



## International Certified Clinical Supervisor (I.C.C.S.) APPLICATION CHECKLIST

Please complete all the application material as listed below. 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 Clinical Supervisor Application Form (Form # ICCS\_2)
- Documentation of Clinical Supervisor Experience (Form # ICCS\_3)
- Documentation of Education in Clinical Supervision (Form # ICCS\_4) - 30 hours required
- Supervisor's Evaluation Letter & Form (Form # ICCS\_5a & 5b)
- Read & Sign Consent to Release Information (Form # ICCS\_6)
- Read & Sign Canon of Ethical Principles (Form # ICCS\_7)
- Copy of CACCF Membership Card
- Application Processing Fee \$285.71 + Applicable Taxes, (includes cost of examination)  
Enclosed is: Cheque \_\_\_ Money Order \_\_\_ Visa \_\_\_ MasterCard \_\_\_

Account # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature of Cardholder/Applicant: \_\_\_\_\_

Mail the completed application to:

CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION  
75 Albert ST., Suite 508 Ottawa ON K1P 5E7

- + 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.



## International Certified Clinical Supervisor {I.C.C.S.} 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: \_\_\_\_\_

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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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Canadian Addiction Counsellors Certification Federation  
Federation Canadienne D'agrement 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](mailto:info@caccf.ca) Web: [www.caccf.ca](http://www.caccf.ca)

**International Certified Clinical Supervisor (I.C.C.S.)  
DOCUMENTATION OF CLINICAL SUPERVISOR EXPERIENCE**

**PART I: ALCOHOL & DRUG COUNSELLOR EXPERIENCE (10,000 HOURS [5YRS] FOR I.C.C.S.)**

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

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

**PART II: CLINICAL SUPERVISION EXPERIENCE (4,000 HOURS [2YRS] - THESE HOURS MAY BE INCLUDED IN THE 10,000 [5 YRS] OF COUNSELLING EXPERIENCE.)**

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
JOB DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## International Certified Clinical Supervisor (I.C.C.S.) DOCUMENTATION OF EDUCATION IN CLINICAL SUPERVISION

30 HOURS IN ANY OR ALL OF THE FOLLOWING AREAS: ASSESSMENT/EVALUATION, COUNSELLOR DEVELOPMENT, MANAGEMENT/ADMINISTRATION, AND PROFESSIONAL RESPONSIBILITIES.

**Education in Clinical Supervision** (30 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: \_\_\_\_\_

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: \_\_\_\_\_



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**International Certified Clinical Supervisor (I.C.C.S.)  
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 Clinical Supervisor (I.C.C.S.). 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.*

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**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 Clinical Supervisor (I.C.C.S.)**

**SUPERVISOR'S EVALUATION FORM**

APPLICANT'S NAME: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S PROFESSIONAL QUALIFICATIONS: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_, \_\_\_\_\_  
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	
<b>Assessment &amp; Evaluation:</b>	
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. Assesses supervisee temperament, leadership style, interpersonal strength weakness, and reactions to stress within the work setting by use of interviews, observations, and assessment instruments in order to promote supervisee growth.
1 2 3 4 5	5. Evaluates supervisee performance of tasks related to the 12 core functions to identify levels of performance by interview, direct observation, review of case records, and use of evaluation tools.
1 2 3 4 5	6. Evaluates the supervisee's strengths and weaknesses by interviews, observations, and feedback solicited from other appropriate sources.
<b>Professional Responsibility:</b>	
	1. Demonstrates effective communication skills.
1 2 3 4 5	Written
1 2 3 4 5	Verbal
1 2 3 4 5	2. Participates actively in professional organizations to model and encourage professional involvement by the supervisee.

**Professional Responsibility cont'd:**

- 1 2345 3. Promotes, maintains and safeguards the best interests of the supervisee by adhering to established code of ethics.
- 1 2345 4. Demonstrates knowledge of education training needs for personal and professional growth.
- 1 2345 5. Participates in personal and professional development to improve supervisory competence.
- 1 2345 6. Demonstrates behaviours that strive to maintain or improve personal, physical, and mental health by participating in activities that promote professional effectiveness.
- 1 2345 7. Recognizes the uniqueness of the individual supervisee by gaining knowledge about personality, culture, lifestyle, personal feelings, and other factors in order to influence the supervisee in the process of his/her development.
- 1 2345 8. Interprets and follows to federal, provincial, local, and agency rules/regulations and other legal and liability guidelines regarding alcohol and other drug abuse treatment by following appropriate procedures in order to protect supervisee rights.

**Counsellor Development:**

- 1 2345 1. Builds with the supervisee a developmental framework for a supervisory relationship through the use of assessment activities, case presentation, demonstration, and dialogue.
- 1 2345 2. Provides feedback to supervisee on clinical performance.
- 1 2345 3. Establishes an open and supportive supervisory environment.
- 1 2345 4. Conceptualizes supervisory goals, techniques and methodology.
- 1 2345 5. Demonstrates skill in boundary recognition and reinforcement.
- 1 2345 6. Promotes a career development process with the supervisee through the use of mutual planning, assessment activities, and motivational techniques.
- 1 2345 7. Builds rapport between supervisee and other staff.
- 1 2345 8. Assists supervisee in awareness of interpersonal dynamics among staff.
- 1 2345 9. Assess effectiveness of staff resource utilization.
- 1 2345 10. Provides direct clinical supervision to supervisee's using a variety of supervisory methods.

**Management and Administration:**

- 1 2345 1. Assists in developing quality improvement guidelines, implementing those procedures and standards with staff involvement in a continuing quality improvement plan.
- 1 2345 2. Monitors compliance with federal and provincial regulations, implementing existing Quality Improvement mechanisms, to protect supervisee and clients' rights.
- 1 2345 3. Evaluates and monitors agency policies and procedures.
- 1 2345 4. Plans and coordinates the activities of supervisees to maintain clinically effective programming through the review of daily schedules, consultation, knowledge of on-site & community resources, etc.
- 1 2345 5. Orientates new staff to all program components.
- 1 2345 6. Communicates professional expectations to ensure program performance standards are met.
- 1 2345 7. Demonstrates skill in identifying and assessing program and clinical needs.
- 1 2345 8. Develops implementation strategies for program and clinical services.
- 1 2345 9. Coordinates consultation services with supervisee using additional resources for the purpose of providing continuity of quality care for clients.
- 1 2345 10. Provides recommendation in accordance with agency policy and procedures, the employment and termination of clinical staff by participation in review, selection, and evaluation process.

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

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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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APPLICATION.**

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**APPLICANTS FOR INTERNATIONAL CERTIFIED CLINICAL SUPERVISOR  
(I.C.C.S.) CERTIFICATION**

**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 twelve months from the signed date.**



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**CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION  
CANON OF ETHICAL PRINCIPLES**

**As an International Certified Clinical Supervisor (1.C.C.S.), 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, endeavouring to provide the highest feasible quality of care.
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 interest.
5. Adhere strictly to established precepts of confidentiality in all knowledge, records, and materials concerning persons served, also according 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 co-operate 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 addiction, 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.

I hereby certify that all of the enclosed application material is, to the best of my knowledge, true. I have read, and I subscribe to, the Canon of Ethical Principles, of the Canadian Addiction Counsellors Certification Federation. I agree to surrender my certificate, if necessary, for violations of the professional code of conduct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_