

# Directions

1. Official transcript required unless applicant holds a current CAC. Include certificates of attendance for trainings.
2. Attach all required documentation to support employment (i.e. letters from former employers verifying employment, if applicable, current job description, signed and dated by applicant and supervisor).
3. Sign and date the Code of Ethical Conduct.
4. Notarize the Release form.
5. Supervision form, completed and signed by supervisor.
6. Fee may be paid by check or money order (payable to PCB) or with VISA or MasterCard. One-half of fee is refundable if application is denied or cancelled prior to written exam – no refund if application is denied or cancelled after written exam.
7. When application is approved, applicant will be notified of the written exam dates and locations.
8. If there are problems with the application, applicant will be notified by mail.

## Application Checklist

The following should be included in the CCS Application:

- \_\_\_\_\_ 1. Application pages
- \_\_\_\_\_ 2. Documentation of education and degree (certificates, official transcripts)
- \_\_\_\_\_ 3. Current job description and letters from previous employers
- \_\_\_\_\_ 4. Code of Ethical Conduct
- \_\_\_\_\_ 5. Notarized Release form
- \_\_\_\_\_ 6. Supervision form
- \_\_\_\_\_ 7. Fee of \$250 if applicant holds a current CAC, \$350 if applicant does not hold a current CAC.

Any questions, problems, or concerns can be addressed by contacting the PCB Office.

Keep a photocopy of entire application. Send original application, copies of certificates of attendance, attachments, and fee to:

PCB  
298 S. Progress Avenue  
Harrisburg, PA 17109  
Phone: (717) 540-4455 Fax: (717) 540-4458  
Website: [pacertboard.org](http://pacertboard.org) Email: [info@pacertboard.org](mailto:info@pacertboard.org)

# Information for CCS

## Employment

- Applicant must hold a current and valid CAC credential or hold a master's degree in a behavioral science field. Only those with a Certified Addiction Counselor credential are eligible for reciprocity. CCS awarded to non-CAC master's level individuals is not reciprocal.
- Five years (10,000 hours) of counseling experience as an alcohol and other drug abuse counselor.
- Two years (4,000 hours) of clinical supervisory experience in the alcohol and other drug abuse field. These 2 years may be included in the 5 years of counseling experience and must include the provision of 200 contact hours of face-to-face clinical supervision.
- Applicant must be currently employed in a clinical supervisory position at the time application is submitted to PCB.
- Acceptable employment is defined as a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct and indirect observation of a counselor(s) clinical work.
- If current employment is in an unlicensed facility, an agency brochure and philosophy statement as it relates to alcohol and other drug abuse must be included.

## Supervision

- 200 hours of on-the-job supervision in providing clinical supervision in the following domains: Counselor Development, Professional & Ethical Standards, Program Development & Quality Assurance, Performance Evaluation, Administration, Treatment Knowledge.

## Education

- Master's degree in a behavioral science field from an accredited college or university that is recognized by the US Department of Education or the Council on Higher Education Accreditation – OR – hold a current and valid CAC credential.
- 30 hours of didactic education in clinical supervision. This must include education/training in each of the following 6 domains: Counselor Development, Professional & Ethical Standards, Program Development & Quality Assurance, Performance Evaluation, Administration, Treatment Knowledge.
- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and PCB approved distance education.
- Education in CPR/First Aid and computer learning will be acceptable for a maximum of 6 hours each.
- Three college credits are equivalent to 45 hours.
- Education, as defined above, provided by applicant to others may also be used.

## Examination

- Pass the IC&RC Written Examination for Clinical Supervisors.

## Other

- Signed and dated Code of Ethical Conduct.
- Signed, dated and notarized Release.
- Current job description dated and signed by supervisor and applicant.
- Applicant must either live or work in PA at time of application.

## Fees

Application Fee	\$250 if applicant holds a current CAC (fee must accompany application and materials) \$350 if applicant does not hold a current CAC (fee must accompany application and materials)
Recertification Fee	\$150 (due every 2 years)
Re-test Fee	\$150
Exam Cancellation Fee	\$150
Written Exam Study Guide	\$90

## **Certification Time Period**

PCB certification encompasses 2 calendar years commencing on the date of successful completion of the written examination. Two dates, date of issue and valid through, will appear on the certificate along with a certification number. For applicants who hold a CAC, the CCS expiration date will match their CAC and both will recertify at the same time.

## **Appeal Process**

The purpose of appeal is to determine if PCB accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be sent to the board in writing within 30 days of the notification of the board's action. A person shall be considered notified 3 days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. Applicant will be notified in writing as to the findings of the Executive Committee.

## **Recertification**

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, PCB requires recertification every 2 years.

To be recertified as a CCS, an individual must:

1. Hold a current and valid certificate issued by PCB;
2. 6 PCB approved hours of education received within the 2 year recertification cycle (PCB approved education listed on ([www.pacertboard.org](http://www.pacertboard.org)); This education must be in one of the Clinical Supervision performance domains.
3. Endorse by signature and uphold by practice the PCB Code of Ethical Conduct for professional behavior;
4. Complete an application, notarized and signed by applicant and pay recertification of \$150.

## **Lapsed Certification**

The recertification application should be received at PCB prior to the expiration date. If the application is incomplete, applicant will be notified by mail.

There is no grace period, so if the recertification is not completed by the expiration date, the individual will no longer hold a CCS and no further use of the CCS is permitted until the individual has recertified.

All certified professionals should review the recertification application well in advance of the expiration date. There is no grace period, so recertification application must be completed by the expiration date. A Reinstatement Fee is due if the recertification is late between 1 day and 12 months. After 12 months, no recertification is possible and applicant would have to reapply for the credential, meeting all current requirements.

## **Retest of Examination**

In the case of an unsuccessful written examination, applicant may:

**Retest** - Applicants failing the written exam may retest. Send a written request for retest to PCB within 30 days of receipt of notification that he/she did not successfully complete the exam. PCB will notify applicant of the next exam date. Applicant must notify PCB in writing of his/her intent to be seated for that exam or desire to be rescheduled. Applicant will be required to pay a retest fee of \$150 prior to being rescheduled for exam. Applicant must take the exam within 1 year or 4 exam dates to keep application active.

## **International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC&RC/AODA)**

The purpose of the IC&RC is:

- to promote uniform professional standards and quality for the alcohol and other drug abuse profession and to give the profession greater visibility throughout the United States and other countries;
- to negotiate reciprocity agreements for alcohol and other drug abuse professionals with certification bodies throughout the United States and other countries;
- to provide support services, including consultation and training to all states in all areas of certification, such as establishment of standards, evaluation of competence, establishment and training of boards and committees;
- to provide information on certification and certification activities throughout the United States and other countries;
- to provide an International Certificate (ICCS) for clinical supervisors meeting specified qualifications certified by individual IC&RC member certification boards. Any IC&RC certified clinical supervisor is eligible. ICCS certificates are provided free of charge from IC&RC;
- to promote uniform professional standards in AODA specialty disciplines.

Certified professionals in the state of Pennsylvania have reciprocity with many certifying bodies throughout the United States and other countries as well as the US Air Force, Marines and Navy. For reciprocity process and/or a listing of member boards, please call the PCB Office.

# Application for CCS

PLEASE TYPE OR PRINT NEATLY

DATE: \_\_\_\_\_ OTHER PAST OR CURRENT PCB CREDENTIALS: \_\_\_\_\_

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

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

(city)

(state)

(zip)

COUNTY: \_\_\_\_\_ GENDER: (Please circle) Male Female

HOME PHONE: ( ) \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COUNTY: \_\_\_\_\_ EMPLOYER PHONE: ( ) \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

DATE EMPLOYED: from \_\_\_\_\_ to \_\_\_\_\_ HOURS OF WORK PER WEEK: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

Have you ever received any disciplinary action from another certification or licensing authority? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain in full on a separate sheet.

I hereby attest that the applicant is working in a position where a minimum of 51% of his/her time is spent providing alcohol and other drug abuse clinical supervision.

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

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Fee can be paid using one of the following:

Check or Money Order to PCB

( ) Check \$ \_\_\_\_\_

Credit Card \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

( ) Money Order \$ \_\_\_\_\_

3-Digit security code: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_

( ) Visa \$ \_\_\_\_\_

\_\_\_\_\_  
Name on card

( ) MasterCard \$ \_\_\_\_\_

# Previous Employment, if applicable

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

HOURS OF WORK PER WEEK: \_\_\_\_\_ DATES EMPLOYED: from \_\_\_\_\_ to \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

YOUR PRIMARY DUTIES/RESPONSIBILITIES: \_\_\_\_\_

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

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

HOURS OF WORK PER WEEK: \_\_\_\_\_ DATES EMPLOYED: from \_\_\_\_\_ to \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

YOUR PRIMARY DUTIES/RESPONSIBILITIES: \_\_\_\_\_

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

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

HOURS OF WORK PER WEEK: \_\_\_\_\_ DATES EMPLOYED: from \_\_\_\_\_ to \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

YOUR PRIMARY DUTIES/RESPONSIBILITIES: \_\_\_\_\_

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

# Supervision

To Supervisor: Please complete this form indicating applicant's on-the-job supervision providing clinical supervision. This form is not intended to document applicant's total number of hours worked but rather the hours of on-the-job supervision you have provided the applicant.

Applicant's Name

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I hereby attest that a minimum of 200 hours of supervision in the clinical supervision domains have been attained by the above-named applicant.

## DOMAINS

## # OF HOURS RECEIVED IN EACH

1. Counselor Development	_____
2. Professional & Ethical Standards	_____
3. Program Development & Quality Assurance	_____
4. Performance Evaluation	_____
5. Administration	_____
6. Treatment Knowledge	_____
7. Other	_____
<b>TOTAL MUST BE AT LEAST 200 HOURS</b>	_____

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Supervisor's Signature

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Date

# Code of Ethical Conduct

## UNLAWFUL CONDUCT

- Rule 1.1** Once certified, a certified professional shall not be convicted for any misdemeanor or felony relating to the individual's ability to provide substance abuse and other behavioral health services as determined by PCB.
- Rule 1.2** A certified professional shall not be convicted of any crime that involves the use of any controlled or psychoactive substance.

## SEXUAL MISCONDUCT

- Rule 2.1** A certified professional shall, under no circumstances, engage in sexual activities or sexual contact with clients, whether such contact is consensual or forced.
- Rule 2.2** A certified professional shall not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client.
- Rule 2.3** A certified professional shall not engage in sexual activities or sexual contact with former clients because of the potential harm to the client.
- Rule 2.4** A certified professional shall not provide clinical services to individuals with whom they have had a prior sexual relationship.

## FRAUD-RELATED CONDUCT

- Rule 3.1** A certified professional shall not:
1. present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;
  2. prepare, make, or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss, or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information, which would affect a future claim or benefit application, or be paid under any employee benefit program;
  3. seek to have an employee commit fraud or assist in an act of commission or omission to aid fraud related behavior.
- Rule 3.2** An individual shall not use misrepresentation in the procurement of certification or recertification, or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.
- Rule 3.3** An individual shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.
- Rule 3.4** A certified professional shall not provide service under a false name or a name other than the name under which his or her certification or license is held.
- Rule 3.5** A certified professional shall not sign or issue, in their professional capacity, a document or a statement that the professional

knows or should have known to contain a false or misleading statement.

- Rule 3.6** A certified professional shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.
- Rule 3.7** A certified professional who participates in the writing, editing, or publication of professional papers, videos/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the certified professional should seek permission from the author/creator of such materials. The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of the Code of Ethical Conduct.

## **EXPLOITATION OF CLIENTS**

- Rule 4.1** A certified professional shall not develop, implement, or maintain exploitative relationships with clients and/or family members of clients.
- Rule 4.2** A certified professional shall not misappropriate property from clients and/or family members of clients.
- Rule 4.3** A certified professional shall not enter into a relationship with a client which involves financial gain to the certified professional or a third party resulting from the promotion or the sale of services unrelated to the provision of services or of goods, property, or any psychoactive substance.
- Rule 4.4** A certified professional shall not promote to a client for their personal gain any treatment, procedure, product, or service.
- Rule 4.5** A certified professional shall not ask for nor accept gifts or favors from clients and/or family members of client.
- Rule 4.6** A certified professional shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a client referral.
- Rule 4.7** A certified professional shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the certified professional is employed.

## **PROFESSIONAL STANDARDS**

- Rule 5.1** A certified professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, or physical disability.
- Rule 5.2** A certified professional who fails to seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning shall be in violation of this rule. Where any such conditions exist and impede their ability to function competently, a certified professional must request inactive status of their PCB credential for medical reasons for as long as necessary.
- Rule 5.3** A certified professional shall meet and comply with all terms, conditions, or limitations of a certification or license.
- Rule 5.4** A certified professional shall not engage in conduct that does not meet the generally accepted standards of practice.
- Rule 5.5** A certified professional shall not perform services outside of their area of training, expertise, competence, or scope of practice.
- Rule 5.6** A certified professional shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.
- Rule 5.7** The certified professional shall not permit publication of photographs, disclosure of client names or records, or the nature of services being provided without securing all requisite releases from the client, or parents or legal guardians of the clients.
- Rule 5.8** The certified professional shall not discontinue professional services to a client nor shall they abandon the client without facilitating an appropriate closure of professional services for the client.

**Rule 5.9** A certified professional shall not fail to obtain an appropriate consultation or make an appropriate referral when the client's problem is beyond their area of training, expertise, competence, or scope of service.

## **SAFETY & WELFARE**

**Rule 6.1** A certified professional shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to a recipient of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the professional to safely and competently provide services.

**Rule 6.2** All certified professionals are mandated child abuse reporters.

## **RECORD KEEPING**

**Rule 7.1** A certified professional shall not falsify, amend, or knowingly make incorrect entries or fail to make timely essential entries into the client record.

## **ASSISTING UNQUALIFIED/UNLICENSED PRACTICE**

**Rule 8.1** A certified professional shall not refer a client to a person that he/she knows or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

## **DISCIPLINE IN OTHER JURISDICTIONS**

**Rule 9.1** A certified professional holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the Board of such disciplinary action.

## **COOPERATION WITH THE BOARD**

**Rule 10.1** A certified professional shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:

1. the willful misrepresentation of facts before the disciplining authority or its authorized representative;
2. the use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
3. the use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed;
4. refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the certified professional's credential until the ethical complaint is resolved.

**Rule 10.2** A certified professional shall:

1. not make a false statement to the PCB or any other disciplinary authority;
2. promptly alert colleagues informally to potentially unethical behavior so said colleague could take corrective action;
3. report violations of professional conduct of other certified professionals to the appropriate licensing/disciplinary authority when he/she knows or should have known that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.

**Rule 10.3** A certified professional shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of alleged violation. Failure to report a violation may be grounds for discipline.

**Rule 10.4** A certified professional with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with the PCB investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in the PCB investigation or disciplinary proceeding shall be grounds for disciplinary action.

**Rule 10.5** A certified professional shall not file a complaint or provide information to the PCB, which he/she knows or should have known, is false or misleading.

**Rule 10.6** In submitting information to PCB, a certified professional shall comply with any requirements pertaining to the disclosure of client information established by the federal or state government.

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

# Release (must be notarized below)

I hereby request that the Pennsylvania Certification Board grant the credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the PCB Code of Ethical Conduct;

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by PCB to officers, members, and staff of the aforementioned Board;

I consent to authorize PCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;

Allegations of ethical misconduct reported to PCB before, during, or after application for certification is made will be investigated by PCB and could result in the nullification of the application or denial or revocation of certification.

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

**Please print your name as it should appear on your certificate:**  
\_\_\_\_\_

**O**n this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, by me \_\_\_\_\_

a notary public, the undersigned officer, personally appeared: \_\_\_\_\_,

known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Notary Public **SEAL:**

# Written Exam

## **Exam Content**

The Job Task Analysis identified 6 performance domains for the alcohol and other drug abuse clinical supervisor. Within each performance domain there are several identified tasks which provide the basis for questions in the exam. There are 150 multiple-choice questions in the exam. Three hours are permitted to complete the exam.

## **Exam Dates**

The Written Exam is held in March, June, September and December. Applicant will be notified of specific dates, times and locations once application is approved.

## **Special Exam Situations**

Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing, to PCB no fewer than 60 days prior to the scheduled exam date. With the written request, provide official documentation of the disability or religious issue. Contact PCB on what constitutes official documentation. PCB will offer appropriate modifications to its procedures when documentation supports the need for them. If unable to provide PCB with proper notice, an effort will be made to accommodate.

## **Cancellation Policy**

The exam fee (\$150) will be forfeited unless a minimum of 10 days notice is given to PCB to cancel a reservation. There are absolutely no exceptions to this policy.

## **Study Guide**

A Study Guide is available for the written exam. It is \$90 and available through the PCB Office.

## **Computer Based Testing Only Beginning in September 2010**

Computer based testing will be the only means of testing for PCB's international reciprocal credentials beginning with the September administration.

All candidates will be sent information on testing, including how to schedule, exact location of testing sites, deadline for scheduling, arrival time, etc.