

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 (Check one)	___IC & RC	
New___	Recertification___	CCJAP/CCJAS:	Certified Criminal Justice Specialist or Professional (Check one)	___IC & RC	

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:

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

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 and Regulations Signs and Symptoms Management Rules
 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: