



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

PO Box 408, Carp, ON K0A 1L0 Phone: 1-866-624-1911 Fax: 613-839-0050 Email: info@caccf.ca

Canadian Certified Addiction Counsellor (CCAC) 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: _____

- Canadian Certified Addiction Counsellor (CCAC) Form
- Documentation of 4000 hours of clinical work experience
- Documentation of Formal Education & Education on Substance Abuse - 270 hours
- Documentation of Supervised Clinical Training - 300 hours
- Letter describing your supervision of Clinical Training, including training method used.
- Supervisor's Evaluation Form. The supervisor must be/have been in an acting capacity for 6 months or more
- 1 letter from each place of employment you have had in the 5 years immediately preceding your application confirming your employment
- Read & Sign *Consent to Release Information*
- Read & Sign *Canon of Ethics Principles*
- Membership with CACCF in good standing
- 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 K0A 1L0

Province	Fee	Tax	Total
ON	\$285.71	HST @ 13% - \$37.14	\$322.85
QC	\$285.71	HST/QST @ 14.975% - \$42.79	\$328.50
NS, NB, PEI, NL	\$285.71	HST @ 15% \$42.86	\$328.57
All Others	\$285.71	GST @ 05% \$14.29	\$300.00





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**Canadian Certified Addiction Counsellor (CCAC)
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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**Canadian Certified Addiction Counsellor (CCAC)
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: _____

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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 (4000 HOURS)

JOB TITLE: _____

EMPLOYER/CENTRE NAME: _____

SUPERVISOR'S NAME, E-MAIL AND PHONE NUMBER: _____

LENGTH AND DATES OF EMPLOYMENT: _____

TOTAL HOURS: _____

JOB DUTIES: _____

ESTIMATED HOURS OF DIRECT CLIENT CONTACT: _____

JOB TITLE: _____

EMPLOYER/CENTRE NAME: _____

SUPERVISOR'S NAME, E-MAIL AND PHONE NUMBER: _____

LENGTH AND DATES OF EMPLOYMENT: _____

TOTAL HOURS: _____

JOB DUTIES: _____

ESTIMATED HOURS OF DIRECT CLIENT CONTACT: _____





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JOB TITLE: _____

EMPLOYER/CENTRE NAME: _____

SUPERVISOR'S NAME, E-MAIL AND PHONE NUMBER: _____

LENGTH AND DATES OF EMPLOYMENT: _____

TOTAL HOURS: _____

JOB DUTIES: _____

ESTIMATED HOURS OF DIRECT CLIENT CONTACT: _____

JOB TITLE: _____

EMPLOYER/CENTRE NAME: _____

SUPERVISOR'S NAME, E-MAIL AND PHONE NUMBER: _____

LENGTH AND DATES OF EMPLOYMENT: _____

TOTAL HOURS: _____

JOB DUTIES: _____

ESTIMATED HOURS OF DIRECT CLIENT CONTACT: _____





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**Canadian Certified Addiction Counsellor (CCAC)
SUPERVISOR'S EVALUATION LETTER**

CONFIDENTIAL

Dear Supervisor:

The individual listed on the enclosed form is applying to the Canadian Addiction Counsellors Certification Federation to be certified as a Canadian Certified Addiction Counsellor (CCAC). As a supervisor of this individual, either presently or in the past, we are seeking feedback from you regarding the applicant to determine their competencies and suitability to attain certification.

The information you provide is an essential component of the certification process, and as a result, we cannot proceed with the application until your evaluation is received. Thus, we request that you complete the attached form and return it to the applicant within 10 business days so we may begin processing their application.

Should you have any questions regarding the process, or other matters, please do not hesitate to reach us either online at www.caccf.ca or by telephone (toll-free) at 1-866-624-1911.

Thank you for your time and consideration,

Canadian Addiction Counsellors Certification Federation

Encl.





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Canadian Certified Addiction Counsellor (CCAC) SUPERVISOR'S EVALUATION FORM

APPLICANT'S NAME: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S PROFESSIONAL QUALIFICATIONS: _____

BUSINESS ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

EVALUATION

1 POOR 2 BELOW AVERAGE 3 AVERAGE 4 GOOD 5 EXCEPTIONAL

Area of Skill
<p>Screening:</p> <p>1 2 3 4 5 1. Evaluates the physiological, psychological, and social signs and symptoms of substance abuse.</p> <p>1 2 3 4 5 2. Determines the client's appropriateness for admission or referral.</p> <p>1 2 3 4 5 3. Determines the client's eligibility for admission or referral.</p> <p>1 2 3 4 5 4. Identifies coexisting conditions that indicate the need for additional assessment or service.</p> <p>1 2 3 4 5 5. Adheres to applicable laws, regulations and agency policies governing substance abuse services.</p>
<p>Intake:</p> <p>1 2 3 4 5 1. Completes required documents for admission to the program.</p> <p>1 2 3 4 5 2. Completes required documents for program eligibility and appropriateness.</p> <p>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.</p>
<p>Orientation:</p> <p>1 2 3 4 5 1. Provides an overview to the client by describing programs goals and objectives for client care.</p> <p>1 2 3 4 5 2. Provides an overview to the client boy describing program rules, and client obligations and rights.</p>





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1 2 3 4 5 3. Provides 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 corroborative 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 assessments to provide an integrated approach to treatment planning based on the results of all assessments to provide integrated approach to treatment planning based on the client's strengths, 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 agreed upon 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 the client's behaviour, attitudes, and feelings.





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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 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.

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

Client Education:

1 2 3 4 5 1. Presents relevant alcohol/drug information to the client through formal/informal processes.

1 2 3 4 5 2. Presents information about available alcohol/drug services and resources.

Referral:

1 2 3 4 5 1. Identifies the client needs/problems that the agency/counsellor cannot meet.

1 2 3 4 5 2. Explains the rationale for the referral to the client.

1 2 3 4 5 3. Matches client needs/problems to appropriate resources.

1 2 3 4 5 4. Adheres to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.

1 2 3 4 5 5. Assists the client in utilizing the support systems and community resources available.

Report and Record Keeping:

1 2 3 4 5 1. Prepares reports and relevant records integrating available information to facilitate the continuum of care.





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1 2 3 4 5 2. Charts pertinent ongoing information pertaining to the client.

1 2 3 4 5 3. Utilizes relevant information from written documents for client care.

Consultation with Other Professionals:

1 2 3 4 5 1. Recognizes issues that are beyond the counsellor's base of knowledge and/or skill.

1 2 3 4 5 2. Consults with appropriate resources to ensure the provision of effective treatment services.

1 2 3 4 5 3. Adheres to applicable laws, regulations and agency policies governing the disclosure of client-identifying data

1 2 3 4 5 4. Explains the rationale for the consultation to the client, if appropriate.

I hereby certify that all of the above answers are based on my supervision of the candidate, and are an honest appraisal of the candidate's knowledge and skill.

Signature:

Date:

The Canadian Addiction Counsellors Certification Federation appreciates your input in assessing this candidate. If we need further clarification we will contact you.





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Canadian Certified Addiction Counsellor (CCAC)
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: _____