



**Canadian Addiction Counsellors Certification Federation
Fédération Canadienne D'agrément des Conseillers en Toxicomanie**

PO Box 408 Carp, ON KOA 1L0 | Phone: 1-866-624-1911 | Fax: 613-839-0050 | Email: info@caccf.ca | www.caccf.ca

**International Certified Alcohol & Drug Counsellor (I.C.A.D.C.)
APPLICATION CHECKLIST**

Please complete all the application materials as listed below. The application must be typed or carefully printed, and all requested information must be documented.

Applicant's Name: _____

- International Certified Alcohol & Drug Counsellor Application Form
- Documentation of Formal Education & Education in Alcoholism & Drug Form - 300 hours
- Documentation of Clinical Work Experience - 6000 hours
- Documentation of Supervised Clinical Training – 300 hours
- Supervisor's Evaluation Form. The supervisor must be/have been in an acting capacity for 6 months or more
- Read & Sign *Consent to Release Information*
- Read & Sign *Canon of Ethics Principles*
- Membership with CACCF in good standing
- Case presentation form
- Application Processing Fee \$285.71 + applicable taxes

Payment Enclosed:

Cheque ____ Money Order ____ Visa ____ MasterCard ____

Account# _____ Expiry Date _____

Signature of Cardholder/Applicant _____

You can apply online at www.caccf.ca or you may mail your completed package to the following:

ATTENTION: MEMBERSHIP DEPARTMENT
CACCF
PO Box 408
Carp ON KOA 1L0



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APPLICATION FORM**

****PLEASE COMPLETE ENTIRE FORM****

APPLICANT NAME: _____ Phone: _____

HOME ADDRESS: _____

I have given the Supervisor Evaluation Form to my counselling direct supervisor:

Name: _____ Phone: _____

Address: _____

Name of Agency: _____

I have given the Supervisor Evaluation Form to my counselling direct supervisor:

Name: _____ Phone: _____

Address: _____

Name of Agency: _____

I have given the Supervisor Evaluation Form to my counselling direct supervisor:

Name: _____ Phone: _____

Address: _____

Name of Agency: _____



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DOCUMENTATION OF FORMAL EDUCATION**

Please include copies of ALL transcripts, degrees, diplomas, and/or certificates, beginning with most recent.

FORMAL EDUCATION

NAME OF SCHOOL: _____

DATES ATTENDED: _____

MAJOR AREA OF STUDY: _____

DEGREE/DIPLOMA/CERTIFICATE EARNED: _____

FORMAL EDUCATION

NAME OF SCHOOL: _____

DATES ATTENDED: _____

MAJOR AREA OF STUDY: _____

DEGREE/DIPLOMA/CERTIFICATE EARNED: _____

FORMAL EDUCATION

NAME OF SCHOOL: _____

DATES ATTENDED: _____

MAJOR AREA OF STUDY: _____

DEGREE/DIPLOMA/CERTIFICATE EARNED: _____

FORMAL EDUCATION

NAME OF SCHOOL: _____

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**International Certified Alcohol & Drug Counsellor (I.C.A.D.C.)
DOCUMENTATION OF WORK EXPERIENCE**

Please include a letter from at least one employer listed below describing the job description in detail. Please note: We must be able to contact all employers and supervisors listed. An inability to reach past employers may affect your application.

CLINICAL WORK EXPERIENCE (6000 HOURS)

1. JOB TITLE: _____ FROM: _____ TO: _____
 EMPLOYER NAME: _____
 ADDRESS: _____
 SUPERVISOR'S NAME: _____
 JOB DUTIES: _____

AVERAGE # WORK HOURS: _____ PER WEEK TOTAL HOURS: _____

ESTIMATED TOTAL HOURS OF DIRECT CLIENT CONTACT:

Type of Counselling Case Load: of those clients that worked with in this position.

(Make a reasonable estimate)

_____ % had a primary diagnosis of drug abuse
 _____ % had a primary diagnosis of alcoholism abuse
 _____ % had a primary diagnosis of alcoholism and drug abuse

.....

2. JOB TITLE: _____ FROM: _____ TO: _____
 EMPLOYER NAME: _____
 ADDRESS: _____
 SUPERVISOR'S NAME: _____
 JOB DUTIES: _____

AVERAGE # WORK HOURS: _____ PER WEEK TOTAL HOURS: _____

ESTIMATED TOTAL HOURS OF DIRECT CLIENT CONTACT:

Type of Counselling Case Load: of those clients that worked with in this position.

(Make a reasonable estimate)

_____ % had a primary diagnosis of drug abuse



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_____ % had a primary diagnosis of alcoholism abuse
 _____ % had a primary diagnosis of alcoholism and drug abuse

3. JOB TITLE: _____ FROM: _____ TO: _____
 EMPLOYER NAME: _____
 ADDRESS: _____
 SUPERVISOR'S NAME: _____
 JOB DUTIES: _____

AVERAGE # WORK HOURS: _____ PER WEEK TOTAL HOURS: _____
 ESTIMATED TOTAL HOURS OF DIRECT CLIENT CONTACT:
 Type of Counselling Case Load: of those clients that worked with in this position.
 (Make a reasonable estimate)

_____ % had a primary diagnosis of drug abuse
 _____ % had a primary diagnosis of alcoholism abuse
 _____ % had a primary diagnosis of alcoholism and drug abuse

.....

4. JOB TITLE: _____ FROM: _____ TO: _____
 EMPLOYER NAME: _____
 ADDRESS: _____
 SUPERVISOR'S NAME: _____
 JOB DUTIES: _____

AVERAGE # WORK HOURS: _____ PER WEEK TOTAL HOURS: _____
 ESTIMATED TOTAL HOURS OF DIRECT CLIENT CONTACT:
 Type of Counselling Case Load: of those clients that worked with in this position.
 (Make a reasonable estimate)

_____ % had a primary diagnosis of drug abuse
 _____ % had a primary diagnosis of alcoholism abuse
 _____ % had a primary diagnosis of alcoholism and drug abuse



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**International Certified Alcohol & Drug Counsellor (I.C.A.D.C.)
SUPERVISOR'S EVALUATION LETTER**

CONFIDENTIAL

Dear Supervisor,

Your employee listed on the attached form is applying to the Canadian Addiction Counsellors Certification Federation for certification as an international Certified Alcohol & Drug Counsellor (I.C.A.D.C.). The information is an essential part of the Board's evaluation of the competence of the applicant, and must be on file before the application can be processed.

The CACCF believes that your observation will provide m\ a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation, plus that received from the other references and the data furnished by the applicant, will be used in determining the applicant's eligibility. The process can be only as good as you and the others make it, by careful and truthful reporting.

Please fill in the attached Supervisor Evaluation form.

Please return the completed evaluation within a week. Your cooperation is much appreciated.

ALL REFERENCES ARE TO BE RETURNED TO APPLICANT IN A SEALED ENVELOPE

APPLICANT IS RESPONSIBLE TO SUBMIT SEALED REFERENCES WITH COMPLETE PORTFOLIO APPLICATION



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**International Certified Alcohol & Drug Counsellor (I.C.A.D.C.)
SUPERVISOR'S EVALUATION FORM**

APPLICANT'S NAME: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S PROFESSIONAL QUALIFICATIONS: _____

BUSINESS ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

EVALUATION

Please reflect on your time with the applicant, and answer each question using the following scale:

1 – Poor | 2 – Below Average | 3 – Average | 4 – Good | 5 – Exceptional

Area of Skill	
Screening:	
1 2 3 4 5	1. Evaluates the physiological, psychological, and social signs and symptoms of alcohol/drug use/ abuse.
1 2 3 4 5	2. Determines the client's appropriateness for admission or referral
1 2 3 4 5	3. Determines the client's eligibility for admission or referral.
1.2.3.4.5	4. Identifies coexisting conditions that indicate the need for additional assessment or service.
1 2 3 4 5	5. Adheres to applicable laws, regulations and agency policies governing alcohol/drug abuse services.
Intake:	
1 2 3 4 5	1. Completes required documents for admission to group.
1 2 3 4 5	2. Completes required program documents for program eligibility and appropriateness.
1 2 3 4 5	3. Obtains appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.
Orientation:	



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1 2 3 4 5	1. Provides an overview to the client by describing program goals and objectives for client care.
1 2 3 4 5	2. Provides an overview to the client by describing program rules, and client obligations and rights.
1 2 3 4 5	3. Provides an overview to the client of program operations.
Assessment:	
1 2 3 4 5	1. Gathers relevant history including but not limited to alcohol/drug using appropriate interview techniques.
1 2 3 4 5	2. Obtain collaborative information from significant secondary sources regarding client's alcohol/drug abuse and psycho-social history.
1 2 3 4 5	3. Understands and appropriately uses a variety of assessment tools.
1 2 3 4 5	4. Explains to the client the rationale for the use of assessment techniques in order to facilitate understanding.
1 2 3 4 5	5. Develops a diagnostic evaluation of the client's substance abuse and coexisting conditions based on the results of all assessments to provide an integrated approach to treatment planning based on the client' strengths and weaknesses, and identified problems, and needs.
Treatment Planning:	
1 2 3 4 5	1. Explains assessment results to client in an understanding manner.
1 2 3 4 5	2. Identifies and ranks problems based on individual client needs in the written treatment plan.
1 2 3 4 5	3. Formulates immediate and long-term goals using behavioural terms in the written treatment plan.
1 2 3 4 5	4. Identifies the treatment methods and resources to be utilized as appropriate for the individual client.
Counselling:	
1 2 3 4 5	1. Selects appropriate counselling theories and methods.
1 2 3 4 5	2. Uses appropriate techniques to assist the client, group, or family in exploring problems and ramifications.
1 2 3 4 5	3. Uses appropriate techniques to assist the client, group or family in examining client's behaviour, attitude, and feelings.
1 2 3 4 5	4. Individualizes counselling in accordance with cultural, gender, and lifestyle differences.
1 2 3 4 5	5. Interacts with the client in an appropriate therapeutic manner.
1 2 3 4 5	6. Elicits solutions and decisions from the client.
1 2 3 4 5	7. Implement and revise the treatment plan.
Case Management:	
1 2 3 4 5	1. Explains the rationale of case management activities to the client.
1 2 3 4 5	2. Coordinates the services for client care.



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Crisis Intervention:

- | | |
|-----------|--|
| 1 2 3 4 5 | 1. Recognizes the elements of the client crisis. |
| 1 2 3 4 5 | 2. Implements an immediate course of action appropriate to the crisis. |
| 1 2 3 4 5 | 3. Enhances overall treatment by utilizing crisis events. |

Client Education:

- | | |
|-----------|---|
| 1 2 3 4 5 | 1. Presents relevant alcohol/drug information to the client through formal/information processes. |
| 1 2 3 4 5 | 2. Presents information about available alcohol/drug services and resources. |



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DOCUMENTATION OF SUPERVISED CLINICAL TRAINING

300 Hours are required. A MINIMUM of 10 hours in *EACH* of the twelve core functions is required.

Twelve Core Functions	Number of Hours	Supervisor's Name/Phone/Email
Client Screening		
Client Intake		
Client Orientation		
Treatment Planning		
Client Assessment		
Counselling		
Case Management		
Crisis Intervention		
Client Education		
Referral		
Reports & Record Keeping		
Consultations with Other Professionals		
<u>Total Supervised Clinical Training Hours:</u>		



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**CONSENT TO RELEASE INFORMATION TO THE CANADIAN ADDICTION COUNSELLORS
CERTIFICATION FEDERATION (Hereafter called "CACCF")**

- 1) I have presented full information concerning education, certification, accreditation, experience, special skills and certificates, as well as any disclosures of any unfavourable history with regard to prior employment.
- 2) You are requested and permitted to seek from my present employer, or any prior employer/institution/agency/person with which I have been associated, information concerning my professional competence and ethical character, including my knowledge or information as to whether my membership status of professional privileges have ever been suspended, revoked, reduced or not renewed at any other agency or institution.
- 3) I hereby authorize the CACCF to consult with the professional staffs of other facilities with which I have been associated, and with any other persons who may have information on competence, character and ethical qualifications.
- 4) I hereby consent to CACCF inspection of all records and documents that may be material to the requested certification.
- 5) I hereby release from any liability all representatives of the CACCF for acts, performed in good faith and without malice, concerning the evaluations of my credentials.
- 6) I hereby release from any liability all individuals and organizations who provide information to the CACCF in good faith and without malice concerning my competence, ethics, character, and other qualifications for certification, including otherwise privileged or confidential information.
- 7) I understand that any misrepresentations, deliberately erroneous information or omission of significant information relevant to my qualifications and competence for certification, now or in the future, will result in negative action by the CACCF, which may include denial of certification, suspension or revocation of certification or legal action.

Name of Applicant (print): _____

Signature

Date

Where the candidate does not expressly cancel the consent, it shall automatically terminate 12 months from the signed date.



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CANON OF ETHICAL PRINCIPLES

As a member of the Canadian Addiction Counsellors Certification Federation, I must:

1. Believe in the dignity and worth of all human beings, and pledge my service to the well-being and betterment of all members of society;
2. Recognize the right of humane treatment of anyone suffering from alcoholism or drug abuse, whether directly or indirectly;
3. Promote and assist in the recovery and return to society of every person served, assisting them to help themselves, and referring them promptly to other programs or individuals, when in their best interests;
4. Maintain a proper professional relationship with all persons served, assisting them to help themselves, and referring them promptly to other programs or individuals, when in their best interests;
5. Adhere strictly to established precepts of confidentiality in all knowledge, records and materials concerning persons served, and in accordance with any current government regulations;
6. Ensure that all interpersonal transactions between myself and persons served are non-exploitive and essential to their good recovery;
7. Give due respect to the rights, views and positions of any other alcoholism and/or drug counsellors and related professionals;
8. Respect institutional policies and procedures, and cooperate with any agency management with which I may be associated, as long as this remains consistent with recognized standards, procedures and ethics;
9. Contribute my ideas and findings regarding alcoholism and other drug addictions and their treatment and recovery, to any body of knowledge, through appropriate channels;
10. Refrain from any activities, including the abuse of alcohol, drugs or other mood-altering chemicals where my personal conduct might diminish my personal capabilities, denigrate my professional status, or constitute a violation of law;
11. Avoid claiming or implying any personal capabilities or professional qualifications beyond those I have actually attained, recognizing that competency gained in one field of activity must not be used improperly to imply competency in another;
12. Regularly evaluate my own strengths, limitations, biases, or levels of effectiveness, always striving for self-improvement and seeking professional development by means of further education and training.

Name: _____ Signature: _____ Date: _____