

# NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-ROCHESTER AREA



## ADDICTIONS COUNSELOR CREDENTIAL PROGRAM (ACCT)



Dear Applicant:

This is in response to your inquiry regarding the Addictions Counselor Credential Training (ACCT) program of the National Council on Alcoholism & Drug Dependence-Rochester Area (NCADD-RA).

In order to process your application, we will need the following materials:

- Completed Application Form (enclosed)
- Signed Canon of Ethical Principles (enclosed)
- Personal Statement (form enclosed)
- Three professional/educational references from individuals who are not members of your family (forms enclosed)
- A non-refundable application fee of \$250.00 made payable to NCADD-RA (we accept checks, money orders, credit and debit cards, and cash if paying in person). This is applied toward your tuition if you are accepted into the program. If you are not accepted into the program, the deposit is returned.
- Proof of education (copy of high school diploma, GED, unofficial transcripts, copy of degree)

Upon receipt of all of the above materials, we will then schedule an appointment with you to conduct a screening interview. The screening process includes a personal interview and a review of your application materials.

Please send all completed application materials to the attention of the ACCT Program, NCADD-RA, 1931 Buffalo Road, Rochester, NY 14624.

Thank you for your interest in our program. I look forward to meeting with you. If you have any questions feel free to call me at (585) 719-3480 or e-mail to [jfaringer@depaul.org](mailto:jfaringer@depaul.org).

Sincerely,

Jennifer Faringer, MEd, CPPg  
NCADD-RA, Director

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-ROCHESTER AREA



ADDICTIONS COUNSELOR CREDENTIAL PROGRAM (ACCT)



**APPLICATION FORM**

**Please print clearly or type.**

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Home/Cell \_\_\_\_\_ Work: \_\_\_\_\_

E-mail 1 \_\_\_\_\_

E-mail 2 \_\_\_\_\_

**Please enclose verification of education (a copy of diploma, GED, higher education degree, etc.)**

High School graduate/GED:

College graduate:

- Yes
- No

- Yes
- No

Degree(s) Received: \_\_\_\_\_

Other credentials or license: \_\_\_\_\_

List any training in alcoholism or substance abuse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Most recent work experience:**

1. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job title/duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job title/duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job title/duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**A deposit of \$250 must be received with your application.  
Checks or money orders are made payable to NCADD-RA.**

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ADDICTIONS COUNSELOR CREDENTIAL PROGRAM (ACCT)



## PERSONAL STATEMENT

Please print clearly or type, in 500 words or less, why you are interested in alcoholism/substance abuse and the ACCT program, and how you plan to use this experience. Attach additional pages as needed.

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-ROCHESTER AREA



ADDICTIONS COUNSELOR CREDENTIAL PROGRAM (ACCT)



**REFERENCE FORM**

\_\_\_\_\_ has applied for admission into the **Addictions Counselor Credential Training Program**. In order to consider this applicant, we require professional and/or educational references from individuals who know the applicant, and who are not members of the applicant's family. Please complete this form, and return as soon as possible to:

**ACCT Program Coordinator  
NCADD-RA  
1931 Buffalo Road  
Rochester, NY 14624**

If you prefer, you may fax this to the attention of the ACCT Coordinator, NCADD-RA at **(585) 423-1908**. Thank you for your cooperation.

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

Your name (please print): \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

How long you known the applicant? \_\_\_\_\_

Would you recommend the applicant to work in the alcoholism/substance abuse-counseling field?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any reservations regarding applicant's:

Ability to participate in an intensive training program?  Yes  No

Ability to work in a counselor/client relationship?  Yes  No

Ability to work as team member?  Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number for possible verification: \_\_\_\_\_

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## CANON OF ETHICAL PRINCIPLES

### The CASAC must:

- a. Recognize that the profession is founded on national standards of competence which promote the best interest of society, of the patient, of the counselor, and of the profession as a whole.
- b. Espouse objectivity and integrity; maintain the highest standards in the services offered; respect the values, attitudes and opinions of others; and provide services only in an appropriate professional relationship.
- c. Not discriminate in work-related activities based on race, religion, age, gender, disabilities, ethnicity, national origins, sexual orientation, economic condition or any other basis proscribed by law.
- d. Recognize the need for ongoing education to maintain current competence, and to improve expertise and skills.
- e. Uphold the legal and accepted moral codes which pertain to professional conduct.
- f. Respect the integrity and protect the welfare of the person or group with whom the counselor is working.
- g. Embrace, as a primary obligation, the duty of protecting the privacy of patients and must not disclose confidential information acquired in teaching, practice, research and investigation; and maintain the confidentiality of records they control.
- h. Inform the prospective patient of the important aspects of the nature of services to be provided and the client/counselor relationship.
- i. Not engage in any sexual activity with patients or their significant others.
- j. Treat colleagues and other professionals with respect, courtesy and fairness, and cooperate in order to serve the best interests of their patients.
- k. Not knowingly engage in behavior that is harassing or demeaning, including but not limited to sexual harassment.
- l. Not exploit patients or others over whom they have a position of authority.
- m. Acknowledge the limits of present knowledge in public statements concerning alcoholism and substance abuse, as well as report fairly and accurately the appropriate information, and acknowledge and document materials and techniques used.
- n. Not participate in the filing of ethics complaints that are frivolous or have a purpose other than to protect the public.
- o. Assure that financial practices are in accord with professional standards that safeguard the best interests of the patient, the counselor and the profession.
- p. Strive to inform the public, through civic and professional participation in community affairs, of the effects of alcoholism and substance abuse; and adopt a personal and professional stance which promotes the well-being of all human beings.
- q. Assign credit to all who have contributed to the published material and for the work upon which publication is based.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_