



NATIONAL CLINICAL SUPERVISION ENDORSEMENT



APPLICATION

I. **Personal Data:** If any documentation required for the NCSE (endorsement) application was issued under a previous name, you must submit a copy of the legal document to verify the change. (If by divorce, copy only that portion of the document showing the name change.)

Dr. Mr. Ms. Other _____

Name: _____

Address: _____

City/State/ZIP+4: _____

Phone (work): _____ (cell): _____ (fax): _____

E-mail: _____

II. **Payment/Fee Information**

Endorsement: NCSE **Application Fee:** \$ 235.00 (non-refundable)

Amount Enclosed: \$ _____ (check/money order payable to NCC AP)

Credit card amount: \$ _____ Company card Personal card

MasterCard Visa American Express

Full name of card holder (please print)

Credit card number

_____/_____
Exp Date

CVC #

Billing address

Card holder's signature

III. NCSE Eligibility and Application Requirements

1. Candidate must have a Bachelor's Degree or higher in Substance Use Disorders/Addiction and/or related counseling subjects (social work, mental health counseling, psychology) from a regionally accredited institution of higher learning.

Candidate must submit a copy of their official Bachelor's Degree or higher transcript with their application.

2. Candidate must hold a current credential/license as a Substance Use Disorders/Addiction counselor or Professional Counselor (social work, mental health counseling, psychology) issued by a state or credentialing authority for the last five years.

Candidate must submit evidence of holding a current credential/license as a Substance Use Disorders/Addiction Counselor or Professional Counselor (social work, mental health counseling or psychology) issued by a state or credentialing authority for the last five years.

3. Candidate must have five years full-time or 10,000 hours overall of employment as a Substance Use Disorders/Addiction Counselor. This must include a minimum of two years full-time or 4,000 hours performing direct clinical supervision, and 200 hours of received supervision as a clinical supervisor.

Supervisor(s) or other health care professionals who have personally observed the candidate's Substance Use Disorders/Addiction work must complete Section VII-a on pages 5-6 verifying the candidate's work experience based on the Eight Counselor Skills Group over the last five years.

Supervisor(s) or other health care professionals who have personally observed the candidate's Substance Use Disorders/Addiction work must complete Section VII-b on page 6 verifying the candidate performed direct clinical supervision for a minimum of two years full-time or 4,000 hours.

Supervisor(s) or other health care professionals who have personally observed the candidate's Substance Use Disorders/Addiction work must complete Section VII-c on page 7 verifying the candidate's 200 hours of received supervision as a clinical supervisor.

4. Candidate must provide evidence of earning at least 18 contact hours of education and training specific to Substance Use Disorders/Addiction Clinical Supervision.

Candidate must also provide evidence of six hours of Ethics education/training and six hours of HIV/other pathogens education/training within the last six years. (Education and training hours translate as: 1 hour of education/training equals 1 CE, 1 quarter college credit equals 10 CEs and 1 semester college credit equals 15 CEs.)

5. Candidate must submit a signed statement that they have read and adhere to the [NAADAC/NCC AP Code of Ethics](#)

6. Candidate must mail application and all supporting documents with the non-refundable application fee of \$235 to:

NCC AP
44 Canal Center Plaza, Suite 301
Alexandria, VA 22314

7. A passing score on:

- National Clinical Supervision Endorsement exam through NCC AP or,
- Both AADC and CS exams through the International Certification & Reciprocity Consortium (IC & RC).

Candidates who have already passed the AADC and CS exams must provide copies of their exam results with their application. If successful examination has not occurred, you will be provided registration information for NCC AP's NCSE exam once your application has been approved. (NCSE exam fee is an additional \$150.)

III. State Credential/License

Note: Copies of current credential(s)/license(s) as a Substance Use Disorders/Addiction counselor and/or related counseling subjects (social work, mental health counseling, psychology) issued by a state or credentialing authority for the past five years **must** be submitted. **Applications cannot be processed without evidence of a current credential(s)/license(s). Documentation must show a date of expiration.**

V. **Education Record**

Training Hours Summary: Candidate must submit copies of training events (college transcripts, conference/seminar attendance certificates and any other continuing education credits). All CE certificates must show the title of the training, name of the presenter/education provider (complete with their signature), number of CEs earned and date that the training occurred. You may not apply the same title training more than once every two years. We ask that you do not submit duplicate CE certificates.

Education and training hours translate as:

- 1 hour of education/training = 1 CE
- 1 quarter college credit = 10 CEs
- 1 semester college credit = 15 CEs

Candidate's Worksheet of Education and Training

_____ Undergraduate or higher level hours (documented by transcript).

_____ Clinical Supervision Training hours (18 hours required - documented by CE certificates).

_____ Ethics training that occurred within the last six years (6 hours required - documented by CE certificates).

_____ HIV/other pathogens training that occurred within the last six years (6 hours required - documented by CE certificates).

_____ **Total hours (30 CEs required)**

VI. Career History

In providing your employment history, please list your current position first and work backwards until you have documented the required five years full-time or 10,000 hours of work experience as a Substance Use Disorders/Addiction counselor. This must include at least two years full-time or 4,000 hours performing direct clinical supervision, and 200 hours of received supervision as a clinical supervisor. Attach additional pages as needed. Or, you can submit your resume.

Current Employer: _____

Address: _____

Job title: _____

Position held from: (*month/year*) _____ to (*month/year*) _____

Supervisor's Name: _____ Phone: _____

Supervisor's Email Address: _____

Brief job description:

Previous Employer: _____

Address: _____

Job title: _____

Position held from: (*month/year*) _____ to (*month/year*) _____

Supervisor's Name: _____ Phone: _____

Supervisor's Email Address: _____

Brief job description:

VII-a. Supervisor's Verification of Candidate's SUD Work Experience

Supervisor is to initial each of the counselor skills that applies to the candidate and indicate the number of years/months supervision was provided. (Note: candidate is required to have 3 years full-time or 6,000 hours.)

THE EIGHT COUNSELOR SKILLS GROUP IN THE NATIONAL CERTIFICATION COMMISSION FOR ADDICTION COUNSELORS PROCESS

I. TREATMENT ADMISSION (Screening, Intake and Orientation)

The interaction with the client to determine suitability for alcoholism and/or drug abuse treatment. Information necessary for admission, appropriate assessment and appropriate treatment is collected; the client is oriented to the counseling process, rules, and expectations including financial responsibilities.

II. CLINICAL ASSESSMENT

To synthesize and interpret the data collected during the treatment admission in order to determine the client's immediate problems, internal/external resources that may facilitate or inhibit the treatment process. This assessment forms the basis for the treatment goals and program established for the client.

III. ONGOING TREATMENT PLANNING

A specific, individualized plan that addresses the therapeutic needs of the client and places him/her in the appropriate placement on the continuum of care. The client's strengths and weaknesses must be considered in setting priorities for long and short-term goals and treatment. This plan must ultimately be formulated with the client.

IV. COUNSELING SERVICES (Individual, Group, Family, Crisis Intervention, Client Education)

The interactive process of providing assistance to a client to help him/her change and maintain attitudes, beliefs and behaviors that are more constructive. The counselor must determine the most appropriate type of assistance and the counseling intervention to facilitate the change in behaviors, attitudes and beliefs. Counseling services include individual, family, group and crisis intervention counseling.

V. DOCUMENTATION

This encompasses maintaining and recording the results of the treatment process accurately, descriptively and in a timely fashion. The legal document describes treatment including forms, release and consent forms and records.

VI. CASE MANAGEMENT

This encompasses case consultation, and interfacing with other agencies and professionals to provide the services needed by the client in order to achieve the treatment goals. Consultation and case review by a clinical supervisor is a vital component of managing the counseling process and providing quality care.

____ VII. DISCHARGE AND CONTINUING CARE

Discharge involves the reinforcement of the changed attitudes, beliefs and behavior(s), assessment that there are no pressing needs, following up on the client's status, making appropriate referrals for continuing services of necessary, and assessing the adequacy of support systems. Information on relapse prevention, continuation of self-help programs and other support mechanisms should be provided to client as part of the termination process.

____ VIII. LEGAL, ETHICAL, AND PROFESSIONAL GROWTH ISSUES

This skill group includes the Federal or state legislation governing the counselor/client relationship, adherence to the Code of Ethics for alcoholism and drug abuse counselors are expected to follow in their practice and areas of continuing self-education and growth. The dynamic nature of the therapeutic process demands continual self-evaluation, monitoring and self-awareness.

*“I verify that this candidate has been under my supervision for ** ____year(s)/hours and has competently performed the required Eight Counseling Functions.*

To the best of my knowledge, the time of my supervision of this candidate as indicated above is accurate and that this candidate engages in ethical practice.”

Supervisor’s Signature

Date

Supervisor’s Email Address

**** Supervisor must indicate the number of years/hours in the space provided above.**

VII-b. Supervisor’s Verification of Candidate Performing Direct Clinical Supervision - to be completed by the Supervisor (Note: candidate is required to have received a total of 2 years full-time or 4,000 hours).

*“I verify that this candidate has performed direct clinical supervision for ** ____year(s)/hours.*

To the best of my knowledge, the time of my supervision of this candidate as indicated above is accurate and that this candidate engages in ethical practice.”

Supervisor’s Signature

Date

Supervisor’s Email Address

**** Supervisor must indicate the number of years/hours in the space provided above.**

VII-c. Supervisor’s Verification of Candidate’s Received Supervision as a Clinical Supervisor

- to be completed by the Supervisor (Note: candidate is required to have received 200 hours of received supervision as a Clinical Supervisor.)

*“I verify that this candidate has been under my supervision for** _____ hours of received supervision as a Clinical Supervisor.*

To the best of my knowledge, the time of my supervision of this candidate as indicated above is accurate and that this candidate engages in ethical practice.”

Supervisor’s Signature

Date

Supervisor’s Email Address

**** Supervisor must indicate the number of years/hours in the space provided above.**

VIII. Candidate’s Affirmation

“I certify that I meet the eligibility requirements for the NCSE national endorsement and that the information in this application and its supporting documents is accurate, correct and complete. I also certify that the state credential/license presented is not encumbered in any manner and that I do not hold a credential/license from any other state that is or has been subject to criminal or ethical complaint. The National Certification Commission for Addiction Professionals (NCC AP) is authorized to contact any institution, organization or individual listed on or included with this application for verification of my substance use disorders counseling history. I understand that the NCC AP retains ownership of the NCSE endorsement and may, from time to time, make available endorsement holder names and other information to potential service users.”

Candidate’s Signature

Date

IX. NAADAC/NCC AP Code of Ethics

All those holding NCC AP endorsements are required to adhere to the NAADAC/NCC AP Code of Ethics. Ethics code violations may result in disciplinary actions, including loss of your endorsement. The full NAADAC/NCC AP Code of Ethics is located in full at <http://www.naadac.org/code-of-ethics>.

“I hereby attest that I have read, understand, and will adhere to the NAADAC/NCC AP Code of Ethics.”

Candidate’s Signature

Date

Candidate’s Checklist

- Completed Personal Data Section and included a copy of legal document showing name change if applicable.
- Enclosed check/money order or provided credit card information. (The NCC AP has a no refund policy for incomplete applications.)
- Enclosed copies of current credential/license as a Substance Use Disorders/Addiction counselor or Professional Counselor (social worker, mental health, psychologist) issued by a state or credentialing authority for the last five years.
- Enclosed copies of official Bachelor’s Degree or higher transcript and education/training certificates for at least 18 hours of Clinical Supervision education/training, 6 hours of Ethics education/training and 6 hours of HIV/other pathogens education/training.
- Completed Career History Section.
- Enclosed Supervisor’s Verifications from Sections VII-a, VII-b and VII-c. **Supervisor(s) indicated the number of years/hours and signed their verifications.
- Completed Candidate Affirmation.
- Signed statement that candidate has read, understands, and will adhere to the NAADAC/NCC AP Code of Ethics.
- Made a copy of your application and supporting documents for your records.

Application and supporting documentation **must** be mailed to the address below.

**NCC AP - Certification Department
44 Canal Center Plaza, Suite 301
Alexandria, VA 22314**

NOTE: The initial application review may take up to 50 business days from date received by NCC AP Staff.