

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, 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___	Entry Level I:	Certified Addiction Counselor (CAC) – Non-Reciprocal	___IC & RC	___NCC
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 Govt
 Mental Services Industry/Employee Assistance Hospital, General (including VA) State Govt

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
 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:
