



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

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

**International Certified Co-Occurring Disorders Professional Diplomat
(I.C.C.D.P.D)**

APPLICATION CHECKLIST

Please complete all the application material as listed below and **submit 3 complete copies** of the entire portfolio. The application must be typed or carefully printed, and **all requested information must be documented**. If your application does not meet the stated criteria you will be notified of deficiencies. If complete and accepted, you will be notified by mail.

Applicant's Name: _____

- International Certified Co-occurring Disorders Professional Diplomat Application Form.
- Documentation of Clinical Work Experience Form.– 2,000 hours as outlined in the manual.
- Documentation of Formal Education & Education in Alcoholism & Drug Form. – 140 hours
- Documentation & Description of Supervised Clinical Training Form – 100 hours
- Supervisor's Evaluation Letter & Form – The supervisor(s) selected should have been acting in that capacity for at least six (6) months.
- Read & Sign Consent to Release Information Form.
- Read & Sign Canon of Ethical Principles Form.
- A Case Presentation base on the 12 Core Functions
- Copy of CACCF Membership Card
- Application Processing Fee – Enclosed is: Cheque ___ Money Order ___ Visa ___ MasterCard ___
Account # _____ Expiry Date _____
Signature of Cardholder _____

Send the completed application to, including all forms and case study to:

**CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION
236 Victoria Street North, Unit 1, Kitchener, ON N2H 5C8**

You mail also scan and email to info@caccf.ca

- ◆ CACCF suggests that you keep a copy of all information and letters relating to your application, which you have forwarded to them.
- ◆ CACCF reserves the right to request further information from you, all employers, and other persons listed on the application materials.
- ◆ CACCF and its examiners reserve the option to request additional personal interviews with the applicant.
- ◆ Please notify CACCF of any change of address.



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APPLICATION FORM**

READ AND RESPOND TO EVERYTHING (All responses must be typed, or carefully printed)

NAME: _____ PHONE: HOME: () _____
Last First M.I. WORK: () _____

HOME ADDRESS: _____
Street City Province Postal Code

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

NAME: _____ PHONE: () _____
Last First M.I.

WORK ADDRESS: _____
Street City

Province Postal Code Country

NAME OF AGENCY: _____

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

NAME: _____ PHONE: () _____
Last First M.I.

WORK ADDRESS: _____
Street City

Province Postal Code Country

NAME OF AGENCY: _____

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

NAME: _____ PHONE: () _____
Last First M.I.

WORK ADDRESS: _____
Street City

Province Postal Code Country

NAME OF AGENCY: _____

PLEASE NOTE: CACCF reserves the right to request further information from all employers, and other persons listed on the application form. The CACCF and its Board of Directors reserve the option to request an oral interview with the applicant, or the applicant may request an interview with the Board of Directors.



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DOCUMENTATION OF WORK EXPERIENCE

CLINICAL WORK EXPERIENCE (2,000 HOURS FOR I.C.C.D.P.D.)

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 you worked with while 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 you worked with while 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

WORK EXPERIENCE CONT'D (2,000 HOURS FOR I.C.C.A.C.)

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 you worked with while 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 you worked with while 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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DOCUMENTATION OF FORMAL EDUCATION

PLEASE INCLUDE PHOTOCOPIES OF ALL TRANSCRIPTS, DEGREES, DIPLOMAS, AND/OR CERTIFICATES. WHERE POSSIBLE, INCLUDE STATEMENT OF GOALS & OBJECTIVES OF THE COURSE.

FORMAL EDUCATION (Master's Degree)

NAME OF SCHOOL: _____

DATES ATTENDED: _____

MAJOR AREA OF STUDY: _____ Year Reached: _____

DEGREE/DIPLOMA/CERTIFICATE EARNED: _____

NAME OF SCHOOL: _____

DATES ATTENDED: _____

MAJOR AREA OF STUDY: _____ Year Reached: _____

DEGREE/DIPLOMA/CERTIFICATE EARNED: _____

NAME OF SCHOOL: _____

DATES ATTENDED: _____

MAJOR AREA OF STUDY: _____ Year Reached: _____

DEGREE/DIPLOMA/CERTIFICATE EARNED: _____

NAME OF SCHOOL: _____

DATES ATTENDED: _____

MAJOR AREA OF STUDY: _____ Year Reached: _____

DEGREE/DIPLOMA/CERTIFICATE EARNED: _____



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DOCUMENTATION OF EDUCATION IN ALCOHOLISM & DRUG

Education in Alcoholism and/or Drugs (140 documented hours): Please attach copies of certificates, letters of completion or attendance, etc. Where possible, include statement of the goals and objectives of the course.

TITLE OF COURSE OR WORKSHOP: _____

AGENCY/INSTITUTE OFFERING TRAINING: _____

DATES OF ATTENDANCE: _____

NUMBER OF TRAINING HOURS: _____

TITLE OF COURSE OR WORKSHOP: _____

AGENCY/INSTITUTE OFFERING TRAINING: _____

DATES OF ATTENDANCE: _____

NUMBER OF TRAINING HOURS: _____

TITLE OF COURSE OR WORKSHOP: _____

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AGENCY/INSTITUTE OFFERING TRAINING: _____

DATES OF ATTENDANCE: _____

NUMBER OF TRAINING HOURS: _____



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DOCUMENTATION OF SUPERVISED CLINICAL TRAINING**

(100 Hours - Minimum of 8 hours in each of the Twelve Core Functions)

Twelve Core Functions	Number of Hours	Supervisor's Name/Phone Number
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		
Total Supervised Clinical Training Hours:		



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

Please fill in the attached Supervisor Evaluation form.

**ALL REFERENCES ARE TO BE RETURNED TO APPLICANT IN A SEALED ENVELOPE.
APPLICANT IS RESPONSIBLE TO SUBMIT REFERENCES WITH COMPLETE PORTFOLIO
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SUPERVISOR'S EVALUATION FORM

APPLICANT'S NAME: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S PROFESSIONAL QUALIFICATIONS: _____

BUSINESS ADDRESS: _____
Name

Number and Street City Province Postal Code

TELEPHONE: (____) _____

SUPERVISOR PLEASE NOTE:

On the basis of your supervision of this candidate, rate his/her skill using the Likert Scale in each area below. Circle the appropriate number:

Likert Scale: 1 equals poor, 3 equals average, 5 equals 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 the program.
1 2 3 4 5	2. Completes required 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:	
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 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 feeling.
- 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.

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/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.
- 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.

Your general remarks are welcomed, if you wish to write any.

I hereby certify that all of the above answers are based on my supervision of this 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 need for further clarification, we would appreciate being able to contact you.

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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 disclosure 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 evaluation 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 misrepresentation, 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 six months from the signed date.