District of Columbia Addiction Professional Consortium Certification (DCAPC)

Data Collection of Addiction Counselor Profile

The information requested in this section will assist the District of Columbia Addiction Professional Consortium (DCAPC) in developing profiles of the backgrounds of various components of the substance abuse counseling community, with a central depository of information on experience, education, and training of treatment personnel. DCAPC may be able to identify gaps in support systems of substance abuse counselors (e.g., lack of training opportunities and provide information for legislative measures in counselors’ best interests.)

Please take a few moments to complete this form and return it to DCAPC with the other required materials. While this section is for the purposes of research only and entirely optional, your participation can help to ensure appropriate and timely planning.

Thank you in advance for your support.

Name (Please Print): _______________________________________
________________________________________________________________________

I am Applying for or requesting Recertification for:

New____ Recertification_____ Level II: Certified Alcohol and Drug Counselor (CADC) – Reciprocal ___IC & RC ___NCC
New____ Recertification_____ Advanced: Advanced Certified Alcohol and Drug Counselor (ACADC) ___IC & RC
New____ Recertification_____ CCS: Certified Clinical Supervisor ___IC & RC
New____ Recertification_____ CPP/CPS: Certified Prevention Specialist or Professional (Circle one) ___IC & RC
New____ Recertification_____ CCJAP/CCJAS: Certified Criminal Justice Specialist or Professional (Circle one) ___IC & RC

A. Personal Profile

Age:

Race/Ethnicity:
_____ Native Indian or Alaskan  _____ Asian or Pacific Island  _____ African American, not of Latino (a) Origin
_____ Latino (a)  _____ White, not of Latino (a) Origin  _____ Other (Specify): ____________________________________
Gender:  
_____ Female  _____ Male

Personal Substance Abuse Treatment History:  _____ Yes  _____ No  If Yes, explain in detail: ____________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Employment in Years (full-time in substance abuse):  _____ 1 – 2  _____ 3 -5  _____ 6 – 8  _____ 9 – 12  _____ 12 +

Do you speak/read a second language?  _____ Yes  _____ No  If yes, second language: ____________________________________________

Education:  
_____ High School Diploma, GED/Less  _____ Associate’s Degree  _____ Bachelor’s Degree  _____ Master’s Degree  _____ Other: _____________

Current Annual Salary:  
_____ Less than $9,500  _____ $9,501 - $20.000  _____ $20,001 - $30,500  _____ $31,501 - $40,000  
_____ $40,001 - $50,000  _____ $50,001 - $60,000  _____ $60,001 - $70,000  _____ $70,001 - $80,000  
_____ $80,000 +

College Major:  
_____ Behavioral Sciences  _____ Health  _____ Social Service  _____ Substance Abuse Work/Psychology  _____ Other: _____________

Other Credentials:  
_____ None  _____ Medicine/Nursing  _____ Education  _____ Social  _____ Other

Comments:  
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
B. Work Environment Profile: Please describe your current job. Check as many as apply.

Modality:

_____ Outpatient Clinic       _____ Residential Facility       _____ Detoxification       _____ Identification/Referral       _____ Therapeutic Community Health/Social

Physical Environment:

_____ Free-Standing       _____ Correctional       _____ Private Practice       _____ Federal Gov’t

_____ Mental/Behavioral Health Services       _____ Industry/Employee Assistance       _____ Hospital, General (including VA)       _____ State Gov’t

Population Served:

_____ Inner City       _____ Other Urban       _____ Suburban       _____ Rural

Number Substance Abuse Employees:

_____ 0 – 15       _____ 16 – 30       _____ 31 – 34       _____ 46 – 60       _____ 61 – 75       _____ 76 – 90       _____ 90+

Ownership:

_____ For Profit       _____ Non-Profit       _____ Federal Government       _____ State Government

Role in Facility:

_____ Counseling       _____ Management, limited to Clinical Aspects       Other _____________________________

_____ Management, limited to Administration       _____ Management, both Clinical and Administrative

Specialized Programs:

_____ African American       _____ Latino (a)       _____ Women       _____ Youth       _____ Elderly       _____ Homeless       _____ Other: _____________________________

Substance Abuse Services:

_____ Individual Therapy and/or Counseling       _____ Group Therapy and/or Counseling       _____ Family Therapy and/or Counseling Agencies/Individuals

_____ Legal Counseling       _____ Job Counseling and Placement       _____ Vocational Rehab and Skill Training

_____ Education       _____ Psychological Testing       _____ Research/Evaluation
### Federal/State/County Parole

**C. Training Profile:** Please respond to each category by choosing items reflecting your experience in the past year from today's date.

**Primary Source Training:**
- [ ] In-Service
- [x] Local Seminars, Workshops (Private Sponsor)
- [x] Local Seminars, Workshops (Public Sponsor)
- [x] Academic Course Work
- [ ] Conferences
- [ ] On-Line Courses
- [ ] Correspondence Courses
- [ ] Self-Study
- [ ] Other: __________________________________________

**Knowledge Base:**
- [ ] Pharmacology
- [ ] Signs and Symptoms Management
- [ ] Rules and Regulations
- [ ] Modalities for Counseling Services and Treatment
- [ ] Theory and Dynamics of Intervention Counseling
- [ ] Ethics
- [ ] Treatment Planning/Coordination
- [ ] Human Development and Counseling Behavior
- [ ] HIV/AIDS

**Skill Base:**
- [ ] Individual Counseling
- [ ] Case Recordkeeping
- [ ] Evaluation and Assessment
- [ ] Treatment Planning and Coordination
- [ ] Crisis Intervention
- [ ] Family Counseling
- [ ] Documentation

**Training Hours: (Hours/weeks of In-Service)**
- [ ] 0 – 2
- [ ] 3 – 5
- [ ] 6 – 10
- [ ] 11 – 15
- [ ] 15+

**Training Hours: (Not including In-Services)**
- [ ] 1 – 10
- [ ] 11 – 20
- [ ] 21 – 40
- [ ] 40+
- [ ] None

**Maximum Allowable Annual Leave for Training (days):**
- [ ] 0 – 2
- [ ] 3 – 6
- [ ] 7 – 10
- [ ] 11 – 15
- [ ] 15+

**Maximum Allowable Annual Reimbursable for Training:**
- [ ] $1 - $100
- [ ] $101 - $200
- [ ] $201 - $300
- [ ] $301+

**Comments:**

______________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________

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