

## Application for Curriculum Review

**ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED**  
**Note: You must complete this form for each full program or individual course you wish reviewed**

### Section 1: Institute Information

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

Institution Name _____			
Contact Person _____			
Full Address _____			
Suite/Unit #	City	Province	Postal Code
Telephone _____		FAX _____	
Define your Institution: Public College <input type="checkbox"/> Public University <input type="checkbox"/> Private University <input type="checkbox"/>			
Private College <input type="checkbox"/> Other <input type="checkbox"/> _____			
Are you an approved institution by your provincial regulator? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Does your program need to be approved by your Provincial Ministry of Colleges and Universities? YES <input type="checkbox"/> NO <input type="checkbox"/>			

### Section 2: Program Information

If you are applying for a full program review, please supply the Ministry program code or NOC code _____	If you are applying to have an individual course approved, please state the course name and code _____
Occupation(s) towards which the program is directed:	The course is directed toward which occupation:
Name of the Program: _____	
Language of Instruction: English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> _____	
Program Course Format: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Distance Education <input type="checkbox"/> Combination <input type="checkbox"/> Other <input type="checkbox"/> _____	
Length of Program: Total Hours _____ Total Theory _____ Total Clinical Supervised hours _____	
Hiring Rate of Graduates: _____	
Course Catalogue Description:	
Admission Requirements:	
What type of credential are you providing to students upon completion of the course or program? Diploma (provide a sample) <input type="checkbox"/> Certificate (provide a sample) <input type="checkbox"/> Other <input type="checkbox"/> _____ <div style="text-align: right;">(provide a sample)</div>	

### Section 3: Program/Course Development

Identify those subject matter experts and educational consultants who assisted in the development of the program			
Name	Professional Affiliations/Credentials	Staff Member at the College	Telephone #
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

#### Section 4: Program/Course Validation and Maintenance

The curriculum must be evidence based and validated by an advisory committee.

Program/Course has been reviewed by an advisory committee: Yes  (attach meeting minutes) No  (explain below)

Describe the methods to be used by the institution to determine whether the program is meeting its attended goal of providing students with the knowledge and skills:

The program must have clear measurable learning outcomes. All content must be accurate and have additions specific focus. Assessments strategies must include written and oral components which align with the learning outcomes.

Include all course / program outlines:

Include samples of assessments for each course:

#### Section 5: Instructor Qualifications

Instructors must possess a minimum of a diploma degree and meet the requirements of the Provincial Education authority. Instructors must also demonstrate that they meet the requirements for ICADC and CCAC certification. Please provide a description of the instructors' qualifications and experience:


### Section 6: Declarations

I declare that the curriculum documents supplied are the property of:

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Note: in the event the curriculum documents present for assessment are NOT the property of the institutions submitting, documented evidence of the rightful owners' permission allowing use of their curriculum by another party is required before CACCF or its agents complete the assessment process.

I declare the curriculum documents supplied are NOT the property of:

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I declare that the curriculum documents supplied are the property of:

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to use and submit to the CACCF for assessment (attached).

Name of Person submitting (please print)	_____		
Signature	_____	Date	_____
Phone	_____		FAX _____
Email	_____		
Institution Web Site	_____		

# Application for Curriculum Review – Practicum Placement Overview

**ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED**

**Note: You must complete this form for each full program or individual course you wish reviewed**

**Please demonstrate how each of the core functions will be applied and assessed:**

<b>Twelve Core Functions</b>	<b>Number of Hours</b>	<b>Name of Supervisor/Phone number</b>
Client Screening		
Client Intake		
Client Orientation		
Treatment Planning		
Clinical Assessment		
Counselling		
Case Management		
Crisis Intervention		
Client Education		
Referral		
Reports and Record Keeping		
Consultations with other Professionals		
<b>Total Supervised Clinical Training Hours</b>		

## CURRICULUM REVIEW FORM B COMPETENCY MAPPING

### CACCF Education Required for ICADC CERTIFICATION

Education	Minimum Hours Required	Content to be included:	Course name and number; Objective/Learning Outcome	Approved by Committee
Pharmacology	20			
		1. Knowledge and a basic understanding of the pharmacology of psychoactive drugs.		
		2. Knowledge and basic principles of pharmacology/ pharmacokinetics		
		3. Knowledge of tolerance and dependence		
		4. Knowledge of dependence liability		
		5. Knowledge of therapeutic and toxic effects of specific psychoactive drugs.		
Comments:		** Please see all course descriptions and outlines in Appendix		
Signs & Symptoms	15		Course name and number; Objective/Learning Outcome	Approved by Committee
		1. Alcohol and other drug addiction specific signs and symptoms as indicated by assessments		
		2. What influences what we assess		
		3. How to assess addictive behaviour and other life areas, what questions to ask and how to ask them		
Signs & Symptoms	Minimum Hours Required	Content to be included:	Course name and number; Objective/Learning Outcome	Approved by Committee

		4. How to engage clients in treatment planning		
		5. Knowledge and practical experience in the use of screening tools currently in use		
		6. Knowledge and practical experience in the use of assessment tools currently in use		
<b>Comments:</b>				
<b>Human Development</b>	<b>32</b>		<b>Course name and number; Objective/Learning Outcome</b>	<b>Approved by Committee</b>
		1. Knowledge of some of the many theories that attempt to explain human development: lifespan (developmental) theory,		
		2. Role theory		
		3. Self-actualization theory		
		4. Self-in-relations theory		
		5. How these and other theories explain human development		
		6. How human development theories and their concepts can be utilized in working with people affected by addiction.		
<b>Comments:</b>				
<b>Counselling</b>	<b>133</b>		<b>Course name and number; Objective/Learning Outcome</b>	<b>Approved by Committee</b>

<p><b>Total 33/133 hours</b></p>	<p><b><u>Consisting of a combination of:</u></b>  <b><u>a) Individual; b) Group; c) Family, and d) Treatment Approaches/Options.</u></b></p> <p><b><u>a) Individual Counselling</u></b> includes:</p>		
	<p>1. effective counselling techniques to establish a therapeutic relationship with the client</p>		
	<p>2. skills and knowledge in empathetic listening</p>		
	<p>3. skills and knowledge in paraphrasing</p>		
	<p>4. skills and knowledge in reflecting</p>		
	<p>5. skills and knowledge in effective questioning</p>		
	<p>6. skills and knowledge in clarification</p>		
	<p>7. skills and knowledge in challenging</p>		
	<p>8. skills and knowledge in other communication skills essential for effectively helping the client</p>		
	<p>9. knowledge in counselling theory</p>		
	<p>10. practical training (role playing)</p>		

<b>Total of 40/133 hours</b>	<b>b) Group Counselling includes:</b>	<b>Course name and number; Objective/Learning Outcome</b>	<b>Approved by Committee</b>
	1. Counselling techniques to establish a therapeutic relationship in a group setting		
	2. techniques and knowledge regarding group dynamics		
	3. facilitation of life skills		
	4. problem solve techniques		
	5. knowledge of group intervention, process and goal setting		
	6. knowledge of group and the nature of therapeutic, educational, and self-help groups		
Comments:			

<b>Total 30/133 hours</b>	<b>C) Family Counselling</b> Includes:	<b>Course name and number, Objective/Learning Outcome</b>	<b>Approved by Committee</b>
	1. Knowledge of the effects of addiction on the family and family dynamics.		
	2. Knowledge of appropriate interventions		
	3. Knowledge of appropriate counselling techniques.		
Comments:			

<b>Total 30/133 hours</b>	<b>d) Treatment Approaches/Options</b> Includes:	<b>Course name and number; Objective/Learning Outcome</b>	<b>Approved by Committee</b>
	1. an overview of what treatment is		
	2. When treatment is necessary		

<b>Special Populations</b>	<b>12</b>	<b>Course name and number; Objective/Learning Outcome</b>	<b>Approved by Committee</b>



		Knowledge of cultural values and attitudes as they pertain to alcohol and drug addiction. Some specific education in areas of youth, women, natives, geriatric, dual disorders (mental health and addiction), HIV/Aids, and/or corrections is required; education regarding high risk populations.		
<b>Case Management</b>	<b>17</b>		<b>Course name and number; Objective/Learning Outcome</b>	<b>Approved by Committee</b>
		1. knowledge of the role and function of the case manager		
		2. service co-ordination, liaison with other addiction and non-specific resources.		
		3. education in how to follow the client from intake to aftercare, and follow-up is essential		
		4. record keeping and report writing, with reference to communication and legal aspects should be explored.		
<b>Comments:</b>				

Professional Ethics	6	Education must relate to alcohol and other drugs and touch upon the following areas:	Course name and number; Objective/Learning Outcome	Approved by Committee
		1. client welfare as primary concern.		
		2. boundaries of the therapeutic relationship		
		3. professional competence: supervision & development		
		4. Consent and negligence		
		5. confidentiality, record keeping, and disclosure.		
		6. relationship to other counsellors and institutions.		
		7. legal issues/Reporting obligations.		
		8. financial issues.		
		9. personal wellness.		
<b>Comments:</b>				

Any Other Alcohol & Other Drug Knowledge Area	35		Course name and number; Objective/Learning Outcome	Approved by Committee
		Other courses or workshops/seminars with an evaluative component can be slotted into this category, such as specializing in a particular population or treatment approach.		
	<b>270</b>	Total Hours of Education		

**Overall Comments:** \_\_\_\_\_

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