



Advanced Alcohol/Drug Counselor

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AADC

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Part 1: Application Requirements and Process

Section I. Eligibility Criteria

Experience/Educational Requirements

A

Applicants must have a **master's degree** in the behavioral science field with a clinical component. Work experience can be full-time or part-time experience.

B

Applicants must provide documentation of **2,000 hours of supervised work experience with AODA clients** within the 12 Core Functions and domains (See part 3 section II).

Please note: Full or part-time experience is acceptable. Work experience may be paid or voluntary. Practicum hours will count as work experience but not as education. A.A., N.A., etc. meetings or having been through treatment **does not count as work experience**.

C	<p>Documentation of 100 hours of supervision with a minimum of ten (10) in each domain. Supervision is defined as a formal, systematic process that focuses on skill development and integration of knowledge and generally occurs early in a career. Supervision must take place in a setting where AODA counseling is being provided. Supervision may be a part of the eligible work experience. Supervision may be completed under more than one supervisor or agency. Please see Section II for additional information regarding supervision. A supervisor MUST meet one of the following requirements and provide documentation of qualifications:</p> <p>1. An ADC who has been certified for 3 years and has completed 15 hours of training in supervision OR 2. An AADC OR 3. A CS OR 4. a person with a master's degree and license in addictions counseling or master's degree and certification in addictions counseling OR 5. an approved Health & Welfare Clinical Supervisor (QP) under IDAPA 16.07.20.02</p>
D	<p>Documentation of 180 hours of education, with a minimum of 30 hours in each of the IC&RC Performance Domains and Tasks. These domains include: Screening, Assessment and Engagement, Treatment Planning, Collaboration and Referral, Counseling and Education, and Professional and Ethical Responsibilities (for more information, see Parat 3 Section II). There must be a minimum of six (6) hours of ethics.</p> <p>Education is defined as:</p> <ul style="list-style-type: none"> • Workshops or seminars approved by IC&RC, NAADAC, State of Idaho Department of Health and Welfare, NASW, NBCC, or IBADCC. Courses through accredited universities or colleges are also accepted. All education must be face-to-face, interactive webinar, or competency-based training (has a test included in the training) and cannot be an in-house in-service training for initial testing. Face-to-face education is defined as in-person with an instructor or through an electronic medium that allows for real-time interactivity with the instructor(s) as the educational content is presented. Documentation of workshop/seminar requires a copy of any certificates of completion. • College/university courses- one (1) credit hour equals 15 clock hours. <p>Please note: Documentation of all college/university courses must include an official transcript. (Must be in sealed envelope to be considered official)</p> <ul style="list-style-type: none"> • Practicum hours cannot be counted as education but can be counted as work experience.
E	<p>Documentation of six (6) hours of training in Professional Ethics specific to substance abuse counselors. The six (6) hours must include the following areas: federal and state laws, client welfare as a primary concern, professional competence supervision/development, financial issues, personal wellness, and relationships to professionals and institutions.</p>
<p style="text-align: center;">Section II. Application Requirements All applications must be completed online</p>	

A	<p>Letters of Reference: Three (3) letters of reference which are directly related to the applicant's professional knowledge and skills are required. Click here for letters of reference forms.</p> <p>One (1) letter/form MUST BE submitted by the applicant's supervisor. All letters of reference MUST BE sent directly to the IBADCC office by the person evaluating the applicant or in a sealed, signed envelope included with the application.</p>
B	<p>Criminal History Background Check: Applicants must submit a copy of a State of Idaho, Health and Welfare Background check (background check cannot be more than three (3) years old). Applicants who currently do not have a Health and Welfare Background check or need an employer ID number to use for the background check may contact the IBADCC office for instructions.</p>
C	<p>Employment Verification Forms: Applicants must submit employment verification forms to verify work experience Click here for Employment Verification forms.</p>
D	<p>Code of Ethics Agreement: Applicants MUST read the Ethics section of this manual, including the Code of Ethics and the Ethics Enforcement Procedure, and then submit a signed and dated Code of Ethics agreement. See Section III for The Code of Ethics/Conduct and agreement form.</p>
E	<p>Disability Related Needs: If you have a disability that requires special testing accommodations, please complete the forms located in Section IV. (optional)</p>
Part 2: Certification Procedures	
Section I. Application	
A	<p>All candidates for certification must submit an application online, with appropriate documentation, for review by the IBADCC. When it has been determined that the eligibility requirements have been met, the candidate will be notified.</p>
Section II. Examination	
A	<p>Applicants must pass a competency-based examination developed by the IC&RC through cooperation with and for use by all member boards. The initial test is \$235.00. Please Note:</p> <ul style="list-style-type: none"> • A candidate who fails the exam may retest again in 90 days by submitting a check for \$117.50, a discount of 50% of the original test fee. • A candidate may re-test up to two (2) times within a year of application approval. • A candidate who fails three (3) certification tests must reapply and be accepted, prior to testing again.

- If you have any special accommodations needed at the exam, you will need to fill out the Documentation of Disability-Related Needs form. A candidate guide for the examination manual is available for purchase at: www.readytotest.com

The benefits of computer-based test are:

Flexibility to test “on demand”

- o No longer limited to only two (2) test cycles per year

Immediate scoring at the completion of your exam

- o No longer will have to wait for your score

Once your application has been approved and your testing fee has been received by IBADCC, a letter will be issued with instructions directing you to register for your test online. You will be able to select your testing date and the testing center that is most convenient for you.

- You have one (1) year from your approval date to test. If you have not tested within that year your file will become inactive and a \$50 reactivation fee will be charged between year one and year two of the approval date. Two years after the approval date, the application will be suspended, and the applicant must submit a current and complete application for certification.

Reschedule/Cancellation Policy:

If you need to cancel or reschedule your test five (5) or more calendar days prior to the date, you will have to pay a \$25 rescheduling fee to IQT. Contact them at www.isoqualitytesting.com

If you reschedule or cancel your test less than five (5) calendar days prior to the date, you will forfeit the full testing fee.

If you fail to show up for your examination at the scheduled time, do not have the proper identification, or do not have your admission letter, you will not be allowed to sit for your exam. You will forfeit the full testing fee.

Test Day:

You MUST have proper identification and your admission letter from IQT when you arrive at the test center.

For a list of current Testing Centers nearest you go to:

www.isoqualitytesting.com/locations.aspx

Once you have passed the examination, you will receive your certificate in the mail.

Section III. Fees

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Application for Certification \$80.00

CBT Exam \$235.00

*Two Year Renewal Fee/State Certification \$207.00

(* which includes the IC&RC Membership update)

Duplicate Certificates \$5.00

File Copying \$.10 per sheet

It is the responsibility of the certificate holder to maintain record of renewal packages

Please Note: All certificates are the property of IBADCC and are subject to revocation!

Section IV. Renewal Procedures

Requirements: AADC counselors are required to obtain **40 hours of continuing education hours, including four hours of professional and ethical responsibilities. *Certificates are valid for two years.*** Continuing education requirements are as follows:

* Education must include four hours of Ethics training. All education must be face-to-face, interactive webinar, or competency-based training (has a test included in the training). Ethics education cannot be an in-house in-service training. Face-to-face education is defined as in-person with an instructor or through an electronic medium that allows for real-time interactivity with the instructor(s) as the educational content is presented.

* Education must be related to the knowledge and skills necessary to perform the tasks within the Performance Domains ([see Part 3 Section II for additional information on Domains and Tasks](#)).

* All education must be approved by NAADAC, State of Idaho Department of Health and Welfare, NASW, NBCC, IC&RC, IBADCC or an accredited college/university, at the time the Education is recorded. Documentation needs to include a copy of any certificates of completion or an official college/university transcript.

* A maximum of 10 hours in-service (five hours for the first renewal period from one year to two-year certification) training is acceptable. Documentation must include a certificate of completion.

- Education presented by the candidate does not count toward continuing education hours.

Please note: There are no carryover hours from one renewal period to another.

A courtesy reminder email will be sent approximately 90 days before your certification expires. The renewal application **MUST** be postmarked or in the IBADCC Office by your certification expiration date.

Please note: Grace Period, is defined as the day after a certification expires to the 30th day after. During that time, if a counselor has submitted their renewal and it was received and processed by the IBADCC office, the counselor is not considered to be expired. Please check with the IBADCC office if there is any question as to the counselor's status. If your paperwork is postmarked within 30 days after your expiration date, you will be charged a \$25.00 grace period fee; otherwise, your certification will be considered lapsed.

Section V. Name Change

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Requesting a Change of Name: IBADCC maintains records under your full legal name. This pertains to changing your name on your records after you have legally changed your name.

For name change, please [login to your certemy account](#) > click you name that is at top right corner of the page > click name change (see picture below)

The screenshot shows the Ibadcc user interface. At the top, there is a navigation bar with links: 'My Credentials', 'Digital Wallet', 'Transcripts', and 'User Guide'. On the right side of the bar, the user's name 'Celia Runquist' and title 'Professional at IBADCC' are displayed next to a power icon. Below the navigation bar, the user's name 'Celia Runquist' is shown in a large font. To the right of the name is a link 'Change name' which is circled in yellow. Below the name, the 'Company name' is listed as 'IBADCC'. Further down, the 'Primary email' is listed as 'ibadcc@ibadcc.org'. To the right of the email is a link 'Change primary email' which is also circled in yellow. Below the email, there is a note: 'The email address set as your "primary email" will be used for logging in and for any notifications sent from the platform.'

Along with your request, copies of the following supporting documentation are required to change your name:

- Copy of documentation showing your name as it currently appears (Photo ID preferred, birth certificate, social security card, or your current IBADCC certificate; AND
- A copy of your marriage license/certificate; or
- A copy of name change by court order; or
- valid state issued driver license with new name; or
- Social security card with new name

Section VI. Lapsed Certificate Policy

- A Certifications at any level that have been expired between days 31-180 days (6 months) may be renewed, if the counselor seeking recertification is in good standing with IBADCC, has abided by the IBADCC Code of Ethics, and completes the following procedure:
1. Return completed renewal application for re-certification with a check for \$307. (\$207 regular renewal fee and \$100 lapsed certificate processing fee.)
 2. Counselors whose certifications have expired between 31 to 180 days (6 months) may not engage in scope of practice activities for hire during this period.
- Receipt of renewal documentation is based on postmarked date; this date is honored for items pending review by the Education Committee. Additionally, certifications at any level that have been expired more than six (6) months MUST go through the process of reapplying and retesting for their certification, unless inactive status was approved.

Section VII. Inactive Status

A	<p>Certifications at any level may be made “inactive” for a minimum of one (1) year and a maximum of three (3) years with IBADCC approval. The intention of the “inactive status” is to provide an avenue for certified members to place their certification “on hold” in the event of major life challenges, such as illnesses, deaths in the family, etc. Certified members must submit a letter of request to the IBADCC.</p> <p>During the period of inactivity, the counselor cannot receive payment for services performed in the substance abuse field and must submit twenty (20) hours of continuing education units annually, which includes the required two hours of Ethics training, and to abide by the IBADCC Code of Ethics. No certification fee will be charged during the period of inactivity and no certificate will be issued. To return to active status, the counselor must pay the current renewal fee.</p> <p>Please note: An “inactive status” cannot be requested for a certification which is lapsed or under a current ethics investigation.</p>
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Section VII. Residency and Reciprocity

A	<p>Reciprocity Procedures: The IBADCC has membership in the International Certification and Reciprocity Consortium (IC&RC). Counselors who possess valid certification from the IBADCC can request reciprocal recognition from other IC&RC member states and bodies. Advanced Alcohol/Drug Counselors can obtain IBADCC credentialing upon application, without retesting, provided they are from an IC&RC state or body possessing the combined alcohol/drug credentialing. Reciprocity is not granted to any counselor certified in a non-member state.</p> <p>Reciprocity INTO IBADCC: Addiction professionals certified by an IC&RC member board who relocate to Idaho may transfer their credential to the IBADCC using the reciprocity process. No additional requirements will have to be met by the certified professional using this process to transfer their credential to Idaho. To begin the reciprocity process, certified addiction professionals must:</p> <ul style="list-style-type: none"> · Contact their current board and request an Application for Reciprocity · Complete the one-page application and return it to their current board with the appropriate fee · The application will be verified and sent to the IC&RC Office, once approved will notify IBADCC · IBADCC will then issue their new certification for the State of Idaho · The certified addiction professional will then be expected to follow all requirements for certification through IBADCC <p>Reciprocity OUT of IBADCC: Addiction professionals certified by the IBADCC who relocate to another state, country, or nation may transfer their credential to the new jurisdiction using the reciprocity process, only if the new jurisdiction is an IC&RC member board. Reciprocity to a non-IC&RC member board is not permitted. Additional requirements may be imposed upon the certified addiction professional depending on the laws and regulations governing the practice of addiction related services in the new jurisdiction. Therefore, certified addiction professionals are strongly encouraged to contact the IC&RC member board in the new jurisdiction to determine if any additional requirements must be met. To begin the reciprocity process, certified addiction professionals must:</p>
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	<ul style="list-style-type: none"> · Contact IBADCC and request an Application for Reciprocity · Complete the one-page application and return it to IBADCC with the appropriate fee · The application will be verified and sent to the IC&RC Office; once approved will notify the new jurisdiction board · The new jurisdiction will then issue the certified addiction professional the equivalent credential offered by IBADCC unless laws or regulations governing the practice of addiction related services in the new jurisdiction must first be met
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Part 3: Definitions and descriptions of specific skill sets needed for certification

Section I. Instructions for Documentation of Supervision

A	<p>The Supervisor MUST document supervision Click here for Supervision Verification form 100 hours, with a minimum of 10 hours in each of the Domains.</p> <p>Please note: If supervision has occurred at more than one agency, documentation must be completed for each agency where supervision occurred.</p> <p>A supervisor shall be interpreted to mean, a person who is knowledgeable of chemical dependency treatment and rehabilitation methods and has the ability to judge the capability and competence of an addictions counselor.</p> <p>The supervisor must be willing to accept the responsibility of monitoring and evaluating the performance of the addictions counselor “trainee”. Supervisors must hold one of the following certifications and MUST be on the IBADCC approved supervisor list:</p> <ol style="list-style-type: none"> 1. A ADC who has been certified for 3 years and has completed 15 hours of training in supervision OR 2. An AADC OR 3. A CS OR 4. A person with a Master’s Degree and license in addictions counseling or a Master’s Degree and a certification in addictions counseling OR 5. An approved Health & Welfare Clinical Supervisor (QP) under IDAPA 16.07.20.02 <p>Supervision forms are provided in Section IV of this manual.</p> <p><i>Modes of Supervision:</i></p> <p>Supervision can be delivered in a variety of modes and mediums. Methods of supervision include, but are not limited to:</p> <p>INDIVIDUAL SUPERVISION</p> <p><u>Face-to-Face:</u> Involves a one-to-one supervisor/supervisee relationship; implies regularly scheduled meetings to be conducted for the purpose of supervision.</p> <p><u>Appraisal (with intermittent Performance reviewed):</u> This method involves the formal agency process of annual evaluation. It is the overall summation, the total overview of a counselor’s performance.</p>
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Assigned Reading: This implies the developmental and educational aspect of supervision. Reading materials may be a supportive and constructive component of the supervision process.

Audio Tape Video Tape: This may involve peer use of training tapes, as well as the use of taped (audio or video) sessions, for the purpose of review and evaluation of actual sessions. In using tapes for the latter purposes of evaluating counselor skills, counselor feedback should be involved. A sample consent form is included in this manual (see below) in order to ensure that clients understand and agree to being taped for supervision purposes.

Behavior Rehearsal: This mode of supervision is similar to role playing, yet behavior rehearsal will usually focus on more specific behaviors and skills. Behavior rehearsals offer “before the fact”.

Consultation: This process of supervision is counselor-initiated. Unlike face-to-face supervision, this method is normally more spontaneous. It involves the review of generic skills.

Demonstration: In this process, the supervisor acts as the demonstrator. This process also involves the feedback process. It is the responsibility of the supervisor to involve and solicit counselor feedback to assure that the demonstration has been understood. This is different from Behavior/Rehearsal where the counselor is the demonstrator.

Direct Observation: Entails first-hand observation of on-the-job performance.

Evaluative: This review of counselor performance is an ongoing process. This process is supervisor-initiated and involves the day-to-day performance review. For example, this process includes the review of charts, notes, etc.

Explanation/Directive: This entails one-way communication from the supervisor to the supervisee. Essentially, the supervisor is dictating counselor actions and behavior.

One-Way Screen: A form of direct observation which removes the actual presence of the supervisor from the situation, i.e., view from one-way mirror.

Outside Consultation: Using this method of supervision delivery, an expert is brought in the program for the purposes of review and evaluation of training.

Role playing: In this method of supervision, the emphasis is on the evaluation of generic counseling skills. This process normally involves the creation of contrived situations or may involve the re-creation of counselor/client situation “after the fact.”

Sanctions: The imposition of constructive discipline.

Verbatim Record and Written Report: This involves the review, by the supervisor, or the client records, progress notes, verbatim transcriptions of counselor/client interviews, etc.

Work Review: This process involves the review of counselor caseloads.

GROUP SUPERVISION

When using assigned reading, audio tape, verbatim record and video tape methods of supervision in group situations, the definitions would be altered slightly to reflect the change in counselor and supervisor numbers. These methods, when used in group situations, are usually training devices.

Case Conference/Treatment Review: This form of supervision entails the presentation by a counselor, of a case. This does not imply the one-way communication of reporting a case but involves review and feedback.

Group: Supervision by more than one (1) supervisor.

Peer Consultation: This includes the exchange of ideas in both formal and informal situations. This may include meetings of professional associations, groups and guilds.

This process must involve evaluation and feedback, or the process becomes an educational function, not a supervisory function.
Support Group: This pertains to a group of staff sessions aimed at dealing with interpersonal and intrapersonal problems, i.e., working to prevent staff burn-out.
Team Development (treatment enhancement): The evaluation of how counselors act as a team in the delivery of service: an evaluation of group cohesiveness and team effectiveness. The enhancement of treatment is the consequence of the supervisory process.

What is Considered Minimally Adequate Supervision?

Minimally adequate supervision involves face-to-face interpersonal relationship between the supervisor and the supervisee. Therefore, mere written evaluation forms and written reports would constitute inadequate supervision.

Minimally adequate supervision, at its best, involves the use of methods from both individual and group supervision. Any one method, in and of itself, would constitute inadequate supervision. While it is preferred and recommended that no more than two-thirds of a counselor's supervision should involve group supervision; it is preferred and recommended that the focus of a counselor's supervision be on individual counselor's methods, and it is recognized that supervision should be modeled to meet the unique needs of the individual counselor.

Please note: For the purpose of certification, supervised training must be attained in a work setting in the addictions counseling field; classroom experience is not acceptable.

Section II. Twelve Core Functions and Domains/Tasks

Click here for [the list of the Twelve Core Functions](#)

Domains and Tasks

I. Screening, Assessment, and Engagement

Task 1: Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.

Task 2: Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.

Task 3: Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.

Task 4: Administer appropriate evidence-based screening and assessment instruments specific to the client to determine their strengths and needs.

Task 5: Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.

Task 6: Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.

Task 7: Interpret results of screening and assessment and integrate all available information to formulate a diagnostic impression and determine an appropriate course of action.

Task 8: Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.

II. *Treatment Planning, Collaboration, and Referral*

Task 1: Formulate and discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client's strengths, needs, abilities, and preferences.

Task 2: Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.

Task 3: Match client needs with community resources to facilitate positive client outcomes.

Task 4: Discuss rationale for a referral with the client.

Task 5: Communicate with community resources regarding needs of the client.

Task 6: Advocate for the client in areas of identified needs to facilitate continuity of care.

Task 7: Evaluate the effectiveness of case management activities to ensure quality service coordination.

Task 8: Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.

Task 9: Document treatment progress, outcomes, and continuing care plans. Task 10: Utilize multiple pathways of recovery in treatment planning and referral.

III. *Counseling*

Task 1: Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.

Task 2: Provide information to the client regarding the structure, expectations, and purpose of the counseling process

Task 3: Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.

Task 4: Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.

Task 5: Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.

Task 6: Document counseling activity and progress towards treatment goals and objectives.

Task 7: Provide information on issues of identity, ethnic background, age, sexual orientation, gender and other factors that influence behavior as they relate to substance use, prevention and recovery.

Task 8: Provide information about the disease of addiction and the related health and psychosocial consequences.

IV. *Professional and Ethical Responsibilities*

Task 1: Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.

Task 2: Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.

Task 3: Continue professional development through education, self-evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.

Task 4: Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.

Task 5: Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.

Task 6: Obtain written consent to release information from the client and/or legal guardian, according to best practices.

Task 7: Prepare concise clinically accurate and objective reports and records.

[*Click here to review knowledge base in each domain for testing purposes.*](#)

Section III. Code of Ethics

Outline of a treatment professional's highest standard of behavior

Click here [for the latest file of Code of Ethics and Ethics agreement form](#)