claim or benefit application, or be paid under any employee benefit program; 4) seek to have an employee commit fraud or assist in an act of commission or omission to aid fraud related behavior.

Rule 3.2 – An individual shall not use misrepresentation in the procurement of certification or recertification, or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.

Rule 3.3 – An individual shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.

Rule 3.4 – A certified professional shall not provide service under a false name or a name other than the name under which his or her certification or license is held.

Rule 3.5 – A certified professional shall not sign or issue, in their professional capacity, a document or a statement that the professional knows or should have known to contain a false or misleading statement.

Rule 3.6 – A certified professional shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.

Rule 3.7 – A certified professional who participates in the writing, editing, or publication of professional papers, videos/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the certified professional should seek permission from the author/creator of such materials prior to any such use or publication.

EXPLOITATION OF CLIENTS

Rule 4.1 – A certified professional shall not develop, implement, condone or maintain exploitative relationships with clients and/or family members of clients.

Rule 4.2 – A certified professional shall not misappropriate property from clients and/or family members of clients.

Rule 4.3 – A certified professional shall not enter into a relationship with a client which involves financial gain to the certified professional or to a third party resulting from the promotion or the sale of services unrelated to the provision of services or of [the sale or acquisition of?] goods, property, or any psychoactive substance.

Rule 4.4 – A certified professional shall not promote to a client, for the professional's personal gain, any treatment, procedure, product, or service.

Rule 4.5

A certified professional shall neither ask for nor accept favors/free services/gifts of substantial monetary value or gifts that impair the integrity or efficacy of the therapeutic relationship.

Rule 4.6 - A certified professional shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a client referral.

Rule 4.7 - A certified professional shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the certified professional is employed.

PROFESSIONAL STANDARDS

Rule 5.1 – A certified professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, or physical disability.

Rule 5.2 – A certified professional shall timely seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related condition or adversity that interferes with his or her professional functioning.

Where any such condition exists and impedes his or her ability to function competently, a certified professional must request inactive status of their CCB credential for medical reasons for as long as necessary.

PROFESSIONAL STANDARDS continued

Rule 5.3 – A certified professional shall meet and comply with all terms, conditions, or limitations of any professional certification or license he or she holds.

Rule 5.4 – A certified professional shall not engage in conduct that does not meet generally accepted standards of practice.

Rule 5.5 – A certified professional shall not perform services outside of his or her area of training, expertise, competence, or scope of practice.

Rule 5.6 – A certified professional shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.

Rule 5.7 – The certified professional shall not permit publication of photographs, disclosure of client names or records, or the nature of services being provided without securing all requisite releases from the client, or parents or legal guardians of the clients except as authorized or required by law.

Rule 5.8 – The certified professional shall not discontinue professional services to a client nor shall he or she abandon the client without facilitating an appropriate closure of professional services for the client or facilitating an appropriate referral for future counseling.

Rule 5.9 – A certified professional shall obtain an appropriate consultation or make an appropriate referral when the client's problem is beyond their area of training, expertise, competence, or scope of service.

SAFETY & WELFARE

Rule 6.1 – A certified professional shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to the professional, a recipient of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the professional to safely and competently provide services.

Rule 6.2 – All certified professionals are mandated reporters (abuse & neglect) and each shall comply with all mandatory reporting requirements.

RECORD KEEPING

Rule 7.1 – A certified professional shall keep timely and accurate records consistent with current standards of best practices and shall not falsify, amend, or knowingly make incorrect entries or fail to make timely essential entries into the client record.

ASSISTING UNQUALIFIED/UNLICENSED PRACTICE

Rule 8.1 - A certified professional shall not refer a client to a person that he/she knows or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

DISCIPLINE IN OTHER JURISDICTIONS

Rule 9.1 – A certified professional holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the Board of such disciplinary action and provide the Board with such information concerning such discipline and/or authorizations to obtain such information about such discipline as the Board deems reasonably necessary or desirable.

COOPERATION WITH THE BOARD

Rule 10.1 - A certified professional shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to: 1) the willful misrepresentation of facts before the disciplining authority or its authorized representative; 2) the use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action; 3) the use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed; 4) refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the certified professional's credential until the ethical complaint is resolved.

Rule 10.2 – A certified professional shall: 1) not knowingly make a false or misleading statement to the CCB, the State of Connecticut, or any other disciplinary authority; 2) promptly alert colleagues informally to potentially unethical behavior so said colleague could take corrective action; 3) report violations of professional conduct of other certified professionals to the appropriate licensing/disciplinary authority when he/she knows or should have known that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.

Rule 10.3 - A certified professional shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of an alleged violation. Failure to report a violation may be grounds for discipline.

Rule 10.4 - A certified professional with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with the CCB investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in the CCB investigation or disciplinary proceeding shall be grounds for disciplinary action.

Rule 10.5 - A certified professional shall not file a complaint or provide information to the CCB, which he/she knows or should have known, is false or misleading.

Rule 10.6 - In submitting information to the CCB, a certified professional shall comply with any requirements pertaining to the disclosure of client information established by the federal or state government.

MODIFICATION OF CODE OF ETHICAL CONDUCT/DISCIPLINARY PROCEDURES

Rule 11.1 - The CCB Board of Directors reserves the right to amend and modify the **Code of Ethical Conduct** and the **Code of Ethical Conduct – Disciplinary Procedures**. When changes are made, all certified professionals will be notified of all changes made and when changes become effective.

*Revised 5/09, 09/09, 1/10, 3/10
CCB Board Approved and Effective March, 2010*

Signed Assurances and Code of Ethical Conduct

- A. I hereby attest that all of the information given is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification or revocation of same, upon discovery.
- B. I acknowledge the right of CCB, Inc. to verify the information in this application or to seek further information from employers, schools, or persons mentioned within.
- C. I will hold CCB, Inc., its Board of Directors members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within their scope and arising out of the performance of their duties which they, or any of them, may take in connection with any examination and/or failure of the Board to bestow upon me certification as a treatment professional.
- D. I understand that upon acceptance of my application, additional fees will be due and payable for other aspects of the certification and recertification processes.
- E. I have read, understand, and agree to act in accordance with the Connecticut Certification Board's New Code of Ethical Conduct (March 2010) and the New Code of Ethical Conduct-Disciplinary Procedures (March 2010) available on the CCB website www.ctcertboard.org

Printed Name _____

Signature

Date

Authorization to Obtain Information

To: The Connecticut Certification Board, Inc.

I hereby authorize you to request and receive all records and/or information in any way relating to my application for certification or a specialty certificate. I understand that this includes, but is not limited to, verbal or written contacts with my employer(s), academic and training institutions, and/or other persons or organizations having pertinent information. This is a waiver of my privilege that may otherwise exist in respect to the disclosure of such information. I understand that this authorization will expire one year after certification lapses or when my certification expires, once CCB is notified of my intent not to recertify.

Printed Name _____

Signature

Date

WORK EXPERIENCE: CERTIFIED CLINICAL SUPERVISOR

The Connecticut Certification Board recognizes the importance of clinical supervision in the training and professional development of substance abuse counselors. Certified counselors are recognized as professionals competent within their specified field of counseling. To identify counselors who have the skills, knowledge, and desire to train and supervise other counselors and to provide a standard from which to measure the quality of clinical supervision received within the field, the Board offers certification to clinical supervisors.

Clinical Supervision is defined as a specific aspect of staff development dealing with the clinical skills and competencies of each staff member. The structure for clinical supervision is typically one-to-one and/or small groups on a regular basis. The methods used are intensive case review and discussion, utilizing direct and indirect observation of clinical practice.

To become a Certified Clinical Supervisor, a candidate must present evidence that s/he has the knowledge and skills listed below, as attested to in the references, and appropriate documentation that s/he had met the specific requirements and has no less than 30 hours of clinical supervision specific education related to the IC&RC clinical supervisor domains (see page 14).

Certified Clinical Supervisor Requirements

<i>Credential Requirement</i>	Must be certified for at least one year as a standard and IC&RC reciprocal level <i>CAC-Certified Addiction Counselor</i>
<i>Supervised Work Experience</i>	8 years (16,000 hrs) of counseling experience with at least 5 years of addiction-specific counseling experience
<i>Supervision Requirement</i>	200 hours of direct face to face clinical supervision
<i>Providing Specialized Services</i>	4 Years providing clinical supervision with at least 2 years of addiction-specific clinical supervision. These four years may be included in the 8 years of counseling experience and must include the provision of 200 hours of direct face-to-face clinical supervision
<i>References</i>	3 positive, with one from current Clinical Supervisor
<i>Recertification</i>	6 hours of clinical supervision specific education per recertification period (two years)
<i>Written Exam</i>	Pass the IC&RC CCS Written exam

Work Experience: Certified Clinical Supervisor
Work History (Document last 10 years)

Name: _____

Current Employer _____

Dates of employment: From _____ To _____

Job Title _____ Supervisor: YES NO

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

Name of Supervisor _____ Phone (_____) _____

Duties:

Previous Employer _____

Dates of employment: From _____ To _____

Job Title _____ Supervisor: YES NO

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

Name of Supervisor _____ Phone (_____) _____

Duties:

Make additional copies of this form if necessary

Work Experience: Certified Clinical Supervisor
Counseling and Clinical Supervision Experience
ALL EXPERIENCE APPLIED MUST BE DOCUMENTED IN WORK HISTORY

Name: _____

8 Years of Counseling Experience

Agency	Years	Dates (From – To)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5 Years of Addiction Specific Counseling Experience

Agency	Years	Dates (From – To)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

200 hours of Clinical Supervision Experience

Agency	Hours	Dates (From – To)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: _____

4 Years of Clinical Supervision Experience

Agency	Years	Dates (From – To)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2 Years of Addiction Specific Clinical Supervision

Agency	Years	Dates (From – To)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

Name	Title	Phone
<i>Current Clinical Supervisor</i>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: _____

Training Summary

- A minimum of 30 hours of training must be documented
- A minimum of 6 hours of training must be ***in each of the performance domains*** identified by the IC&RC role delineation study for Certified Clinical Supervisors

*Please list the number of training hours for each of the educational requirements listed and attach all supporting documentation including copies of certificates of attendance/ transcripts for all training and education events.

<i>Clinical Supervision Training</i>		
MINIMUM HOURS REQUIRED		TRAINING HOURS
Assessment and Evaluation	6	
Counselor Development	6	
Management and Administration	6	
Professional Responsibilities	6	
Elective (Clinical Supervision Specific)	6	
Minimum Total Training Hours <i>In Clinical Supervision</i>	30	

Name: _____

Supervised Clinical Supervision by Clinical Supervisors

The applicant must have received a minimum of 200 hours of supervision

Please document the total number of hours for which the applicant has received on-site supervision by you for providing clinical supervision to the applicant's staff. By signing this form, you are attesting that you have provided direct supervision to the applicant in regard to their delivery of clinical supervision to staff in your agency.

Clinical Supervision Domain	# OF HOURS
Assessment & Evaluation	
Counselor Development	
Professional Responsibility	
Management & Administration	
Other	
Total Hours <i>Minimum of 200 hours</i>	

To the best of my knowledge, this is a true and accurate statement of the supervision provided by me to the applicant in support of their delivery of clinical supervision to staff in my agency.

SUPERVISOR: _____

Clinical Supervisor's Signature: _____ Date: _____

References Form: Certified Clinical Supervisor

REFERENCES REQUIREMENTS	CCS - Certified Clinical Supervisor
References	<p>3 positive references</p> <p>1 from current clinical supervisor able to evaluate your work as a clinical supervisor.</p> <p>2 from professional colleagues who can attest to your ability to perform competently as a clinical supervisor</p>

PLEASE NOTE THAT REFERENCES SHOULD BE SENT DIRECTLY TO THE CCB FROM THOSE ASKED TO COMPLETE THE REFERENCE AND NOT SUBMITTED WITH THE APPLICATION PACKET.

Applicants are asked to submit three (3) references in support of their application. These references should be professional colleagues familiar with the applicant's work as a clinical supervisor. One reference must be from the applicant's current clinical supervisor and two professional colleagues.

Current Clinical Supervisor Reference Form

Applicants are required to submit a reference from their current clinical supervisor. The clinical supervisor should directly observe the applicant providing clinical supervision and would ideally be a ***Certified Clinical Supervisor or Licensed Alcohol and Drug Counselor*** (however, this is not currently required). The clinical supervisor is asked to evaluate the applicant and attest to the applicant's ability to perform as a clinical supervisor.

Professional Colleague Reference Form

Applicants are asked to choose two (2) professional colleagues that are able to evaluate the applicant and attest to the applicant's ability to perform as a clinical supervisor. The colleagues should not be current or previous supervisees.



Connecticut Certification Board, Inc

100 South Turnpike Road, Suite C

Wallingford, CT 06492

Phone: (203) 284-8800 Fax: (203) 284-9500

www.ctcertboard.org

Email: info@ctcertboard.org

Dear Clinical Supervisor:

You have been selected to be one of three professional references by a candidate seeking certification as a Clinical Supervisor. The name of that candidate appears at the top of the enclosed reference form.

The Connecticut Certification Board is an independent, non-governmental, non-profit, incorporated body established to certify substance abuse counselors, clinical supervisors, and prevention professionals in Connecticut. Certification is based on professional experience, training requirements, appropriate supervision, references, and the successful completion of written.

There are a number of certified counselors who, by virtue of advanced training and/or experience, have the skills, knowledge, and desire to train and supervise other substance abuse counselors. To identify these counselors and to provide a standard by which to measure the quality of clinical supervision received within the field, CCB has created clinical supervision requirements. Our requirements meet the International Certification Reciprocity Consortium/ Alcohol and Other Drug Abuse (ICRC) standards for reciprocity of Certified Clinical Supervisors.

Clinical supervision is defined as a specific aspect of staff development dealing with the clinical skills and competencies of each staff member. The structure for Clinical Supervision is typically one-to-one and/or small groups on a regular basis. The methods used are intensive case review and discussion, utilizing direct and indirect observation of clinical practice.

Please complete the enclosed reference form for the named applicant. It is most important that you return the completed form to CCB at the above address within ten days of your receipt of a form. Professional references make up a substantial percentage of an applicant's final score; it is imperative that each reference be filled out as completely as possible and returned.

Since the references are a substantial portion of the final score, the Board requests that, in fairness to each applicant, if you cannot knowledgeably complete a minimum of four of the five competency categories, please return the form to the named applicant so s/he can forward it to an alternative reference.

Thank you for your time and interest in enhancing the quality of substance abuse supervision and counseling in Connecticut.

Connecticut Certification Board, Inc.

CLINICAL SUPERVISOR REFERENCE FORM Current Clinical Supervisor

Candidate's Name: _____ Social Sec. No. ____/____/____

Address: _____ Phone: () _____

Name of Rater: _____ Title or Position: _____

How long have you known the applicant? _____

Relationship of rater to applicant (check one): Current Clinical Supervisor

Instructions: Please read the description of the various experience and skills outlined below. Using the six-point (0-5) scale shown below, determine the number which most nearly describes the applicant's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score".

Scoring Scale

No basis for Judgment	Inadequate	Needs Improvement	Competent	Above Average Competency	Outstanding
0	1	2	3	4	5

<i>An advanced knowledge of how substance use disorders relate to and co-occur with other physical, behavioral, cognitive, emotional, socio-cultural, and economic aspects of medical, mental and emotional disorders</i>	
<i>An operational experience with a variety of treatment approaches used in the field of substance use disorders</i>	
<i>An ability to deal effectively with supervisee's psychodynamics as they relate to his/her work with clients</i>	
<i>A sufficient knowledge of organizational administration to provide adequate supervision to an addiction counselor</i>	
<i>Knowledge of the professional development needs of the addiction counselor and awareness of available resources</i>	
Total Rating	

Printed Name of Rater: _____

Signature of Rater: _____ Date _____



Connecticut Certification Board, Inc

100 South Turnpike Road, Suite C

Wallingford, CT 06492

Phone: (203) 284-8800 Fax: (203) 284-9500

www.ctcertboard.org

Email: info@ctcertboard.org

Dear Colleague:

You have been selected to be one of three professional references by a candidate seeking certification as a Clinical Supervisor. The name of that candidate appears at the top of the enclosed reference form.

The Connecticut Certification Board is an independent, non-governmental, non-profit, incorporated body established to certify substance abuse counselors, clinical supervisors, and prevention professionals in Connecticut. Certification is based on professional experience, training requirements, appropriate supervision, references, and the successful completion of written.

There are a number of certified counselors who, by virtue of advanced training and/or experience, have the skills, knowledge, and desire to train and supervise other substance abuse counselors. To identify these counselors and to provide a standard by which to measure the quality of clinical supervision received within the field, CCB has created clinical supervision requirements. Our requirements meet the International Certification Reciprocity Consortium/ Alcohol and Other Drug Abuse (ICRC) standards for reciprocity of Certified Clinical Supervisors.

Clinical supervision is defined as a specific aspect of staff development dealing with the clinical skills and competencies of each staff member. The structure for Clinical Supervision is typically one-to-one and/or small groups on a regular basis. The methods used are intensive case review and discussion, utilizing direct and indirect observation of clinical practice.

Please complete the enclosed reference form for the named applicant. It is most important that you return the completed form to CCB at the above address within ten days of your receipt of a form. Professional references make up a substantial percentage of an applicant's final score; it is imperative that each reference be filled out as completely as possible and returned.

Since the references are a substantial portion of the final score, the Board requests that, in fairness to each applicant, if you cannot knowledgeably complete a minimum of four of the five competency categories, please return the form to the named applicant so s/he can forward it to an alternative reference.

Thank you for your time and interest in enhancing the quality of substance abuse supervision and counseling in Connecticut.

Connecticut Certification Board, Inc.

CONNECTICUT CERTIFICATION BOARD, Inc.
CERTIFIED CLINICAL SUPERVISOR REFERENCE FORM

Candidate's Name: _____ Social Sec. No. ____/____/____

Address: _____ Phone: () _____

Name of Rater: _____ Title or Position: _____

How long have you known the applicant? _____

Relationship of rater to applicant (check one):

Supervisor _____ Colleague _____ Co-worker _____ Other (please specify) _____

Instructions: Please read the description of the various experience and skills outlined below. Using the six-point (0-5) scale shown below, determine the number which most nearly describes the applicant's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score".

Scoring Scale

No basis for Judgment	Inadequate	Needs Improvement	Competent	Above Average Competency	Outstanding
0	1	2	3	4	5

<i>An advanced knowledge of how substance use disorders relate to and co-occur with other physical, behavioral, cognitive, emotional, socio-cultural, and economic aspects of medical, mental and emotional disorders</i>	
<i>An operational experience with a variety of treatment approaches used in the field of substance use disorders</i>	
<i>An ability to deal effectively with supervisee's psychodynamics as they relate to his/her work with clients</i>	
<i>A sufficient knowledge of organizational administration to provide adequate supervision to an addiction counselor</i>	
<i>Knowledge of the professional development needs of the addiction counselor and awareness of available resources</i>	
Total Rating	

Printed Name of Rater: _____

Signature of Rater: _____ Date _____



Connecticut Certification Board, Inc

100 South Turnpike Road, Suite C

Wallingford, CT 06492

Phone: (203) 284-8800 Fax: (203) 284-9500

www.ctcertboard.org

Email: info@ctcertboard.org

Dear Colleague:

You have been selected to be one of three professional references by a candidate seeking certification as a Clinical Supervisor. The name of that candidate appears at the top of the enclosed reference form.

The Connecticut Certification Board is an independent, non-governmental, non-profit, incorporated body established to certify substance abuse counselors, clinical supervisors, and prevention professionals in Connecticut. Certification is based on professional experience, training requirements, appropriate supervision, references, and the successful completion of written.

There are a number of certified counselors who, by virtue of advanced training and/or experience, have the skills, knowledge, and desire to train and supervise other substance abuse counselors. To identify these counselors and to provide a standard by which to measure the quality of clinical supervision received within the field, CCB has created clinical supervision requirements. Our requirements meet the International Certification Reciprocity Consortium/ Alcohol and Other Drug Abuse (ICRC) standards for reciprocity of Certified Clinical Supervisors.

Clinical supervision is defined as a specific aspect of staff development dealing with the clinical skills and competencies of each staff member. The structure for Clinical Supervision is typically one-to-one and/or small groups on a regular basis. The methods used are intensive case review and discussion, utilizing direct and indirect observation of clinical practice.

Please complete the enclosed reference form for the named applicant. It is most important that you return the completed form to CCB at the above address within ten days of your receipt of a form. Professional references make up a substantial percentage of an applicant's final score; it is imperative that each reference be filled out as completely as possible and returned.

Since the references are a substantial portion of the final score, the Board requests that, in fairness to each applicant, if you cannot knowledgeably complete a minimum of four of the five competency categories, please return the form to the named applicant so s/he can forward it to an alternative reference.

Thank you for your time and interest in enhancing the quality of substance abuse supervision and counseling in Connecticut.

Connecticut Certification Board, Inc.

CONNECTICUT CERTIFICATION BOARD, Inc.
CERTIFIED CLINICAL SUPERVISOR REFERENCE FORM

Candidate's Name: _____ Social Sec. No. ____/____/____

Address: _____ Phone: () _____

Name of Rater: _____ Title or Position: _____

How long have you known the applicant? _____

Relationship of rater to applicant (check one):

Supervisor _____ Colleague _____ Co-worker _____ Other (please specify) _____

Instructions: Please read the description of the various experience and skills outlined below. Using the six-point (0-5) scale shown below, determine the number which most nearly describes the applicant's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score".

Scoring Scale

No basis for Judgment	Inadequate	Needs Improvement	Competent	Above Average Competency	Outstanding
0	1	2	3	4	5

<i>An advanced knowledge of how substance use disorders relate to and co-occur with other physical, behavioral, cognitive, emotional, socio-cultural, and economic aspects of medical, mental and emotional disorders</i>	
<i>An operational experience with a variety of treatment approaches used in the field of substance use disorders</i>	
<i>An ability to deal effectively with supervisee's psychodynamics as they relate to his/her work with clients</i>	
<i>A sufficient knowledge of organizational administration to provide adequate supervision to an addiction counselor</i>	
<i>Knowledge of the professional development needs of the addiction counselor and awareness of available resources</i>	
Total Rating	

Printed Name of Rater: _____

Signature of Rater: _____ Date _____