

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 \$300.00 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 or high school equivalent, 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. We look forward to meeting with you. If you have any questions feel free to contact us.

Sincerely,

Amy Johnson, MEd
NCADD-RA Community Education Coordinator
Email: ajohnson@depaul.org
(585) 719-3489

Jennifer Faringer, MEd, CPP-G
NCADD-RA, Director
Email: jfaringer@depaul.org
(585) 719-3480

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-ROCHESTER AREA

ADDICTIONS COUNSELOR CREDENTIAL PROGRAM (ACCT)

APPLICATION FORM

1. Contact information

Please print clearly or type.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____

2. Education:

Please enclose verification of education (a copy of high school diploma, high school equivalency, higher education degree, etc.)

Do you have a High School Diploma or High School Equivalency? Yes ☐ No ☐

Highest level of education completed (please check):

High School or High School Equivalent ☐

Associates Degree ☐ Major: _____ Minor: _____

Bachelor's Degree ☐ Major: _____ Minor: _____

Master's Degree ☐ Major: _____ Minor: _____

PhD ☐ Major: _____

List any credentials or licenses: _____

List any training in alcoholism or substance use: _____

Have you submitted a CASAC application to OASAS? Yes ☐ No ☐

Work Experience

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-ROCHESTER AREA

ADDICTIONS COUNSELOR CREDENTIAL PROGRAM (ACCT)

Employer	Position	Dates

4. Current Employment:

Are you currently employed?

Yes ☐

No ☐

If "Yes," How many hours a week do you work? _____

AM ☐ PM ☐

Name of current employer: _____

**A deposit of \$300 must be received with your application.
Checks or money orders are made payable to NCADD-RA.**

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-ROCHESTER AREA

ADDICTIONS COUNSELOR CREDENTIAL PROGRAM (ACCT)

PERSONAL STATEMENT

Please print clearly or type, in 500 words or less, why you are interested in alcoholism/substance use disorder 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 use disorder-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: _____

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 use disorder-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: _____

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 use disorder-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: _____

CANON OF ETHICAL PRINCIPLES

The CASAC:

- ___1. Must practice 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.
- ___2. Must 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.
- ___3. Must respect the integrity and protect the welfare of the person or group with whom the counselor is working.
- ___4. Must embrace, as a primary obligation, the duty of protecting the privacy of patients and must not disclose confidential information or records under his/her control in strict accordance with federal, state and local laws.
- ___5. Must not engage in relationships with patients, former patients or their significant others in which there is a risk of exploitation or potential harm to the patient.
- ___6. Must not engage in any sexual activity with current or former patients or their significant others.
- ___7. Must not knowingly engage in behavior that is harassing or demeaning, including, but not limited to, sexual harassment.
- ___8. Must not exploit patients or others over whom they have a position of authority.
- ___9. Must treat colleagues and other professionals with respect, courtesy and fairness and cooperate in order to serve the best interests of their patients.
- ___10. Must notify appropriate authorities, including employers and OASAS, when they have direct knowledge of a colleague's impairment or misconduct which interferes with treatment effectiveness and potentially places patients and others at risk.
- ___11. Is expected to recognize the effects of their own impairment on professional performance and must not provide services that create conflict of interest or impair work performance and clinical judgment.
- ___12. Must cooperate with investigations, proceedings, and requirements of OASAS or other authorities that have jurisdiction over those charged with a violation.
- ___13. Must not participate in the filing of ethics complaints that are frivolous or have a purpose other than to protect the public.
- ___14. Must assure that financial practices are in accord with professional standards that safeguard the best interests of the patient, the counselor and the profession.
- ___15. Must take reasonable steps to ensure that documentation in records is accurate, sufficient and timely thereby ensuring appropriateness and continuity of services provided to patients.
- ___16. Must uphold the legal and accepted moral codes which pertain to professional conduct.
- ___17. Must recognize the need for ongoing education to maintain current competence, and to improve expertise and skills.

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-ROCHESTER AREA

ADDICTIONS COUNSELOR CREDENTIAL PROGRAM (ACCT)

- ___18. Must acknowledge the limits of present knowledge in public statements concerning alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must report fairly and accurately the appropriate information and must acknowledge, and document materials and techniques used.
- ___19. Must assign credit to all who have contributed to the published material and for the work upon which publication is based.
- ___20. Must strive to inform the public, of the effects of alcoholism and substance abuse. The Credentialed Alcoholism and Substance Abuse Counselor must adopt a personal and professional stance which promotes the well-being of the recovery community.

Signed: _____ Date: _____