



STATE/COMMONWEALTH APPLICATION FOR
NATIONAL CERTIFICATION EXAMINATION
FOR ADDICTION COUNSELORS



Eligibility and Background Information

I. TREATMENT OR MODALITY YOU PROVIDE:

- Inpatient only Halfway house
- Outpatient only Other
- Inpatient and outpatient

J. PROFESSIONAL BACKGROUND:

- Counselor Nurse
- Rehabilitation Therapist Physician other than Psychiatrist
- Administrator Psychiatrist
- Social Worker Clergy
- Psychologist Other

K. EXPERIENCE IN ALCOHOLISM AND ADDICTION COUNSELING:

- Less than 3 years 5 years
- 3 years 6 to 10 years
- 4 years More than 10 years

L. HIGHEST ACADEMIC LEVEL:

- Less than high school graduate
- High school graduate or equivalent
- Vocational or technical school graduate
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Other

M. IN WHICH OF THE FOLLOWING ARE YOU LICENSED OR HOLD CERTIFICATION OR REGISTRATION?

- (Darken all that apply.)*
- Social work Nursing
 - Psychology Employee assistance programming
 - Counseling Marriage and family therapy
 - Medicine Other

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Race:

- African American Native American
- Asian White
- Hispanic Other

Age Range:

- Under 25 40 to 49
- 25 to 29 50 to 59
- 30 to 39 60+

Gender:

- Male
- Female

Release Authorization

Must be completed by all candidates authorizing release of test results to a state/commonwealth.

State/Commonwealth

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Please print the two letter state/commonwealth abbreviation in the boxes provided. For Bureau of Prisons print "BP".

I hereby authorize the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NACC) to release the results of my Certification Examination for Addiction Counselors to the state/commonwealth indicated. I understand that these test results will be used only for state/commonwealth certification at this time.

CANDIDATE SIGNATURE: _____ **DATE:** _____

Candidate Signature

I have read the Candidate Information Leaflet and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with the Leaflet and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____

Office Use Only

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0

State Board Approval

Level I
 Level II **APPROVED BY:** _____ **DATE:** _____
 MAC *State Board Representative Signature*

45230

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NATIONAL CERTIFICATION EXAMINATIONS FOR ADDICTION COUNSELORS LEVEL I LEVEL II MAC

State/Commonwealth Candidate Information Leaflet

SPRING 2010 TESTING PERIOD

First Day of Testing: Saturday, March 6, 2010

Last Day of Testing: Saturday, March 13, 2010

SUMMER 2010 TESTING PERIOD

First Day of Testing: Saturday, June 5, 2010

Last Day of Testing: Saturday, June 12, 2010

FALL 2010 TESTING PERIOD

First Day of Testing: Saturday, September 11, 2010

Last Day of Testing: Saturday, September 18, 2010

WINTER 2010 TESTING PERIOD

First Day of Testing: Saturday, December 4, 2010

Last Day of Testing: Saturday, December 11, 2010



ADMINISTRATION: The certification program is sponsored by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NCC). The Certification Examinations for Addiction Counselors Level I, Level II, and MAC are administered for the NCC by the Professional Testing Corporation (PTC).

COMPLETION OF APPLICATION: Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

Mail completed Application with the Application fee to be received by the deadline to the appropriate representative for your agency or state. **Note: Fees, deadline information, and mailing address for completed Applications will be provided by your state representative.**

EXAMINATION ADMINISTRATION: The National Certification Examination for Addiction Counselors is administered during an established one-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI/LaserGrade Computer Testing, Inc. PSI/LaserGrade has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: www.lasergrade.com or call PSI/LaserGrade at (800) 211-2754. Please note: Hours and days of availability vary at different centers. **You will not be able to schedule your examination appointment until you have received an Eligibility Notice from PTC.**

ONLINE TUTORIAL AND SAMPLE TEST: A Tutorial and a Sample Demonstration Test can be viewed online.

- Browse to www.lasergrade.com
- Select Test Taker/Candidates menu
- Select Testing Software Demo
- Select the "General Education Demo Test"
- Click on the "Start LaserGrade Online Demo Test" button.

This online Tutorial and Sample Test can give you an idea about the features of the testing software.

SCHEDULING YOUR EXAMINATION APPOINTMENT: Once your application has been received and processed, you will be mailed an Eligibility Notice within the 6 week period preceding the start of the testing period. **The Eligibility Notice plus current government issued photo identification must be presented in order to gain admission to the testing center.** A candidate not receiving an Eligibility Notice or other correspondence at least three weeks before the beginning of the two-week testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.

The Eligibility Notice will indicate where to call to schedule your examination appointment as well as the dates in which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

SPECIAL NEEDS: Special testing arrangements will be made for individuals with special needs. Submit the Application, Examination Fee, and a completed and signed Request for Special Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. Requests for special testing for individuals with special needs must be received at least EIGHT weeks before the testing date.

CHANGING YOUR EXAMINATION APPOINTMENT: If you need to cancel your examination appointment or reschedule to a different date within the one-week testing period you must contact PSI/LaserGrade at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

RULES FOR THE EXAMINATION:

1. No signaling devices, including pagers, cellular phones, and alarms, may be operative during the examination.

2. No books or other reference materials may be taken into the examination room.
3. Simple, non-programmable calculators are permitted. A calculator is also available on screen if needed.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should carefully read the directions that are provided on screen at the beginning of the examination session.

REPORT OF RESULTS: Candidates will be notified by PTC within four weeks of the closing of the testing period whether or not they have passed the examination. Scores on the major areas of the examination and on the total examination will be reported. Candidates will receive a notification letter from their state representative regarding their state certification status.

REEXAMINATION: Candidates wishing to retake the examination may do so upon filing a new Application and fee. There is no limit to the number of times the examination may be repeated.

CONFIDENTIALITY: Test scores will be released in writing only to the individual candidate and the state or agency authorized by the candidate to receive the results. Any questions concerning test results or the certification process should be referred to your state or agency representative.

CONTENT OF THE EXAMINATION:

1. The Certification Examinations for Addiction Counselors are written examinations each composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting below.
3. The questions for the examination are obtained from individuals with expertise in alcoholism and drug abuse counseling and are reviewed for construction, accuracy, and appropriateness by the NCC.
4. The NCC, with the advice and assistance of the Professional Testing Corporation, prepares the examinations.
5. The National Certification Examinations for Addiction Counselors will be weighted in approximately the following manner:

	<u>Level I</u>	<u>Level II</u>	<u>MAC</u>
I. Pharmacology of Psychoactive Substance	30%	25%	35%
II. Counseling Practice	40%	25%	30%
III. Theoretical Base of Counseling	15%	25%	0%
IV. Professional Issues	15%	25%	35%

CONTENT OUTLINE

I. PHARMACOLOGY OF PSYCHOACTIVE SUBSTANCES

- A. Definitions of Pharmacology
 1. Relationship to Addiction Counseling
 2. Content Areas of Pharmacology
 - a. Terminology
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 - 1) Antabuse
 - 2) Use of Pharmaceuticals
- B. Drug Classification
 1. Alcohol
 - a. Terminology
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 2. Depressants
 - a. Terminology
 - 1) Anti-Anxiety (Minor Tranquilizers)
 - 2) Barbiturates
 - 3) Sedatives-Hypnotics
 - 4) Psychotropics(Major Tranquilizers)
 - b. Physiological Effects
 - c. Psychological Effects

- d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 3. Cocaine
 - a. Terminology
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 4. Other Stimulants
 - a. Terminology
 - 1) Amphetamines
 - 2) Nicotine
 - 3) Caffeine
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 5. Opiates
 - a. Terminology
 - 1) Natural Derivatives
 - 2) Synthetics
 - 3) Antagonists
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 6. Hallucinogens
 - a. Terminology
 - 1) Natural Derivatives
 - 2) Synthetics
 - 3) Antagonists
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 7. Cannabinoids
 - a. Terminology
 - b. Physiological Effects
 - c. Psychological Effects
 - d. Withdrawal Syndrome
 - e. Drug Interactions
 - f. Treatment Applications
 8. Other
 - a. Inhalants
 - b. Designer Drugs
 - c. Steroids
 - d. OTC Drugs
 - C. The Addiction Process
 1. The Disease Model
 2. Tolerance Mechanisms
 3. Detoxification
 4. Stages of Addiction
 - D. The Recovery Process
 1. Medical Stabilization
 2. Non-Pharmaceutical Treatment Applications
 3. Unsafe Medication in Recovery
 4. Safe Medication in Recovery
 5. Dual Disorders
- #### **II. COUNSELING PRACTICE**
- A. Client Evaluations
 1. Screening
 2. Intake
 3. Assessment
 4. Diagnostic Criteria
 - B. Treatment Planning
 1. Problems, Identification, and Ranking
 2. Goals and Objectives
 3. Treatment Process and Resources Defined
 4. Levels of Care
 - C. Counseling
 1. Problems and Ramifications
 2. Examination of Attitudes/Feelings

3. Consideration of Alternative Solutions
4. Skills
 - a. Individual
 - b. Group
 - c. Family/Significant Others
 - d. Intervention

D. Patient Care/Management

1. Case Management
2. Crisis Intervention
 - a. Identification
 - b. Resolution
3. Referral
4. Reports and Recordkeeping
5. Consultation

E. Education

1. Orientation
2. Alcohol and Drug Information
3. Non-Drug Issues
 - a. Mental
 - b. Emotional
 - c. Psychological
 - d. Nutritional
 - e. Disease
4. Self-Help Programs
5. Research

F. Continuing Care

G. Specials Issues/Populations

1. Adolescence
2. Geriatrics
3. Gender
4. Sexual
5. Cultural
6. Relapse
7. Suicide
8. Dual/Multiple Diagnosis
9. Survivors of Abuse
10. Chronic Illness and Communicable Diseases
11. Disabilities
12. Criminal Justice

III. THEORETICAL BASE OF COUNSELING

A. Addiction Counseling

1. Core Skill Groups
 - a. Treatment Admission
 - b. Clinical Assessment
 - c. Ongoing Treatment Planning
 - d. Counseling Services
 - e. Documentation
 - f. Case Management
 - g. Discharge/Continuing Care
 - h. Legal, Ethical, and Professional Growth
2. Disease Model and Stages
3. 12 Step Philosophy
4. Relapse Prevention
5. Family
 - a. System Theory
 - b. Children of Alcoholics/Addicts
 - c. Co-Dependency
 - d. Abuse Issues
 - 1) Sexual
 - 2) Physical
 - 3) Psychological

B. Human Growth and Development

1. Life Stages
 - a. Childhood
 - b. Adolescence
 - c. Adulthood
 - d. Geriatrics
2. Cultural Differences
3. Gender Issues

C. Behavioral/Cognitive/Analytical Theories

1. Cognitive Approaches
 - a. Rational Emotive Psychotherapy
 - b. Cognitive Theory
2. Learning Theory Approaches
 - a. Reinforcement Theory and Psychoanalytic Therapy
 - b. Behavior Therapy
 - c. Social Learning Approach

- d. Cognitive - Behavior Modification

3. Psychoanalytic Approaches

- a. Psychoanalysis
- b. Psychoanalytic Therapy

4. Perceptual - Phenomenological Approaches

- a. Transactional Analysis
- b. Gestalt Therapy
- c. Client Centered Therapy

IV. PROFESSIONAL ISSUES

A. Law and Regulation

1. Patient Rights
 - a. Confidentiality
 - b. Informed Consent
 - c. Reporting
 - 1) Child/Spousal Abuse
 - 2) Duty to Warn
2. Discrimination
3. Drug Testing
4. Methadone Regulations
5. Recordkeeping and Documents
6. Infectious Disease
 - a. HIV
 - b. Hep B
 - c. TB
 - d. STD's
7. Continuous Quality Improvement
8. Federal Controlled Substances
9. Department of Transportation Regulations
10. Managed Care
 - a. Utilization Review
 - b. Outcome Studies

B. Ethics

1. Non-Discrimination
 2. Counselor Responsibility
 3. Competence
 4. Legal and Moral Standards
 5. Public Statements
 6. Publication Credit
 7. Client Welfare
 8. Confidentiality
 9. Client Responsibility
 10. Interprofessional Relationships
 11. Remuneration
 12. Societal Obligations
- C. Supervision
1. Administrative
 2. Clinical
- D. Research and Outcome Studies

SAMPLE QUESTIONS

1. In the early stage of alcoholism, the drinker is
 1. unable to stop drinking.
 2. drinking in the morning.
 3. completely out of control.
 4. likely to experience a blackout.
2. Most drugs taken by the oral route of administration are primarily absorbed in the
 1. mouth.
 2. stomach.
 3. small intestine.
 4. large intestine.
3. A program must allow the court to see a client's file when
 1. a subpoena is presented.
 2. a court order is presented.
 3. the client verbally requests it.
 4. any involved attorney requests it.
4. What is the most common method for administration of marijuana?
 1. Eating
 2. Smoking
 3. Injection
 4. Free basing

5. An effect of cocaine that contributes to its abuse potential is its
 1. long half-life.
 2. long duration of action.
 3. short duration of action.
 4. slow absorption into the brain.
6. Which of the following has the greatest influence on the effects of alcohol?
 1. Time of day
 2. Height of the individual
 3. Body weight of the individual
 4. Amount of food in the stomach

Answers to Sample Questions: 1.4; 2.3; 3.2; 4.2; 5.3; 6.3

-----BIBLIOGRAPHY-----

The following reference material is suggested for use in the preparation for National Certification Examination in the areas of alcohol and/or drug abuse counseling.

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NOTE: This bibliography intentionally omits the large number of references specific to each of the individual therapies. Counselors are encouraged to seek and review such references as may be necessary to ensure a fundamental knowledge of each therapy.

REQUEST FOR SPECIAL NEEDS ACCOMMODATIONS

If you are requesting special testing accommodations and have a disability covered by the Americans with Disabilities Act, please complete this form. The information you provide and any documentation regarding your disability and special testing accommodations will be held in strict confidence.

Candidate Information

Name of Examination

Test Date

Name (Last, first, Middle Initial)

Address

City State Zip Code

Daytime Telephone Number

Fax Number

E-mail Address

Special Accommodations

I request special accommodations as follows: (Check all that apply)

_____ Special seating or other physical accommodation

_____ Reader

_____ Scribe

_____ Extended testing time _____
Specify Total hours requested

_____ Distraction-free room / Tested separately

_____ Other special accommodations (Please specify.)

Signed: _____ Date: _____
Candidate Signature

DOCUMENTATION OF SPECIAL NEEDS

Please have this section completed by an appropriate healthcare professional (eg. physician, psychologist, psychiatrist)

Professional Documentation

I have evaluated _____ on ____/____/____ in my capacity as a
Examination Candidate Month Day Year

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should receive the special testing accommodations listed above.

Description of disability: _____

Signed: _____ Title: _____

Professional's Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Date: _____ License # (if applicable): _____

Return this completed & signed form with your application and fees to ACCBO.