

GENERAL INFORMATION FOR CSAC APPLICANTS WHO ARE LICENSED PHYSICIANS OR PSYCHOLOGISTS

1. The credential of Certified Substance Counselor fulfills two purposes. First, and most important, the public has a means by which to identify individuals who have met the minimum requirements as set forth in Hawaii Administrative Rules 11-177.1. Second, individuals certified in this category are eligible for third-party reimbursement for treatment of substance use disorders. Finally, individuals are recognized for the time, education, and experience they have accumulated in the profession of substance abuse counseling. Certification is meant to recognize a counselor's accomplishments and competence in providing counseling, and not as an entry-level credential. Those certified in this category are not eligible for reciprocity or the Internationally Certified Alcohol and Drug Counselor (ICADC) designation.
2. Criteria for Certified Substance Abuse Counselor (CSAC):
 - Licensed physician or psychologist.
 - 50 clock hours of ADAD-approved substance abuse specific education to include any course with a specific substance abuse/chemical dependence focus.
 - 1000 hours (6 months) of clinically supervised work experience providing alcohol/drug abuse counseling services to clients with substance use disorders. The clinical supervisor must be a CSAC or licensed health care professional with a minimum of one year experience treating substance use disorders in order for the work experience to be applicable for certification purposes.
 - Agree to abide by the CSAC Code of Ethics included in the General Application Packet and found in HAR 11-177.1, Subchapter 3, 11-177.1-33.
 - Successful completion of the International Written Certification Examination for Alcohol and Drug Abuse Counselors as developed by the IC&RC/AODA, Inc.
3. The following information must be received by ADAD **before** an applicant is eligible to begin the examination process:
 - A completed application for certification
 - A copy of the applicant's current license to practice in the State of Hawaii
 - 50 clock hours of substance abuse specific education documented by certificates of completion or official transcript(s)
 - Work experience verified by the supervisor on the form provided
 - A signed Code of Ethics statement agreeing to abide by the CSAC Code of Ethics
 - The \$25.00 application fee payable by money order or business check to "State Director of Finance"
4. All signatures must be originals. FAXed signatures will not be accepted. Supervisor forms must be sent by the originating supervisor. Supervisor forms received from the applicant will not be accepted.
5. All fees must be paid by money order or business check. **Personal checks will not be accepted.**
6. Deadlines will not be extended.
7. Fees: General Application \$25.00
 Written Examination \$100.00
 CSAC Renewal \$25.00
8. Refer to Chapter 11-177.1 HAR, entitled "Certification Standards for Substance Abuse Counselors and Program Administrators," for more specifics regarding certification criteria.

9. For questions regarding the certification process, please contact the Certification Office at 692-7518.

INSTRUCTIONS FOR GENERAL APPLICATION

1. Download from www.hawaii.gov/health under "Health Topics" or call or write to the Certification Office, Alcohol and Drug Abuse Division (ADAD) and request a GENERAL APPLICATION packet.
2. The general application packet consists of the following documents:
 - Important Dates for Certification
 - General Information for Applicants
 - Instructions for General Application
 - Application, Certified Substance Abuse Counselor (CSAC)
 - Code of Ethics and Code of Ethics Statement
 - Work Experience Verification Record with attached Evaluation
 - Twelve Core Functions of the Alcohol and Drug Abuse Counselor
 - Hawaii Administrative Rules 11-177.1 entitled "Certification Standards for Substance Abuse Counselors and Program Administrators"
 - Bibliography and Supplemental Reading List
 - Certification Order Forms

It is the applicant's responsibility to contact the Certification Office for missing documents.

3. Complete the "General Application" and "Code of Ethics Statement" and return the completed forms with a copy of your professional license to ADAD with the general application fee of **\$25.00** in the form of a **money order** or **business check** made payable to "*State Director of Finance.*" Personal checks will be returned and the application will be incomplete. *This one time application fee is non-refundable.* Mailing address:

Certification Office
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

4. Attach copies of your certificates of completion for ADAD approved substance abuse specific training (e.g., workshops, distance learning, etc.), and/or request transcripts for college courses.
5. Give the "Work Experience Verification Record" with the attached "Confidential Evaluation" to your supervisor(s) for completion. Copy as many of these forms as needed. **NOTE: You must complete the top section of the "Work Experience Verification Record" before giving the form to your supervisor(s).** Your supervisor(s) must complete the remainder of the form and evaluation and send it directly to ADAD. Completed forms will not be accepted from the applicant. All signatures must be original signatures, no Faxed signatures.

***NOTE: You may complete and forward your application, Step 3, before you have completed your supervision and/or education requirements. ADAD will establish a file and notify you whenever documents that substantiate your education and experience are received.**

General Application Instructions

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Once ADAD receives the information required on page 1, a review of the applicant's file will be conducted and a status letter sent to the applicant. Only those applicants who have completed and documented the required 6 months (1000 hours) of supervised experience providing direct alcohol and drug treatment services, and the 50 hours of substance abuse specific education will be eligible to register for the written examination.

Although general applications are accepted at any time, the applicant is strongly advised to plan ahead and submit the general application requirements well ahead of the published deadlines to register for the written examinations so an eligibility determination can be made. General applications received less than 2 weeks prior to the registration deadline may not be reviewed in time to determine the applicant's eligibility for the upcoming written examination.

SOME TIPS TO REMEMBER:

- **Send all payments by money order or business check**
- **Original signatures only**
- **Plan ahead**
- **When in doubt, call the Certification Office for clarification at (808) 692-7518**
- **Submit applications well ahead of the published deadlines**
- **There are, generally, no extensions for deadlines and no waivers for the basic requirements stated in HAR 11-177.1**

If licensed physician or psychologist applicants pass the written examination and have met all of the other requirements for certification, a certificate will be issued signed by the Director of Health. If the applicant fails the written examination, the applicant will have to register for the next examination and pay a retake fee of \$100.00.

Certificates are issued for a two-year period and can be renewed by completing an application for renewal, documenting sixteen (16) hours of substance abuse continuing education, and paying the \$25.00 renewal fee.

INSTRUCTIONS FOR COMPLETING THE “WORK EXPERIENCE VERIFICATION RECORD”

1. **APPLICANT CONSENT TO RELEASE INFORMATION.** Applicant completes this section giving permission for the supervisor to provide information and documentation regarding the applicant’s work experience to ADAD. Applicant gives this form to the supervisor.
2. **SUPERVISOR:** Print name, program unit where applicant worked, your organization and address and a day and evening phone number.
3. **APPLICANT EMPLOYMENT STATUS.** Check whether work was full-time, part-time, volunteer, or formal internship. Check all that apply. Print applicant’s job title and dates of employment. Print the percentage of the time actual work experience was in the 12 core function areas (see clarification of 12 core functions below). For total work experience hours, multiply the total hours applicant worked in your program by the percent of time working in the 12 core function areas to arrive at a total number of supervised experience hours. Enter this number in the space provided.
4. **THE 12 CORE FUNCTIONS.** The only experience that qualifies as supervised experience for a substance abuse counselor applicant is experience applying the 12 Core Functions in addressing the substance abuse treatment needs of clients. Each core function should be applied as follows:
 - screening for substance abuse problems
 - intake to your substance abuse services
 - orientation to your substance abuse program
 - assessment of substance abuse problems and their ramifications
 - treatment planning to address substance abuse problems
 - counseling (individual, group, and family) with the focus on substance abuse and recovery
 - case management that addresses treatment and recovery issues of substance abuse clients
 - crisis intervention with substance abuse clients
 - client/family education around addictive substances and recovery issues
 - referral for services that a program can not provide for substance abuse clients
 - substance abuse treatment reports and records keeping
 - consultation in addressing treatment needs of substance abuse clients
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5. **SUPERVISOR CERTIFICATION.** Print name and job title and check each credential that applies. Sign and date the form, then complete the one and a half page evaluation signing and dating that form where indicated. NOTE: All hours must be supervised by a CSAC or licensed healthcare professional.
6. Return completed forms to:
Certification Office
Alcohol and Drug Abuse Division
601 Kamokila Blvd., Room 360, Kapolei, HI 96707

PLEASE COMPLETE THE ATTACHED EVALUATION AND FORWARD IT ALONG WITH THIS WORK EXPERIENCE VERIFICATION TO: CERTIFICATION OFFICE
 ALCOHOL AND DRUG ABUSE DIVISION
 601 KAMOKILA BOULEVARD, ROOM 360
 KAPOLEI, HAWAII 96707

CONFIDENTIAL EVALUATION

The following items are representative of the skills needed by a certified substance abuse counselor in the 12 Core Functions. Please evaluate the applicant as you feel he/she demonstrates his/her abilities in each area. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the following scale:

1 2 3 4 5 X
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 Minimum Ability Below Average Ability Average Ability Above Average Ability Outstanding Ability Unknown or Not Observed

CLINICAL SKILLS/ABILITIES	EVALUATION (Circle One)	COMMENTS
SCREENING: Demonstrated competency in determining appropriateness for admission to a program	1 2 3 4 5 X	
INTAKE: Demonstrated competency in client intake process	1 2 3 4 5 X	
CLIENT ORIENTATION: Demonstrated competency in client orientation and motivation	1 2 3 4 5 X	
ASSESSMENT: Demonstrated competency in the use of psycho-social tools for assessing the intensity and extent of a client's problem with chemical dependency	1 2 3 4 5 X	
TREATMENT PLANNING: Demonstrated competency in establishing treatment goals and objectives for client	1 2 3 4 5 X	
COUNSELING: Demonstrated competency in individual counseling	1 2 3 4 5 X	
COUNSELING: Demonstrated competency in group counseling	1 2 3 4 5 X	
COUNSELING: Demonstrated competency in counseling of the family of the client and significant others	1 2 3 4 5 X	
CASE MANAGEMENT: Demonstrated competency in coordinating multiple treatment activities and support systems for the client	1 2 3 4 5 X	
CRISIS INTERVENTION: Demonstrated competency in crisis intervention	1 2 3 4 5 X	
CLIENT EDUCATION: Demonstrated competency in didactic presentations	1 2 3 4 5 X	
REFERRAL: Demonstrated competency in identifying the needs of the client that cannot be met by the counselor and assisting the client to utilize other agency or community resources available	1 2 3 4 5 X	
REPORTS/RECORD KEEPING: Demonstrated competency in writing reports and maintaining records	1 2 3 4 5 X	
CONSULTATION: Demonstrated competency in	1 2 3 4 5 X	

ability to relate to other professionals to assure comprehensive, quality care for the client						
SELF-EVALUATION: Ability to evaluate one's own shortcomings; accept guidance or suggestions (openness to the supervisory process)	1	2	3	4	5	X

CONFIDENTIAL EVALUATION CON'T.

CLINICAL SKILLS/ABILITIES	EVALUATION (Circle One)						COMMENTS
DECISION-MAKING: Ability to make decisions and initiate action with minimal or no supervision	1	2	3	4	5	X	
CONFIDENTIALITY: Ability to comply with State and Federal laws pertaining to client's rights and confidentiality	1	2	3	4	5	X	
ETHICS: Ability to comply with the Code of Ethics [HAR 11-177.1-33]	1	2	3	4	5	X	

SUPERVISOR CERTIFICATION

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN AND ON ANY ATTACHMENTS IS TRUE TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE OF APPLICANT SUPERVISOR	DATE

PLEASE RETURN THIS EVALUATION ALONG WITH THE WORK EXPERIENCE VERIFICATION RECORD TO:

CERTIFICATION OFFICE
 ALCOHOL AND DRUG ABUSE DIVISION
 601 KAMOKILA BOULEVARD, ROOM 360
 KAPOLEI, HAWAII 96707

