ACCBO

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CERTIFIED ADDICTIONS RECOVERY MENTOR APPLICATION

DIRECTIONS FOR A COMPLETED APPLICATION

1. ☐ Complete the Application Registration Page – **Page 4**
2. ☐ Complete the Education Page, Attach a copy of your completion certificate for an AMH approved Addiction Recovery Mentor (peer delivered services) training program (see page 5 for the link to a list of programs) – **Page 5**
3. ☐ Complete the Confidential Release of agreement – **Page 6**
4. ☐ Please read and sign the ethics agreement – **Page 7-9**
5. ☐ Enclose, or have mailed to ACCBO, your letter of Professional Alcohol & Drug Free Verification. **Instructions on Page 10**
6. ☐ Attach a photocopy of your State Identification
7. ☐ Attach check or money order for $100 to ACCBO for application, background check, and certification fee.

   Certification is valid for two years. Every two years, the recertification applicant must demonstrate 20 clock hours of continuing education, including a minimum of 6 hours of "ethics, boundaries and/or self-care" training.

Addiction Counselor Certification Board of Oregon

Application for Recovery Mentor Credentialing

The Addiction Counselor Certification Board of Oregon is proud to utilize professional psychometric examinations produced by the NCC, National Certification Commission and NAADAC, the National Association of Alcohol & Drug Abuse Counselors. Additionally, NAADAC operates in conjunction with NBCC, the National Board of Certified Counselors to award MAC certification to qualified candidates.

Currently, no examination is required for Recovery Mentor Certification.

Revised Application, February 2017

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Applicant Registration

Your true legal name - matching your state identification

Name Last First Middle Initial
Date of Application
Home Address: Street Address *(please print)*
City State Zip *(please print)*
Work Address: Agency Name
Street Address *(please print)*
City State Zip *(please print)*
Home Phone
Work Phone
Message Phone
Home Email (do not write in cursive - *please print*) □ Please include me on the ACCBO Email list
Business Email (do not write in cursive - *please print*) □ Please include me on the ACCBO Email list
Highest Level of Education Completed (HS Diploma, GED, college degree)
Do you hold any other certifications, licensures? (CADC, CPS, CGAC, LCSW, LPC, LMFT, RN, LPN, etc…)
Make a photocopy of valid state identification and attach to this form.

Verification of Recovery and Self Disclosure

A Certified Recovery Mentor (CRM) is an addiction treatment and/or recovery consumer who has been trained and certified to help other consumers identify and achieve self-determined goals of recovery. The CRM cultivates the consumer's ability to make informed, independent choices, and assists consumers in gaining information and support from the community.

As a CRM, an individual accepts and agrees that his or her experience as an addiction consumer of treatment or broader recovery community self help or other recovery oriented services will be known by their colleagues, consumers and others with whom s/he may share that s/he has achieved this certification.

"Certified Recovery Mentor - Peer Delivered Services" means an array of agency or community-based services and supports provided by Certified Recovery Mentors, to individuals or family members with similar lived experience, that are designed to support the needs of individuals and families as applicable.

"Certified Recovery Mentor" means a person providing peer delivered services to an individual or family member with similar life experience. A CRM must complete an AMH approved addiction training program (peer delivered services) and be: A self-identified person in recovery from a substance use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs (2 years of abstinence).

Statement of Alcohol & Drug Abstinence

I hereby attest that I have not used alcohol or illicit drugs (or have abused prescription medication) for the _____ years immediately preceding this application. In addition, I understand the defined role of a Certified Recovery Mentor as described above.

_____
applicant signature

_____
date

2 years minimum abstinence time required for Certified Recovery Mentor

Educational Prerequisites

Directions: **Attach a "Certificate of Completion"** of a State of Oregon Department of Human Services AMH Division approved **Addiction Recovery Mentor Training Program** (Addiction Peer Delivered Services Curricula). A list of AMH approved courses can be found here http://1.usa.gov/1pZIDKA

- *Course must be an Addiction Recovery Mentor/Peer Support Training*
- *Mental Health Peer Support Trainings will NOT be accepted.*

Please complete the following related course information below, and attach a copy of your Certificate of completion.

Education Log

Name of AMH Approved Addiction Recovery Mentor Class
Course Instructor
Date Course Taken
City where course was taken?

Verification Statement

I hereby apply for certification in Oregon as a substance abuse Certified Recovery Mentor. Furthermore I attest that the information I have given in this application & all supporting documentation is correct and true. I give ACCBO permission to verify any statements given in any part of this application.

_____

applicant signature

Confidential Release of Information

Completion of this form authorizes ACCBO to conduct a criminal search, utilizing only the "Big 6 Exclusions" (related to murder and rape) to maintain CRM certification. Completion of this form also permits ACCBO to release this information to the Oregon Health Authority to secure your certification on the State's Registry.

Full Name: _____

Second Last Name: _____

Date of Birth: _____

Social Security Number: _____

I hereby authorize ACCBO to conduct a criminal search and allow the release of information to the Oregon Health Authority to secure my certification on the State's Registry.

Signature: _____Date:_____

Ethics Agreement

DIRECTIONS: Please carefully read the following, sign and date. Make a photocopy for your records and return the entire ORIGINAL to ACCBO.

ETHICAL STANDARDS OF ACCBO Recovery Mentors

The Addiction Counselor Certification Board of Oregon certified mentors are comprised of professional alcoholism and drug abuse mentors who, as responsible health care professionals, believe in the dignity and worth of human beings. In the practice of their profession they assert that the ethical principles of autonomy, beneficence and justice must guide their professional conduct. As professionals dedicated to the treatment of alcohol and drug dependent clients and their families, they believe that they can effectively treat its individual and familial manifestations. ACCBO certified mentors dedicate themselves to promote the best interests of their society, of their clients, of their profession and of their colleagues.

Principle 1: Non-Discrimination
The ACCBO certified mentor shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.
a. The ACCBO certified mentor shall avoid bringing personal or professional issues into the mentoring relationship. Through an awareness of the impact of stereotyping and discrimination, the member guards the individual rights and personal dignity of clients.
b. The ACCBO certified mentor shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory and cognitive accommodations that allow clients with disabilities to receive services.

Principle 2: Responsibility
The ACCBO certified mentor shall espouse objectivity and integrity, and maintain the highest standards in the services the member offers.
a. The ACCBO certified mentor shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.
b. The ACCBO certified mentor, as educator, has a primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.
c. The ACCBO certified mentor who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.
d. The ACCBO certified mentor who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competence
The ACCBO certified mentor shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the member and of the profession as a whole. The ACCBO certified mentor shall recognize the need for ongoing education as a component of professional competency.
a. The ACCBO certified mentor shall recognize boundaries and limitations of the member's competencies and not offer services or use techniques outside of these professional competencies.
b. The ACCBO certified mentor shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The member shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards
The ACCBO certified mentor shall uphold the legal and accepted moral codes which pertain to professional conduct.
a. The ACCBO certified mentor shall be fully cognizant of all federal laws and laws of Oregon governing the practice of alcoholism and drug abuse mentoring.
b. The ACCBO certified mentor shall not claim either directly or by implication, professional qualifications/affiliations that the member does not possess.
c. The ACCBO certified mentor shall ensure that products or services associated with or provided by the member by means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

Principle 5: Public Statements
The ACCBO certified mentor shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.
a. The ACCBO certified mentor, in making statements to clients, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact. All other opinions, speculations, and conjecture concerning the nature of alcoholism and drug abuse, its natural history, its treatment or any other matters which touch on the subject of alcoholism and drug abuse shall be represented as less than scientifically validated.
b. The ACCBO certified mentor shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of alcoholism and drug abuse, its natural history, and its treatment. Such acknowledgment should extend to the source of the information and reliability of the method by which it was derived.

Principle 6: Publication Credit
The ACCBO certified mentor shall assign credit to all who have contributed to the published material and for the work upon which
the publication is based.
a. The ACCBO certified mentor shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The

author who has made the principal contribution to a publication must be identified as first author.
b. The ACCBO certified mentor shall acknowledge in footnotes or in an introductory statement minor contributions of a professional nature, extensive clerical or similar assistance and other minor contributions.
c. The ACCBO certified mentor shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

Principle 7: Client Welfare
The ACCBO certified mentor shall promote the protection of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all ACCBO members.
a. The ACCBO certified mentor shall disclose the member's code of ethics, professional loyalties and responsibilities to all clients.
b. The ACCBO certified mentor shall terminate a mentoring or consulting relationship when it is reasonably clear to the member that the client is not benefiting from the relationship.
c. The ACCBO certified mentor shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral or recovery support services.
d. The ACCBO certified mentor shall not use or encourage a client's participation in any demonstration, research or other non-recovery support activities when such participation would have potential harmful consequences for the client or when the client is not fully informed.
e. The ACCBO certified mentor shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensure the appropriateness of service delivery.

Principle 8: Confidentiality
The ACCBO certified mentor working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client's rights under confidentiality and shall not disclose confidential information acquired in mentoring without appropriately executed consent.
a. The ACCBO certified mentor shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, the use of material for training or observation by another party.
b. The ACCBO certified mentor shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The member shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.
c. The ACCBO certified mentor shall adhere to all federal and state laws regarding confidentiality and the member's responsibility to report clinical information in specific circumstances to the appropriate authorities.
d. The ACCBO certified mentor shall discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be made to avoid undue invasion of privacy.
e. The ACCBO certified mentor shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 9: Client Relationships
It is the responsibility of the ACCBO certified mentor to safeguard the integrity of the mentoring relationship and to ensure that the client has reasonable access to effective treatment. The ACCBO certified mentor shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.
a. The ACCBO certified mentor shall inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
b. The ACCBO certified mentor shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
c. The ACCBO certified mentor shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
d. The ACCBO certified mentor shall not under any circumstances engage in sexual behavior with current or former clients.
e. The ACCBO certified mentor shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships
The ACCBO certified mentor shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.
a. The ACCBO certified mentor shall refrain from offering professional services to a client receiving mentoring services elsewhere with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
b. The ACCBO certified mentor shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
c. The ACCBO certified mentor shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration
The ACCBO certified mentor shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client first, and then of the mentor, the agency, and the profession.
a. The ACCBO certified mentor shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients shall be made fully aware of these policies.
b. The ACCBO certified mentor shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
c. The ACCBO certified mentor shall not engage in fee splitting. The member shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
d. The ACCBO certified mentor, in the practice of mentoring, shall not at any time use one's relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.
e. The ACCBO certified mentor shall not accept a private fee for professional work with a person who is entitled to such services through an institution or agency unless the client is informed of such services and still requests private services.

Principle 12: Societal Obligations
The ACCBO certified mentor shall to the best of his/her ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

_____
Print Name

_____
Sign Name, pledging adherence to this Ethical Code

Adapted from the NAADAC Code of Ethics.

Public Safety Agreement

I understand that ACCBO and the Addiction Treatment and Recovery Field must protect society and clients and hold their interests paramount in the delivery of treatment and recovery services. Therefore, ACCBO's Ethics Committee may immediately suspend a Recovery Mentor's certification pending the outcome of an ACCBO investigation undertaken as a result of receipt of a credible allegation or report of any of the following:

1. Abuse of alcohol or other substances, including misuse of prescribed drugs, or

2. Sexual, romantic contact or other interactions of concern with clients or former clients, their family members, or their significant others, or

3. Physical or emotional abuse or violence toward a client, or

4. Other conduct that poses a foreseeable risk of substantial harm to or exploitation of a client or former client.

I understand that my certification may be immediately suspended pending the outcome of an ACCBO investigation.

_____
Signature

_____
Print Name

_____
Date

Letter of Alcohol & Drug Free Verification

Directions:
Please have a professional colleague or supervisor write a letter of professional alcohol/drug free verification on your behalf.

1. Agency Letterhead.

2. Date.

3. Letter must indicate, to the best of the authors knowledge, that the recovering candidate has been free of substance abuse for ____ years.

Letters of alcohol/drug free verification can be attached to your application, or, have colleague/supervisor mail letters of Professional Alcohol & Drug Free Verification directly to ACCBO:

Addiction Counselor Certification Board of Oregon
2054 N Vancouver Ave
Portland, Oregon 97227-1917

Recertification Policy

Certification is granted for a two year period. It may be renewed by Recertification, a process designed to assist the CRM's in maintaining and expanding competence. If your certification has lapsed you must file for an extension, otherwise you will be dropped from the CRM roster.

You will receive a recertification packet from ACCBO 30-60 days prior to the expiration date of your certificate.

1. The recertification applicant must demonstrate 20 clock hours of continuing education in Recovery Mentor continuing education topics, including a minimum of 6 hours of "ethics, boundaries and/or self-care" training.

2. The recertification applicant must complete the Record of Training Education and attach all certificates or transcripts. Only recorded training hours accompanied by a certificate will be accepted. Program schedules, syllabuses, flyers will not be accepted.

3. Coursework submitted for recertification must have been completed within the last 2 years.

4. You must submit the Application page, Training Record, attach copies of all certificates, and the recertification fee of $100 to ACCBO by the expiration date of the certificate.

Extension Policy

ACCBO offers two types of extensions for all counselors.

1. Free 30 day extension
2. 120 day extension - $50

Extensions can be requested online, by going to www.accbo.com/forms and selecting "Request an Extension."

30 day extensions are free, temporary extensions that can be requested at any time.

120 day extensions are $50, and permanently extend your expiration date by 120 days. Once you recertify, you will receive 2 years added on to your extended expiration date.

If a CRM is already on a 30 day extension, the 120 day extension will only provide an additional 90 days of extended certification.

City	State	Zip Code	*information.*
Home Phone Number ( ) —	Cell Phone Number ( ) —		☐ Name ☐ Mailing Address ☐ Home Phone ☐ Cell Phone ☐ Email ☐ NONE
Email			

[The following questions are OPTIONAL and for the sole purpose of data collection. Information provided in the following sections will have no impact on certification.]

1.3 DEMOGRAPHIC INFORMATION (OPTIONAL)

A. Race *(check all that apply)*

☐ American Indian or Alaska Native

Asian:
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ Vietnamese
☐ Other Asian

African American or Black
☐ African
☐ African American
☐ Caribbean
☐ Other Black

Pacific Islander
☐ Guamanian or Chamorro
☐ Native Hawaiian
☐ Samoan
☐ Other Pacific Islander

White
☐ Eastern European or Slavic
☐ Middle Eastern or Northern African
☐ Western European
☐ Other White

☐ Decline to Answer
☐ Unknown
☐ Other: _____

B. Primary Race Identity *(check one)*

☐ American Indian or Alaska Native
☐ Asian Indian
☐ Black or African American
☐ Pacific Islander
☐ White

☐ Decline to Answer

☐ Unknown

☐ Other: _____

☐ No Primary Race Identity

C. Ethnicity *(check all that apply)*

☐ Not of Hispanic, Latino/a, or Spanish origin

Hispanic, Latino/a, or Spanish origin:
☐ Mexican, Mexican American, Chicano/a
☐ Puerto Rican
☐ Cuban
☐ Other Hispanic, Latino/a, or Spanish origin

☐ Decline to Answer

☐ Unknown

D. Gender *(check one)*

☐ Male
☐ Female
☐ Transgender
☐ Other: _____
☐ Decline to Answer

E. Preferred Language(s)

OREGON HEALTH AUTHORITY
ADDICTIONS & MENTAL HEALTH DIVISION
ORS 443.004/OAR 407-007-0277 Crimes

Public funds may not be used to support, in whole or in part, the employment in any capacity of an individual having contact with a recipient of support services or a resident of a residential facility or an adult foster home, of a mental health or substance abuse treatment provider who has been convicted of the following convictions. **ORS 443.004/OAR 407-007-0277 impacts anyone with this type of employment regardless of hire date.**

"Mental health or substance abuse treatment provider" in ORS 443.004 means:

- A peer support specialist;
- An employee of a residential treatment facility or a residential treatment home that is licensed under ORS 443.415 to provide treatment for individuals with alcohol or drug dependence;
- An individual who provides treatment or services for persons with substance use disorders; or
- An individual who provides mental health treatment or services (including any type of mental health licensed or certified facility or agency).

If the individual has been convicted of any of the crimes listed below (or **attempt, conspiracy, or solicitation** for any of the crimes) regardless of how long ago the conviction occurred, THE INDIVIDUAL IS NOT ELIGIBLE FOR THE POSITION.

- ORS 163.095, Aggravated murder
- ORS 163.115, Murder
- ORS 163.375, Rape I
- ORS 163.405, Sodomy I
- ORS 163.411, Unlawful sexual penetration I
- ORS 163.427, Sexual abuse I

All mental health or substance abuse treatment providers are subject to ORS 443.004 if public funds are involved in the payment of treatment or services. The Background Check Unit (BCU), serving the Department of Human Services and the Oregon Health Authority does not conduct background checks on programs or facilities which are exclusively licensed or certified as an alcohol & drug provider.

If an individual is offered employment as a mental health or substance abuse treatment provider AND the individual is subject to a background check through BCU, submit a background check request. If BCU confirms that the individual has a conviction of one or more of the crimes listed above, BCU will make a determination that of **INELIGIBLE DUE TO ORS 443.004.**

An individual found to be Ineligible Due to ORS 443.004 does not have hearing rights through BCU regarding this determination.