



**Indian Alcoholism Commission of California  
IACC  
(A Non-Profit California Corporation)**

**448 Red Cliff Drive, Suite 12  
Redding, CA 96002  
Phone: (530) 221-0705  
Fax: (530) 222-1710**



# **System for Certification of Substance Abuse Counselors**

**By The**

**Indian Alcoholism Commission of  
California, Inc. [IACC]**



**Indian Alcoholism Commission of California  
[IACC]  
(A Non-Profit California Corporation)**



**448 Red Cliff Drive, Suite 12  
Redding, CA 96002  
Phone: (530) 221-0705  
Fax: (530) 222-1710**

**ACKNOWLEDGEMENT**

The Indian Alcoholism Commission of California, Inc., acknowledges and honors the Indian people, who through their dedicated efforts established and maintained Indian chemical dependency treatment programs in California since 1972. The Indian Alcoholism Commission of California, Inc., Substance Abuse Counselors Certification program was created through the support of Indian people and is committed to the treatment of chemical dependency among Indians in the State of California.



## **Indian Alcoholism Commission of California, Inc. [IACC]**



### **MISSION STATEMENT**

The Indian Alcoholism Commission of California, Inc. (IACC) is committed to the facilitation of a statewide Indian perspective about how to alleviate substance abuse problems in Indian communities. IACC advocates for the right of all American Indians to pursue a healthy and productive life. IACC is organized to reflect the treatment principles that chemical dependency is treatable and that recovery for the American Indian addict is possible.

The Substance Abuse Counselor Certification program promotes and supports the platform of rehabilitation of American Indian substance abusers through prevention, intervention and treatment and the healthiness and wellbeing of Indian individuals, families and communities.

IACC has developed and incorporated professional standards of certification for Certified American Indian Substance Abuse Counselors. IACC's qualified counselors fulfill these standards through capacity building, quality assurance and professional certification.

IACC pledges to cooperate with other organizations to facilitate the empowerment of American Indian communities. IACC is committed to providing services to American Indian communities to promote their physical, mental, and spiritual rehabilitation from the effects of alcohol, drugs and other related disorders.

The Indian Alcoholism Commission Certification Board offers certification to qualified chemical dependency counselors. The Board was created in response to the increasing accountability required by state and federal government and the demand for qualified counselors who serve Indian populations.

Certification attests to the professional qualifications and competence of the counselor.

The standards for certification are those commonly recognized by Indian Health Services, The State of California, The International Certification and Reciprocity Consortium (ICRC) and various chemical dependency groups and authorities in California and other States.

The Indian Alcoholism Commission, in consultation with Indian Health Services, The State of California, The International Certification and Reciprocity Consortium (ICRC) and other certifying Boards, has developed the specific requirement for certification and the process by which it is sought and granted.



System for Certification

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**Indian Alcoholism Commission of California, Inc. [IACC]**



Code of Ethics for All

## CHEMICAL DEPENDENCY AND SUBSTANCE ABUSE COUNSELORS

We Affirm:

1. That the primary goal for all chemical dependency/substance abuse counselors is to assist the client, their families and the community toward recovery, using both acceptable clinical and traditional methods. That counselors do not use their own professional relationships with clients to further their own interest.
2. That we have a total commitment to provide the highest quality of care to those who come to us for treatment of chemical addiction and abuse. We must stay within the scope of our own competence and expertise and when necessary make appropriate referrals to other health providers who have the specific expertise when clinically appropriate.
3. That we shall respect and act with due regard for the needs, special competencies, and obligations of our colleagues in the chemical dependency field and other professions. According to the principles of integrity, we will not do anything to mar our trustworthiness, or raise any doubts in the minds of our clients or the community about the competence of our peers and colleagues.
4. That we must be aware of our influential position with respect to clients and their family members and we must not exploit the trust and dependency of such persons. A dual relationship occurs when a counselor and his/her client's family members engage in a separate and distinct relationship during the time that the therapeutic relationship exists. Dual relationship includes, but is not limited to a sexual, romantic, financial, business or intimate relationship. For purposes of this section, counselors shall include any IACC intern, probationary counselor or certified counselor associated with IACC.
5. That we shall not misrepresent our own professional experience, clinical qualifications, competence, licensure or academic degrees. We should never attempt to provide services we are not trained for. That we have continuing commitment to assess our own personal strengths, limitations, biases and clinical effectiveness on a routine basis.



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6. That we shall evidence a genuine interest in all chemical addiction and substance abuse concerns. We do hereby dedicate ourselves to the best interest of our Native American Indian communities.

7. That we shall maintain at all times an objective, nonpossessive, professional relationship with all our clients, their families and direct friends.

8. That we shall adhere to the laws of confidentiality with regard to records, documents and other information concerning our client, their family or friends, except as authorized by client or required by federal, state or local agencies for funding or reporting purposes.

9. That we shall not in any way discriminate between clients, their family or friends, or other professionals on the basis of race, creed, color, age, marital status, disability, sex or sexual preference.

10. That we shall maintain respect for all organizational policies and management decisions within our agency or any other organization. That we will take the initiative toward improvement of such policies and management when it will better serve the interest of our clients, their families and communities.

11. That we shall continuously strive for self-improvement and professional growth through further education and specific training in the field of chemical dependence/substance abuse.

12. That we shall be responsible for our conduct both in personal and professional life. That we will not use alcohol or other illegal drugs in personal and professional life. We will not conduct ourselves in any manner where our behavior would diminish our capacity to maintain the trust and reliance of the client, their family and the community.

13. That we have the responsibility to our clients, our community, colleagues and ourselves to not have or engage in any sexual contact with a client. We will not commit or permit any type of physical or emotional abuse. Verbal, physical, sexual or visual harassment of co-workers, counselors, clients, members of the community or others is absolutely forbidden. Harassment can take many forms, including but not limited to the use of racial, sexual or ethnic statements, regardless of whether they were intended as jokes; sexually suggestive or unwelcome touching, including obscene gestures; the display of sexually suggestive or lewd photographs or pictures.



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14. In the event that we have knowledge of any other employee at our workplace that appears/seems to be under the influence of alcohol or other drugs, we will report to the appropriate supervisor. The use and/or possession of alcohol, narcotics, drugs or other controlled substances while on the job or program is absolutely forbidden. Conviction of an alcohol or substance abuse offense will result in immediate separation from IACC.

15. That as professional Certified Chemical Dependency/Substance Abuse Counselors, we are obligated to report to the IACC Commission Coordinator any violations of this code of ethics. This report must be in writing and not later than five (5) working days after receiving said information.

I agree to follow and honor all of the fifteen (15) steps listed above in the IACC Code of Ethics. I also agree that I will not use alcohol or other illegal drugs. I am fully aware that IACC, for any violation of the above stated Code of Ethics, may revoke my certification.

\_\_\_\_\_  
Chemical Dependency/Substance Abuse Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness / Commission Representative

\_\_\_\_\_  
Date

cc: Chemical Dependency/Substance Abuse Counselors IACC File  
Chemical Dependency/Substance Abuse Counselors - file at work  
To each individual Chemical Dependency/Substance Abuse Counselors



## Indian Alcoholism Commission of California, Inc. [IACC]



### Application Check List

**Note: It is the responsibility of the Applicant to submit a complete portfolio. Incomplete portfolios will be returned, fees are non-refundable.**

**INSTRUCTIONS: Complete application form with all questions answered (no blank spaces). We need specific rather than general information.**

*Please check each item in order to be certain your application is complete.*

\_\_\_\_\_ All application forms (including autobiographical assessment and application form).

\_\_\_\_\_ Employment verification. Letters from present employers describing your duties and giving exact dates of employment and resumes.

\_\_\_\_\_ Verification of education is needed. Have a transcript sent directly to the IACC Board from College, University or Training Institution.

\_\_\_\_\_ Three (3) letters from outside agency (referral) agency you have dealt with. These must be sent directly to the Certification Board.

\_\_\_\_\_ Two (2) Peer letters of support, attesting to the counselor's character and competency, for certification must be sent directly to the Certification Board.

\_\_\_\_\_ Counselor evaluation forms are to be signed by the Clinical Supervisor and mailed to the Certification Board.

\_\_\_\_\_ Read and sign the "Code of Ethics" and "Sobriety Disclaimer" provided in the paperwork, signed and returned with this application.

\_\_\_\_\_ One passport size photo, any good photo will work.

\_\_\_\_\_ Check or money order for required amount (non-refundable) payable to:  
Indian Alcoholism Commission of Ca., \$1,500.00 for portfolio processing

**Contact the IACC office to see if you are eligible and/or if funds are available to pay for all or part of your fees.**

**Mail application and check to:  
Indian Alcoholism Commission of California, Inc.  
448 Red Cliff Drive, Suite 12  
Redding, CA 96002**



**Indian Alcoholism Commission of California, Inc. [IACC]**



## PROCEDURES FOR APPLICATIONS REVIEW AND CERTIFICATION

Professional competence is the most important qualification for the Certified Substance Abuse Counselor. There are certain educational requirements, but these are limited largely to specialized professional training.

Testing for certification will be conducted according to IC&RC schedule. Applications must be submitted no later than two (2) months prior to schedule testing dates.

1. Application must include the following:
  - a) A portfolio containing information that verifies an applicant's qualification and the non-refundable fee.
  - b) Statements from present and previous employers verifying longevity of employment. Specific dates and duties of employment must be submitted.
  - c) Record of Practicum.
  - d) Submit COPIES of college academic transcripts unopened.

### Board Responsibilities:

- a) Administer written certification examination and process examination back to IC&RC for review.
- b) Evaluate through Oral Case Presentation Method [IC&RC format] applicant's case presentation and knowledge/skills of 12 core functions.



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The process of application and deliberations of the Certification Board are designed to determine whether the applicant meets the standards for a Certified Substance Abuse Counselor. That determination is the province and responsibility of the Certification Board and in making application, the applicant agrees to submit to the Board's procedures and to accept its determination.

1. When the application portfolio with verification of employment, fees, Letters of support, counselor evaluation forms, and official transcripts have been approved by the Board, the applicant will be notified of the time and place for the examination.
2. Upon passing the written exam, the applicant will be notified of the time to sit for the oral case presentation review.
  - a) The Board will first review the written documentation submitted by each candidate for certification.
  - b) Incomplete applications will delay testing approval to the next scheduled testing date.
  - c) A written examination will be conducted four (4) times each year to assess the applicant's knowledge and competency.
  - d) Candidates will be required to pass an oral examination of a written case presentation based on their knowledge of the 12 core functions.
  - e) Upon completion of testing, the Board will review the results and recommend approval or denial.
  - f) The applicant will be notified of the Board's decision immediately.
  - g) If approved, a certificate will be awarded. If denied, the applicant may reapply for the next scheduled testing date.



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## APPLICATION FOR SUBSTANCE ABUSE COUNSELOR CERTIFICATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_

American Indian: Yes \_\_\_\_\_ No \_\_\_\_\_ Tribal Membership Number \_\_\_\_\_

\_\_\_\_ Asian-American \_\_\_\_ Black/African-American  
\_\_\_\_ Caucasian \_\_\_\_ Mexican-American \_\_\_\_ Other: \_\_\_\_\_

Professional Affiliation: \_\_\_\_\_

### **Education:**

\_\_\_\_ School Name \_\_\_\_\_ Dates (From/To) \_\_\_\_\_ Major/Degree/Awards \_\_\_\_\_

GED: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate School: \_\_\_\_\_

### **Specialized Training in Substance Abuse (School/Seminar/Workshops)**

Title of Course Facility Date(s) Hours

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, please use back of form)



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## *Professional Experience (Begin with current employment)*

Facility & Address: _____
Date(s): _____ Phone # ( ) _____
Immediate Supervisor: _____
Your Title: _____
Major Duties: _____ _____
Professional Experience (Alcohol/Drug) _____ Years _____ Months

Facility & Address: _____
Date(s): _____ Phone # ( ) _____
Immediate Supervisor: _____
Your Title: _____
Major Duties: _____ _____
Professional Experience (Alcohol/Drug) _____ Years _____ Months

Facility & Address: _____
Date(s): _____ Phone # ( ) _____
Immediate Supervisor: _____
Your Title: _____
Major Duties: _____ _____
Professional Experience (Alcohol/Drug) _____ Years _____ Months



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## **STATEMENT OF UNDERSTANDING**

I hereby affirm that this application is made on my own behalf and is entirely voluntary on my part. I hereby agree to waive the right to inspect the results of inquiries made of employers, co-workers, references, educational institutions or any others, which were sought and secured in the process of making a determination as to my certification by IACC will be accepted by me without question. I hereby authorize hospitals, any type of business organization, schools, other organizations or persons named herein to release any information they may have regarding me. I hereby release said parties from any and all liability arising out of the furnishing of the information that may be requested by IACC in connection with this application.

I understand that certification depends on my meeting the requirements and criteria established by the Board. I understand that intentionally false or misleading statements on this application will result in my being declared ineligible for certification. Data from my application may be used for statistical purposes. The application fees and portfolio become the property of IACC. All fees are non-refundable.

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*Signature*

*Date*

\* Address questions and/or mail application, portfolio and fee(s) to:

**Indian Alcoholism Commission of California, Inc. [IACC]  
448 Red Cliff Drive, Suite 12  
Redding, CA 96002  
Phone: (530) 221-0705**



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## SUBSTANCE ABUSE COUNSELORS AUTOBIOGRAPHICAL ASSESSMENT

### ***BASIC PERSONAL INFORMATION:***

1. Full legal name: \_\_\_\_\_

2. Name you prefer to be called: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

5. Person to contact for important messages if you are unavailable:

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

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

6. Social Security Number (optional): \_\_\_\_\_

7. Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position: \_\_\_\_\_

8. Do you have a driver's license? Yes \_\_\_\_ No \_\_\_\_

9. How did you learn about IACC? \_\_\_\_\_

### ***EDUCATIONAL INFORMATION***

1. Did you graduate from high school? Yes \_\_\_\_ No \_\_\_\_

2. If you did not graduate from high school, did you obtain a G.E.D.? Yes \_\_\_\_ No \_\_\_\_

3. Have you attended any vocational training programs, trade schools, business colleges, etc.?  
If so, please identify:  
\_\_\_\_\_

4. Which colleges, if any, have you attended? Specify name, date area of study, number of units completed and approximate grade point average.



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5. Are you currently enrolled in college?

Yes \_\_\_\_ No \_\_\_\_ If yes, which one and what courses are you taking?

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6. What awards, honors, club membership, etc. have you received? \_\_\_\_\_

7. Have you been, or are you presently involved with any self-help groups? (optional) \_\_\_\_\_

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8. Specify any other type of community involvement you have had or ways you have been involved in human services other than those state in your resume: \_\_\_\_\_

9. What benefits do you hope to gain from participating in IACC? \_\_\_\_\_

10. Please share with us any other insights or information about yourself you feel is important for us to know: \_\_\_\_\_

I hereby certify that the information provided by me herein is true and correct to the best of my knowledge.

I further commit myself to work with the credentialing Board to provide further information relevant to this program, and to complete all necessary preparatory steps.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Supervisor's Counselor Evaluation

The person named below (employee or colleague) is requesting certification. IACC requires that this Counselor Evaluation form be completed and filed with the Board before this applicant's request can be processed.

Your evaluation is an integral part of the material presented to IACC for its consideration. Please report accurately and objectively.

This form becomes the property of IACC and remains completely confidential.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Social Security #

**RELEASE STATEMENT**

Dear Supervisor,

I am in the process of seeking certification from the Certification Board of Substance Abuse Counselors (IACC) as a competent, professional Alcohol/Drug Counselor. I have identified you as someone in a position to verify my standard of professional performance and/or supervised hours of personal face-to-face alcohol counseling or other activities that are directly related.

Your documentation will be combined with other documents and assessments to form my portfolio. Your cooperation will assist the Board in making a fair and accurate decision.

I hereby authorize you to release to the Board confidential information required by the Certification Board.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature



# Indian Alcoholism Commission of California, Inc. [IACC]



## Evaluation Sheet

*CIRCLE THE APPROPRIATE NUMBER*

**RATINGS:**

1=Poor

2=Fair

3=Acceptable

4=Good

5=Excellent

NA=Not Applicable

1. Working with clients on an individual basis	1	2	3	4	5	NA
2. Working with clients on a group basis	1	2	3	4	5	NA
3. Working with clients on a family basis	1	2	3	4	5	NA
4. Intake process	1	2	3	4	5	NA
5. Initial and ongoing client evaluation	1	2	3	4	5	NA
6. Assessment of case records	1	2	3	4	5	NA
7. Treatment plan preparation	1	2	3	4	5	NA
8. Use of referrals and other resources	1	2	3	4	5	NA
9. Termination of counseling	1	2	3	4	5	NA
10. Case follow-up	1	2	3	4	5	NA
11. Maintenance of case files and records	1	2	3	4	5	NA
12. Oral and written communication	1	2	3	4	5	NA



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13. Observing confidential requirements	1	2	3	4	5	NA
14. Ability to motivate	1	2	3	4	5	NA
15. Ability to confront	1	2	3	4	5	NA
16. Ability to self-disclose	1	2	3	4	5	NA
17. Shows warmth	1	2	3	4	5	NA
18. Has realness	1	2	3	4	5	NA
19. Has empathy	1	2	3	4	5	NA
20. Has flexibility	1	2	3	4	5	NA
21. Maintains professionalism	1	2	3	4	5	NA
22. Functions in accord with code of ethics	1	2	3	4	5	NA
23. Updates skills and areas of personal growth on an ongoing basis	1	2	3	4	5	NA
24. Has ability to maintain interpersonal relationships with colleagues	1	2	3	4	5	NA



**Indian Alcoholism Commission of California, Inc. [IACC]**



Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional pages as needed)

The above information, to the best of my knowledge, is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Name and Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Your professional relationship to applicant counselor

\_\_\_\_\_  
Address City State Zip

**DO NOT RETURN TO APPLICANT**



# Indian Alcoholism Commission of California, Inc. [IACC]



## Internship

### INTERNSHIP EVALUATION FORM

INTERN: \_\_\_\_\_

AGENCY: \_\_\_\_\_

Field Work From: \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Number of Hours: \_\_\_\_\_

Minimum Hours Required= 304

	Excellent	Above Average	Average	Below Average	No Basis for Judgement
<b><i>Analytical Ability</i></b>					
1. Understanding of agency					
2. Understanding of Community					
3. Understanding of clients					
4. Use of knowledge sources					
5. Use of evaluation					
6. Understanding of substance abuse					
<b><i>Administration</i></b>					
1. Use of supervision					
2. Documentation					
3. Recording					
4. Referral					
<b><i>Relations</i></b>					
1. With clients of agency					
2. With Peers					
3. With supervisors					
4. With community groups					
<b><i>Practice Skills</i></b>					
1. Screening					
2. Intake					
3. Orientation					
4. Assessment					
5. Treatment Planning					
6. Counseling					
7. Case Management					
8. Crisis Intervention					
9. Client Education					
10. Referral					
11. Reports and Recordkeeping					
12. Consultation					



**Indian Alcoholism Commission of California, Inc. [IACC]**



Addition Comments: Please elaborate on any of the above ratings or add further materials which may be of help.[Use back of page if needed.] \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ How long have you known him/her? \_\_\_\_\_

Recommendation:

- Yes, I highly recommend
- Yes, with reservations
- No, I do not recommend

Printed Name of Evaluator: \_\_\_\_\_

Signature: \_\_\_\_\_

Title and/or degree: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Originals must be submitted with application packet.**



**Indian Alcoholism Commission of California, Inc. [IACC]**



**SUPERVISED FIELD WORK PRACTIUM LOG WITH  
SUPERVISOR'S AND INSTRUCTOR'S VERIFICATION**

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

**Supervisor and Instructor's Directions:**

By asserting and signing your name to the CORE FUNCTION work done by the applicant presenting this document, you are verifying that the applicant has actually completed the 21 required experiential hours in the specified CORE FUNCTION indicated. It is your responsibility to verify by the applicant's log or calendar or other mechanism that the function indeed adequately and successfully completed.

**Core Function of SCREENING:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ the above named applicant completed \_\_\_\_\_ hours in the SCREENING process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Core Function of INTAKE:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_, the above named applicant completed \_\_\_\_\_ hours in the INTAKE process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Core Function of ORIENTATION:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_, the above named applicant completed \_\_\_\_\_ hours in the ORIENTATION process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Core Function of ASSESSMENT:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_, the above named applicant completed \_\_\_\_\_ hours in the ASSESSMENT process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Indian Alcoholism Commission of California, Inc. [IACC]**



Core Function of TREATMENT PLANNING:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_, the above named applicant completed \_\_\_\_\_ hours in the TREATMENT PLANNING process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Core Function of COUNSELING:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_, the above named applicant completed \_\_\_\_\_ hours in the COUNSELING process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Core Function of CASE MANAGEMENT:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_, the above named applicant completed \_\_\_\_\_ hours in the CASE MANAGEMENT process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Core Function of CRISIS INTERVENTION:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_, the above named applicant completed \_\_\_\_\_ hours in the CRISIS INTERVENTION process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Core Function of CLIENT EDUCATION:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_, the above named applicant completed \_\_\_\_\_ hours in the CLIENT EDUCATION process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Core Function of REFERRAL:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_, the above named applicant completed \_\_\_\_\_ hours in the REFERRAL process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Core Function of REPORTS AND RECORDKEEPING:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_, the above named applicant completed \_\_\_\_\_ hours in the REPORTS AND RECORDKEEPING process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Core Function of CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT/SERVICES.

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_, the above named applicant completed \_\_\_\_\_ hours in the CONSULTATION process.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SUPERVISOR:

Printed Name \_\_\_\_\_

Title or Position \_\_\_\_\_

Agency or Facility \_\_\_\_\_

### INSTRUCTOR:

Printed Name \_\_\_\_\_

Title or Position \_\_\_\_\_

School or Institution \_\_\_\_\_

Practicum Course # \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Original must be submitted with applicant packet. These forms may be duplicated if you had more than one supervised field work experience. Your Supervisor must sign and date for each CORE FUNCTION. Your Instructor must sign on this page.



**Indian Alcoholism Commission of California, Inc. [IACC]**



**(A Non-Profit California Corporation)  
448 Red Cliff Drive, Suite 12  
Redding, CA 96002  
Phone (530) 221-0705 \* FAX (530) 222-1710**

FEE SCHEDULE

**The application packet includes:**

**Portfolio Processing**

**ICRC/Written Examination to be ordered**

**Total cost of certification process: \$1,500.00**

**Contact the IACC office to see if you are eligible and/or if funds are available to pay for all or part of your fees.**

Effective 1/1/11



**Indian Alcoholism Commission of California, Inc. [IACC]**



APPLICATION FOR ADMISSION TO THE WRITTEN EXAM OF CERTIFICATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Exam

1. Fill in all blanks carefully.
2. The receipt portion of this form will be returned with the signature of the IACC Exam Coordinator, it is not valid without the signature.
3. The signed receipt is your ticket for the examination. Be certain you take it with you.
4. Make sure you have valid identification.
5. Return this application and appropriate fees for written and oral tests as you are notified you are approved to take the written exam.

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ADMISSION FORM FOR WRITTEN EXAMINATION  
IACC CERTIFICATION BOARD OF SUBSTANCE ABUSE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place of Exam

\_\_\_\_\_  
Time Exam

\_\_\_\_\_  
Coordinator

**Take this form with you. It is your admission to the examination. Without this form you will be denied entry to the examination. Three and One Half hours (3:30) are allowed to complete the examination. The doors will close promptly at the time stated above.**

**No admittance will be permitted after this time.**



***SUBSTANCE ABUSE DISCLAIMER***

*(Sign only one Section)*

1. I understand that by signing below, I am stating that I have not used alcohol or any other drug for a period of two years prior to this application for certification.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

2. I am presently unable to sign the above statement; however, as of \_\_\_\_\_, I will have met this requirement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**AFFIDAVIT \***

I hereby certify that all of the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigations and the release of personal information to the State of California, Department of Indian Health Service; Alcohol and Drug Abuse Branch. I understand that falsification of any portion of this application will result in revocation of certification.

I, further agree to hold the State of California, Department of Health, Indian Health Service, Alcohol and Drug Branch, Indian Alcoholism of California, Inc., agents, staff and examiners free from any civil liability for damages or complaints about any action within the scope and arising out of the performance of their duties and which is taken in connection with this application, the attendance examination, the grade on the examination and/or the failure of the Indian Alcoholism Commission of California, Inc., to issue me a Counselor Certification.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\*Unsigned applications will be returned.



**Indian Alcoholism Commission of California, Inc. [IACC]**



MEMO

PLEASE, IF YOUR TRANSCRIPTS SHOW A DIFFERENT TITLE FOR CORE COURSES FOR SUBSTANCE AND DRUG COURSES SEND A CATALOGUE OR SYLLABUS IDENTIFYING THEM.

ALL INFORMATION SUBMITTED WILL EXPEDITE YOUR APPLICATION FOR CERTIFICATION TESTING



## Indian Alcoholism Commission of California, Inc. [IACC]



### SUGGESTED READING IN PREPARATION FOR THE AODA EXAM

Prepared by the written examination committee of the International Certification and Reciprocity Consortium  
(Alcohol & Other Drug)

American Psychiatric Association. *Diagnostic & Statistical Manual of Mental Disorder IV*, TR. AP A. 2000.

Benshoff, J. & Janikowski, T., *The Rehabilitation Model of Substance Abuse Counseling*. Brooks/Cole, 1999.

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Fisher, G. & Harrison, T. *Substance Abuse: Information for School Counselors, Social Workers, Therapists and Counselors*. 2nd Ed., Allyn & Bacon, 1999.

Herdman, John. *Global Criteria: The Twelve Core Functions of the Substance Abuse Counselor*, 2nd Ed., Learning Publication, 2000.

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Miller & Rollnick. *Motivational Interviewing: Preparing People for Change*, 2nd Ed. Guilfor Press, 2002.

Perfas, Fernando. *Therapeutic Community: A Practice Guide*. IUniverse, 2003.

Powell, David. *Clinical Supervision in Alcohol and Drug Abuse Counseling: Principles, Models, and Methods*. Jossey-Bass, 1998.

Ray, O. and Charles Ksir. *Drugs, Society and Human Behavior*, 9th Ed. WCB/McGraw-Hill, 2002.

\* While the overwhelming majority of the questions on the exam are taken from these texts, this is not intended to be a complete bibliography for the AODA exam. It was compiled to give applicants a reasonable number of texts to use for exam preparation. Often, information referenced from other texts is also found in these books.