CCB Registry

CONNECTICUT
CERTIFICATION BOARD

286 Maple Avenue, Suite 303 Cheshire, CT 06410
www.ctcertboard.org
info@ctcertboard.org

Important Information About Your Registry Application

Submission Requirements

- All forms submitted must be original and signed without any alteration or modifications. If a change is required, please complete a new form without alterations or modifications. Any forms with white-out, scribble marks or changes will be denied.
- No photocopies or faxed forms will be accepted. Please do not fax any materials to the CCB related to a registry application.

This application is not for exam registration. It is for identity verification.

- A 2x2 photograph must accompany the application.
- The application needs to be notarized. Please see page 10.
- Mail the application to the CCB office via **USPS Priorty Mail**. **Please include a photocopy of your driver license.**

Once you have submitted your registry application... we will review it within 2 weeks. We will then notify you in writing via email or regular mail about the status of your registry. We will also notify you by email when your registry is active or if changes and additional information are required.

PLEASE DO NOT CALL THE CCB OFFICE TO INQUIRE ABOUT THE STATUS OF YOUR REGISTRY. If you have questions about your registry, have not received a notification letter after 2 weeks, or have questions about the certification process, then please email Jeff at jquamme@ctcertboard.org for assistance. We will respond to your inquiry as soon as possible.

CONNECTICUT CERTIFICATION BOARD

Please do not write above this line

PLEASE MAIL VIA USPS PRIORITY MAIL

CCB Registry Application

Please type all application forms

Effective Sept. 1, 2010, all candidates must complete a CCB Registry Application prior to applying for any CCB credential.

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: _____

Applicant's Full Name: _____

Full Maiden Name: _____

Email: _____

Cell Phone Number: (_____) _____ Today's Date: _____

Social Security Number (optional): Gender: ☐ M ☐ F

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (_____) _____

Daytime Phone Number: (_____) _____

Workforce Diversity Information* *(optional)*

Ethnicity/Race: *(Select all that apply)*

- ☐ American Indian/Alaska Native
- ☐ African American/ Black
- ☐ Asian American/Asian
- ☐ Caucasian
- ☐ Hispanic American/Latino
- ☐ Indian
- ☐ Pacific Islander/Native Hawaiian
- ☐ Other _____

Language: *(Select all that apply)*

- ☐ English
- ☐ French
- ☐ Chinese *(dialect)* _____
- ☐ Italian
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish *(dialect)* _____
- ☐ Other _____

Recovery status:

Are you in recovery from an addiction? ☐ NO ☐ YES How long: _____

Are you in recovery from a mental illness? ☐ NO ☐ YES How long: _____

*Individual responses about workforce diversity are strictly confidential and will not be shared outside the CCB. The combined results are used by the CCB for reporting purposes only. By participating in the survey, the participant grants the CCB use of this information.

The Connecticut Certification Board, Inc.
286 Maple Avenue, Suite 303
Cheshire, CT 06410

www.ctcertboard.org
Email: info@ctcertboard.org
203.806.1300

Registry Submission Requirements

Please make sure you complete all of the following items in order to ensure timely processing of your application. Your application will not be processed until all of the following items have been met:

- ☐ Enclose the application filing fee of $75.00 *(check or money order payable to the CCB)*
  OR
- ☐ Pay online at www.ctcertboard.org Date of online payment: _____
- ☐ Complete the entire Registry Application *(all 10 pages must be completed)*
- ☐ Attach a recent color photo *(approximately 2x2 inches)* with your application
- ☐ Read, sign, and initial pages of the CCB Code of Ethical Conduct and Authorization to Obtain Information *(see page 7- 9)*
- ☐ After you have completed the application, have it notarized *(see page 10)*
- ☐ Make a copy of the entire packet for your records prior to submitting to the CCB
- ☐ The CCB Registry Application can be mailed to the CCB office.

Please include a photocopy of your driver's license. Your application must be notarized prior to submission to the CCB.

I have completed all of the above items and submitted them according to the CCB submission requirements.

Applicant's Signature: _____ Date: _____

CCB Registry Fees *(All CCB Fees are Non-Refundable)*

Registry fees are good for one year from date of issue.

Registry Application fee (one year)	$75.00
Registry renewal (one year)	$50.00
Registry late fee	$25.00

CCB Fee Policy: By signing below, I acknowledge the current fees associated with the CCB Registry (listed above) and understand that all fees are non-refundable and may change at any time. **I understand that I am responsible for all fees associated with the certification process at the time of my initial application**. All fees must be paid by check, credit card (see CCB website) or money order. **No cash payments will be accepted.** A returned check fee of $35.00 will be due, and a hold will be placed on my application until the original and returned check fees are received by the CCB.

Candidate's Signature: _____ Date: _____

Applicant's Name:	Date:

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Education

High School *Did you graduate from High School:* ☐ NO ☐ YES Year: _____

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone Number: (_____) _____ Still Attending: ☐ NO ☐ YES

College *Did you graduate from College:* ☐ NO ☐ YES Year: _____

School Name: _____

Degree Type: ☐ AA/DARC ☐ BA/BS ☐ Other _____ Major: _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone Number: (_____) _____ Still Attending: ☐ NO ☐ YES

Graduate School *Did you graduate from Graduate School:* ☐ NO ☐ YES Year: _____

School Name: _____

Degree Type: ☐ MA/MS ☐ Ph.D./Psy.D. ☐ Other_____ Major:_____

Address: _____

City: _____ State: _____ Zip: _____

School Phone Number: (_____) _____ Still Attending: ☐ NO ☐ YES

If you have attended additional schools, please attach additional page(s) with details.

Applicant's Name:	Date:

Professional Experience

Please include all behavioral health professional experience in the last 20 years.

Behavioral health professions include, but are not limited to: addiction, mental health/social work, medical and prevention fields.

☐ **I do NOT have any behavioral health professional experience**

Agency Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Phone Number: (_____) _____ Still working here: ☐ NO ☐ YES

Average hours per week: _____ Supervisor: _____

Date started: _____ Date left: _____ How long there: _____

☐ Full time employment ☐ Part time employment ☐ Internship ☐ Volunteer

Agency Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Phone Number: (_____) _____ Still working here: ☐ NO ☐ YES

Average hours per week: _____ Supervisor: _____

Date started: _____ Date left: _____ How long there: _____

☐ Full time employment ☐ Part time employment ☐ Internship ☐ Volunteer

Agency Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Phone Number: (_____) _____ Still working here: ☐ NO ☐ YES

Average hours per week: _____ Supervisor: _____

Date started: _____ Date left: _____ How long there: _____

☐ Full time employment ☐ Part time employment ☐ Internship ☐ Volunteer

If you have worked at additional agencies, please attach additional page(s) with details.

Applicant's Name:	Date:

Professional History

1) Are you now or have you ever been licensed, certified, or registered as a behavioral health professional in any state or territory other than Connecticut? ☐ NO ☐ YES If yes, please explain:

Credential Type: _____ Issue Date: _____
State/Region: _____ Expiration Date: _____

2) Are you now or have you ever been licensed, certified, or registered as a behavioral health professional in Connecticut? ☐ NO ☐ YES If yes, please explain:

Credential Type: _____ Issue Date: _____
Issuing Agency: _____ Expiration Date: _____

3) Have you ever been censured, disciplined, dismissed, or expelled from; had admissions monitored or restricted; had privileges limited, suspended, or terminated; been put on probation; been requested to resign or withdraw from the following:

a) Any hospital, nursing home, clinic, or similar institution
b) Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public
c) Any professional school, clinical clerkship, internship, externship, or postgraduate training program
d) Any third party reimbursement program, whether governmental or private?

☐ NO ☐ YES If yes, please attach a page fully explaining the circumstances/details.

4) Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

☐ NO ☐ YES If yes, please attach a page fully explaining the circumstances/details.

5) Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; imposed a fine or reprimand; or taken any other disciplinary action against you?

☐ NO ☐ YES If yes, please attach a page fully explaining the circumstances/details.

6) Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

☐ NO ☐ YES If yes, please attach a page fully explaining the circumstances/details.

7) Have you ever been subject to or do you currently have pending any complaint, investigation charge, or disciplinary action by any professional licensing or disciplinary body in any state; the District of Columbia; a United States possession or territory; a foreign jurisdiction; or any disciplinary board/committee of any branch of the armed services? ***You Ř2 not yŜŜŘ ĭ2 report any complaints dismissed without merit.***

☐ NO ☐ YES If yes, please attach a page fully explaining the circumstances/ details.

Applicant's Name:	Date:

Professional History *(continued)*

8) Have you ever been certified or credentialed by the International Certification & Reciprocity Consortium (IC&RC) or a member board of the IC&RC other than the CCB?

☐ NO ☐ YES If yes, please explain: _____

_____

_____

9) Have you ever been certified by the National Certification Commission (NCC) or a member board of the NCC?

☐ NO ☐ YES If yes, please explain: _____

_____

_____

10) Have you ever served in the US Military? ☐ NO ☐ YES

If yes, please explain: _____

_____

If so, were you honorably discharged? ☐ NO ☐ YES When: _____

If no, please explain: _____

_____

11) Please indicate your professional experience in the following settings/roles:

- ☐ Addiction Treatment _____years
- ☐ Clinical Supervision _____years
- ☐ Co-Occurring Disorders Treatment _____years
- ☐ Medication Assisted Treatment _____years
- ☐ Mental Health Treatment _____years
- ☐ Prevention _____years
- ☐ Problem Gambling Treatment _____years
- ☐ I have no professional experience

12) Please list any special skills or experience relevant to behavioral healthcare:

_____

_____

_____

Applicant's Name:	Date:

CCB CODE OF ETHICAL CONDUCT

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.

Applicant's Initials

Applicant's Name:	Date:

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 knowing 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; CCB Board Approved, September 10, 2009; January 14, 2010; Published – January 15, 2010

Applicant's Initials

Applicant's Name:	Date:

Signed Assurances and CCB 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 have read, understand, and agree to act in accordance with the ***CCB Code of Ethical Conduct*** (2010) and the ***CCB Code of Ethical Conduct – Disciplinary Procedures*** (2010) available on the CCB's website at www.ctcertboard.org

D. I will hold CCB, Inc., its Board 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 with the CCB, the IC&RC, CT Department of Public Health or any other entity.

E. I understand that upon acceptance of my application, additional fees may be due and payable including exam fees, recertification fees, etc and that all CCB fees are non-refundable without exception.

Print Name: _____ Date: _____

Signature: _____

Authorization to Obtain Information

I hereby authorize the CCB to request and receive all records and/or information in any way relating to my application for a CCB credential. I understand that this includes, but is not limited to, verbal or written contacts with my employer(s), colleagues, academic and training institutions, and/or other persons or organizations having pertinent information related to the review of my application. 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. I further understand that the status of any CCB credential is public record and may be shared by CCB and is available on the CCB website, including effective date, expiration date and certification type. I further understand that if my CCB credential is sanctioned in any way including revocation or suspension that this information is public.

Print Name: _____ Date: _____

Signature: _____

Applicant's Name:	Date:

Attach a recent color photo here

I, the named applicant herein, swear that this application is a true and accurate record of my professional experience and background. I understand that this application and all materials submitted to the Connecticut Certification Board (CCB) become the property of the CCB upon my submission and that all fees submitted to the CCB are non-refundable. I understand that this application is made on my own behalf and is voluntary. I agree to hold the CCB and its agents harmless, and I release the CCB from any and all liabilities arising out of the furnishing of information or investigation of this registry or any other CCB application.

Signature: _____

Please complete the Registry Application and have it notarized by an authorized notary below.

On this _____ day of _____ of 20 _____ ,

_____ *(applicant's name)*

personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

_____

Signature of Applicant

Sworn before me this _____ day of _____ of 20 _____.

_____ _____

Printed Name of Notary Public *Signature of Notary Public*

My commission expires _____

The Connecticut Certification Board, Inc.

The CCB is an independent, non-governmental, 501(c) 3 nonprofit organization that offers certification for addiction counselors, clinical supervisors, co-occurring disorders and prevention professionals in Connecticut. The Board has established specialty certificates in substance abuse, co-occurring disorders, and problem gambling for professionals licensed and credentialed in other behavioral healthcare domains. The Board is active in a number of important state-wide workforce development initiatives, provides training/ continuing education and ensures that the trainings provided in Connecticut by approved vendors meet established standards.

What are the Benefits of Certification?

- Certification identifies professionals who are specialists in their field.
- Certified professionals are recognized by professional affiliations, state, and national legislation.
- Certified professionals are provided with the opportunity for peer networking, in addition to involvement and impact through CCB sponsored education opportunities and committee work.
- Certification increases professionalism in the field.
- Certification provides a strong basis for employment hiring and professional advancement.
- Certification provides the certified professional freedom to move to another state within the International Certification and Reciprocity Consortium Member Boards and be granted that state's credential via the process of reciprocity.

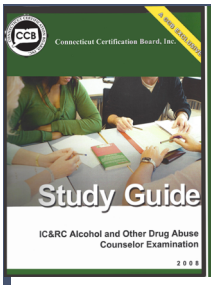
Who Benefits from Certification?

- The Patient / Client Certification assures competent, professional services while continuously improving the quality of service being provided to the client and family members.
- The Public Certification promotes standards of training and competency that will meet standards required for licensing, accreditation, and third-party payers.
- The Certified Professional Certification provides recognition of competency and a marketable credential that will enhance the role of the professional.
- The Profession Certification provides opportunity whereby the highest professional standards can be established, maintained, and updated.

To protect the public by enhancing recovery-oriented workforce capacity.

Questions

If you have questions or need assistance with your application please contact Jeff at jquamme@ctcertboard.org.



A CCB EXCLUSIVE

CAC Study Guide

IC&RC ADC Examination

The Connecticut Certification Board, Inc. offers the following Certifications:

Certified Addiction Counseling

Counselor in Training

Clinical Supervision

Co-Occurring Disorders

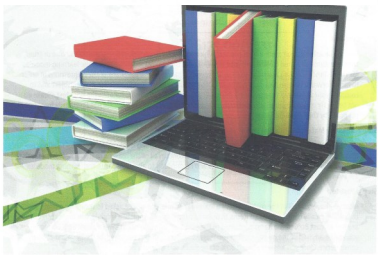
Medication Addiction Treatment

Recovery Coach

Prevention

Gambling

CCB Science2Service Distance Learning Program



The CCB Science 2 Service© Distance Learning Program is a self-paced learning program that was developed using science-based materials within the public domain such as **TIPs -Treatment Improvement Protocols (SAMHSA/CSAT), TAPs – Technical Assistance Publications (SAMHSA/CSAT)**, research reports and training manuals. This program allows participants to earn CCB approved training hours that can be applied toward initial certification or recertification while reading high quality science-based content. The featured documents are widely available within the public domain, free of charge and in many cases participants may already be familiar with the content. The purpose of the program is to provide participants with an introduction to the content in a structured manner while providing technical assistance and verification of learning through the use of pre and post-tests.

www.ctcertboard.org

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