

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:

___ 19 – 25 ___ 26 – 32 ___ 33 – 39 ___ 40 – 46 ___ 47 – 53 ___ 54 +

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 _____ Local Seminars, Workshops (Private Sponsor) _____ Local Seminars, Workshops (Public Sponsor)
_____ 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 _____ Crisis Intervention
_____ Group Counseling _____ Family Counseling _____ Treatment Planning and Coordination _____ 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:
