



Application Packet for

**AADCR-MN**

Advanced Alcohol and Drug  
Counselor Reciprocal-  
Minnesota

## Directions/Checklist

Read the application packet thoroughly. Submit your application forms in the following order with supporting documents. You are only required to submit material sufficient to meet the requirements of the certification for which you are applying. If you have used any names other than the name on the application, please submit legal documentation of a name change along with the Counselor Application.

All information must be typed or printed legibly. Items may be mailed or hand delivered during office hours. ALL APPLICATIONS NEED TO BE SUBMITTED IN HARDCOPY. E-mailed or faxed applications will not be accepted.

- Form 1: Application
- Form 2: Documentation of Experience
- Form 3: Documentation of Supervision
- Form 4: Documentation of Education
- Form 5: Documentation of Ethics Training
- Form 6: Documentation of Co-Occurring Disorders Training
- Form 7: Consent and Release Form
- Form 8: Statistical Information
- Form 9: Documentation of Disability Related Needs for Exam
- Form 10: Request for Special Accommodations
- Code of Ethical Conduct - Signed
- Payment of \$390 (If paying by check, it must be included and made payable to MCB)

When the application is approved, you will receive an approval letter and proof of certification in the mail. Application packets are typically processed within one month of receipt. If there are any problems with the application, you will be notified by email or phone.

Make sure to retain a photocopy of the entire application for your records. All materials submitted become property of the MCB and may be disposed of after 3 years. Send your completed application, copies of verifications, documents attachments, and the fee to:

MCB  
4817 Viking Blvd. Suite 101  
Wyoming, MN 55092  
Phone: 763 434 9787 Fax: 763 413 1746  
Website: [www.mcboard.org](http://www.mcboard.org) Email: [mcb@mcboard.org](mailto:mcb@mcboard.org)

## **About the ADC-MN, ADCR-MN, and AADCR-MN Credentials**

The ADC-MN and ADCR-MN credentials are developed to be progressive in nature, designed to move individuals initially certified as an ADC-MN to the ADCR-MN credential in a timely manner. The ADC-MN is a state-level certification that parallels current licensure requirements within the state. While certified as an ADC-MN, applicants will accrue additional hours of experience that they may apply to upgrading to the ADCR-MN credential. The ADCR-MN credential holds reciprocity with other IC&RC member boards that offer the Alcohol and Drug Counselor (ADC) credential.

Applicants are not required to be certified as an ADC-MN to apply for the ADCR-MN credential.

If you begin as an ADC-MN, you may request an upgrade to the ADCR-MN credential once you have completed the additional experience necessary for the credential. To request the upgrade to your credential, you must complete the Upgrade from ADC-MN to ADCR-MN form available at [www.mcboard.org](http://www.mcboard.org).

The AADCR-MN credential is intended to be progressive in nature, designed to give individuals initially certified as an ADC-MN or ADCR-MN or licensed in the state of MN as a LADC, the opportunity to advance their credential as they move forward in obtaining an advanced degree and experience in Addiction Counseling. This credential entails an increased knowledge and clinical application in the treatment of substance use and co-occurring disorders. This credential holds reciprocity with other IC&RC member boards that offer the Advanced Alcohol and Drug Counselor credential.

## REQUIREMENTS AND POLICIES FOR THE AADCR-MN CREDENTIAL

### EXPERIENCE

2000 hours of supervised work experience specific to the IC&RC Advanced Alcohol and Drug Counselor domains.

- Experience must have been gained within the last ten years
- Experience is based on the applicant providing direct, primary alcohol and drug counseling to persons who have a substance use disorder diagnosis as defined by the domains for this credential
- Experience must be gained as an intern or paid employee

Applicant must document his/her experience on the Documentation of Experience form (Form 2). Applicant must submit a separate form for each program where you have accumulated experience that you wish to apply toward your application.

### EDUCATION

Master's Degree in behavioral science with a clinical application from a regionally accredited college or university within the United States or colleges and universities outside the United States plus 180 hours of alcohol and drug counselor-specific education.

- 6 hours must be specific to counselor ethics.
- 90 hours must be education related to the co-occurrence of substance use disorders with other related disorders and their interaction.

Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and approved distance education.

- One clock hour of education is equal to (50) minutes of continuous instruction.
- Education must be specifically related to the knowledge and skills necessary to perform the tasks within each IC&RC Advanced Alcohol and Drug Counselor Domains.
- All education must be documented. Applicants are responsible for securing and submitting documentation of attendance, the number of contact hours, dates, and content descriptions.

All education must be appropriately documented on the Forms 4-6. Appropriate transcripts, certificates of completion, or other verifications must be attached.

Sources of Education - Acceptable sources of education are listed below. Education obtained through a source other than those listed must be submitted to MCB for approval.

- College and University Credit Courses: Courses taken for credit that are specific to the IC&RC Advanced Alcohol and Drug Counselor Domains and offered by an accredited institution of higher education will be accepted toward completion of this standard.

Credit is not allowed for any audited college courses. One college credit (semester system) is the equivalent of 15 contact hours.

- Workshops, seminars, institutes, and in-services that are specific to the IC&RC Advanced Alcohol and Drug Counselor Domains will be accepted. Applicants must be able to provide verification of completion including the title of the training, instructor name and credentials, sponsoring agency, course description, learning outcomes, relevance to the domains, date(s) of the event, and clock hours. Unless approved by another IC&RC member board, the MCB reserved the right to determine if the event will be approved.
- Distance Education/Home Study Courses: Distance education/home study courses, offered by providers other than colleges and universities, may be used if the provider and course are approved by MCB. Home study courses include education that is completed in a non-traditional education setting including webinars, correspondence courses, and teleconferences.

Therapeutic education and attendance at self-help meetings such as AA and Al-Anon, etc. are not accepted as education for certification.

## **SUPERVISION**

300 hours of supervision specific to the domains, with a minimum of ten hours in each IC&RC Advanced Alcohol and Drug Counselor domain.

Supervision is defined as a formal systematic process that focuses on skill development and integration of knowledge and is defined as the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing professionals' performance. This training must take place in a setting where alcohol and drug counseling is being provided. Supervision may occur as part of eligible work, practicum, or internship experience and may be completed under more than one supervisor and/or agency.

## **EXAM**

Applicants must successfully complete the IC&RC Advanced Alcohol and Drug Counselor comprehensive examination, which assesses knowledge, skill and competency. A passing score is based upon the total score. If you fail the exam, you must retake the entire exam.

- **Format.** The Advanced Alcohol and Drug Counselor comprehensive examination includes 150 multiple choice questions. The Minnesota Certification Board only offers the exam in the Computer Based Testing (CBT) format. Candidates are allowed 3 hours to complete the exam.
- **Registration.** Upon approval of the application packet, the Minnesota Certification Board will pre-register you for the exam, and you will receive an email with instructions on how to schedule your exam time and location. Applicants will be allowed up to 90 days to register for and complete the exam after they are approved by the MCB.
- **Location.** There are multiple computer based testing sites in Minnesota. Candidates can choose the testing site that is closest for their travel.

- **Exam Content.** The exam is based on the IC&RC Advanced Alcohol and Drug Counselor domains as determined by a comprehensive Job Analysis process. Additional exam details are available in the free Candidate Guide, which is available upon request.
  - **Study Guide.** A study guide for this examination may be purchased through the Minnesota Certification Board. For more information, call 763-434-9787.
  - **Retest.** Applicants who do not pass the exam may pay the retest fee and retake the exam no sooner than 90 days after the initial exam.
  - **Accommodations.** Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing with documentation, to the Minnesota Certification Board. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last three years. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous three months. Request for disability accommodations must be submitted on the Documentation of Disability Related Needs for Exam form (Form 9 & Form 10).
- Cancellation/Rescheduling.** Candidates are required to arrive on time for their exam. Candidates who arrive late may not be permitted to test and may be charged a cancellation/rescheduling fee. Applicants may be required to pay a rescheduling or cancellation fee to in order to reschedule or cancel their exam.

## CODE OF ETHICS

Each applicant must read, sign and adhere to the MCB Code of Ethical Conduct for Advanced Alcohol and Drug Counselors. Violation of the Code of Ethical Conduct may result in suspension, sanctions or revocation of certification.

## RESIDENCY

Applicants must **live or work within the state of Minnesota fifty-one (51%) percent of the time** at the time of the initial application.

## RECIPROCITY

The AADCR-MN credential holds reciprocity with other IC&RC member boards that offer the Advanced Alcohol and Drug Counselor (AADC) credential.

Minnesota has membership in the International Certification and Reciprocity Consortium (IC&RC). Each certifying body belonging to the IC&RC agrees to use the IC&RC's minimum standards for reciprocity-eligible certifications. In turn, each IC&RC member board agrees to accept the reciprocity-eligible certification(s) of other member board if they offer an equivalent certification.

Individuals holding Minnesota's Advanced Alcohol & Drug Counselor Reciprocal-MN (AADCR-MN) who apply for reciprocity to another IC&RC member board will receive the equivalent of the Advanced Alcohol & Drug Counselor Reciprocal-MN (AADCR-MN) if a reciprocity-eligible advanced alcohol and drug counselor certification is available through that certification body. Individuals requesting to transfer their good-standing credential to another IC&RC member

board should contact the Minnesota Certification Board, Inc. to request an IC&RC Reciprocity application for alcohol and drug counselor certification and for verification that the certification board in the new location offers a reciprocity eligible alcohol and drug counselor certification.

## **FEES**

- First Time Certification: \$390 (includes processing fee, exam, and one year of certification)
- Annual Renewal of Certification: \$95 (includes one year of certification)
- Biennial Renewal of Certification: \$180 (includes two years of certification)

## **LENGTH OF INITIAL CERTIFICATION**

Initial MCB certification is good for **one year**, starting from the date your certification is approved. An expiration date will be provided on your certificate.

## **FIRST ANNUAL RENEWAL**

After your initial certification, you must renew your certification after one year. Your certification will be renewed by paying your annual renewal fee of \$95, which will renew your certification for one additional year. A renewal notice will be mailed to your address on file in advance of your renewal date. After your initial certification and first annual renewal, you will move to a two-year recertification cycle. You will have the option of paying for your recertification on an annual (\$95) or biennial (\$180) basis.

## **RECERTIFICATION**

MCB requires recertification **every two years** in order to maintain the high standards of professional practice and to assure that certified professionals remain up to date in the field. A recertification application packet will be mailed to your address on file in advance of your recertification date. Recertification will correspond with your annual renewal date every second year.

To be recertified as an Advanced Alcohol and Drug Counselor Reciprocal-Minnesota (AADCR-MN), you need to:

1. Hold a current and valid Advanced Alcohol and Drug Counselor Reciprocal-Minnesota (AADCR-MN) credential issued by MCB;
2. Complete 40 hours of MCB approved continuing education related to the IC&RC Alcohol and Drug Counselor Domains. Credits must be earned within the past two-year certification period and include the following concentration areas:
  - a. Six hours in professional ethics and responsibilities.
  - b. Six hours related to the co-occurrence of substance use disorders with other related disorders and their interaction;
3. Complete a Recertification Application;

4. Verify that you have reviewed, read and will uphold in your practice, the current MCB Alcohol and Drug Counselor Code of Ethical Conduct;
5. Verify that you have not violated the MCB Advanced Alcohol and Drug Counselor Code of Ethical Conduct;
6. Verify that you have practiced within the scope of all relevant statutes, rules, and standards relevant to the provision of alcohol and drug counselor services.
7. Pay the annual renewal fee of \$95 or biennial renewal fee of \$180.

## **ACCEPTABLE CONTINUING EDUCATION**

The Minnesota Certification Board accepts the following types of continuing education:

- College/University courses. Three college credits are equivalent to 45 hours. Transcript of the course must be included as proof of attendance at the time of recertification.
- Trainings, workshops, seminars, and conferences offered by professional associations, treatment providers, governmental agencies, etc.
- Up to 50% of the education hours for recertification can be met through the following alternatives to formal education:
  - Teaching - Hours spent in teaching and/or training at educational events related to the IC&RC Alcohol and Drug Counselor Domains can be applied to continuing education hours. Twelve (12) hours is the maximum hours of teaching/training that can be used every two (2) years. The number of contact hours applicable is equal to the number of contact hours for the event.
  - Publishing - Publishing more than 4,000 words in a journal or book in an area related to the IC&RC Advanced Alcohol and Drug Counselor Domains can be counted as the equivalent of twelve (12) contact hours.
  - Presenting Papers - The hours spent presenting a paper at a State or National conference of licensed professionals can be used as the equivalent of contact hours for continuing education. The number of contact hours applicable is equal to the length of time of the presentation. The maximum hours allowed for a paper presentation is twelve (12).
- Distance learning/online courses.

Appropriate documentation of continuing education activities (certificate, letter of attendance, transcript) must be provided.

The MCB does not accept general staff meetings, supervision, staff rounds, or case management as education.

## **LAPSED CERTIFICATION**

You need to submit to MCB your completed recertification application and annual renewal fee before the expiration date on your certificate. If the recertification is not postmarked by the expiration date, the individual will no longer hold an Advanced Alcohol and Drug Counselor Reciprocal-MN (AADCR-MN) credential and so may not represent themselves as such.



If you wish to become recertified after your certificate has lapsed, you may be eligible to a reinstatement, which includes a reinstatement fee and bringing all renewal fees, continuing education, and other requirements up to date. Please contact MCB for specific reinstatement policies.

## **APPEAL PROCESS**

Test results may not be appealed. However, you may file an appeal to the Board of MCB if you believe some aspect of the application process was unfair or if mistakes were made by the MCB staff. For example, you could ask the Board to review the staff's decision about your educational qualifications, your residency or your internship experience. The purpose of appeal is to determine if MCB staff accurately, adequately and fairly reviewed applicant's file. If you wish to appeal, you must write to MCB within 30 days when you were notified of the staff's action. The appeal letter must be postmarked no later than thirty days after the staff action. The written appeal will be sent to the MCB Board; Board members will review the action that is being appealed. Applicant will be notified in writing of the decision of the MCB Board.

## **IC&RC ADVANCED ALCOHOL AND DRUG COUNSELOR DOMAINS**

1. Screening, Assessment, and Engagement
2. Treatment Planning, Collaboration, and Referral
3. Counseling and Education
4. Professional & Ethical Responsibilities

**MINNESOTA CERTIFICATION BOARD  
ADVANCED ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (AADCR-MN)  
Application**

**\*Please print clearly to prevent delays in the processing of your application.**

What other MCB certification do you hold?	
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Date of Application		Date of Birth	
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Name (as you want it to appear on your certificate):	
Prior Names, Known Aliases (submit legal documentation of name change)	

Last Four of SSN: XXX-XX-		Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Home Address (Street, APT#)				
City		State		ZIP
Home Email		Home Phone	( )	

Work Address (Street, Suite #)				
City		State		ZIP
Work Email		Work Phone	( )	

If MCB needs to contact you, please indicate your preference:  Home Contact  Work Contact

**Education**

Do you possess a high school diploma or jurisdictionally certified high school equivalency?  Yes  No  
Please attach a copy of your diploma or proof of equivalency (e.g. college transcript) to this application.

**Disciplinary Actions**

Have you ever received any disciplinary action from another certification or licensing authority?  
 Yes  No *If yes, please explain in full on a separate sheet and attach to this form.*

**Payment Information**

Fee of **\$390** paid by:

- Check/Money Order (Payable to MCB)
- Credit Card # \_\_\_\_\_ Expiration: \_\_\_\_\_ CSC# \_\_\_\_\_
- Third Party Payer Information \_\_\_\_\_

**MINNESOTA CERTIFICATION BOARD**  
**ADVANCED ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (AADCR-MN)**  
**Documentation of Experience**

2000 hours of supervised work experience specific to the IC&RC Advanced Alcohol and Drug Counselor domains. For explanations of acceptable experience, please see the Requirement and Policies section of this manual.

Section I - Applicant Information

Name					
Home Address (Street, APT #)					
City		State		ZIP	

Section II - Program Information - To be completed by the applicant's supervisor, program director, or personnel office.

Program Name					
Program Address (Street, APT #)					
City		State		ZIP	
Program License #		Phone			

Section III - Documentation of Experience - To be completed by the applicant's supervisor, program director, or personnel office. **A copy of the applicant's official job description for the position listed must be attached.** Please complete a separate copy of this form for each position used toward the experience requirement.

Applicant's Position					
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Start Date		End Date		Total Hours	
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By signing below, I attest that the applicant (named in Section I) performed competently at the program (named in Section II) providing supervised counseling services to AODA clients.

\_\_\_\_\_  
 Supervisor's Signature

\_\_\_\_\_  
 Supervisor: Print Name and Title

\_\_\_\_\_  
 Date

**MINNESOTA CERTIFICATION BOARD  
 ADVANCED ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (AADCR-MN)  
 Documentation of Supervision**

Section I - Applicant Information

Name					
Home Address (Street, APT #)					
City		State		ZIP	

Section II - Program Information - To be completed by the applicant's supervisor, program director, or personnel office.

Program Name					
Program Address (Street, APT #)					
City		State		ZIP	
Program License #		Phone			

Section III - Documentation of Supervision. Please complete a separate form for each unique program/agency/site.

Document below the total number of hours of Supervision for each of the IC&RC Advanced Alcohol and Drug Counselor (AADC) domains. For explanations of acceptable Supervision, please see the Requirement and Policies section of this manual.

Screening, Assessment, and Engagement		Counseling and Education	
Treatment Planning, Collaboration, and Referral		Professional & Ethical Responsibilities	
Other			
A minimum of 10 hours of supervision is required in each domain.			

Start Date		End Date		<b>Total Hours</b>	
A total of at least 300 hours of supervision is required.					

\_\_\_\_\_  
 Supervisor's Signature (verifying all information provided on this form)

\_\_\_\_\_  
 Supervisor: Print Name, Title, and Credentials

\_\_\_\_\_  
 Date

**MINNESOTA CERTIFICATION BOARD  
 ADVANCED ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (AADCR-MN)  
 Documentation of Education**

Applicants must have a Master's Degree in behavioral science with a clinical application from a regionally accredited college or university within the United States or colleges and universities outside the United States. Applicant must submit a copy of his or her academic transcript verify the relevant Master's Degree.

Degree Awarded	
Institution	
Date Awarded	

Applicants must complete 180 hours of education specific to the domains. Document each training course, seminar, workshop, etc., date(s), instructor, and contact hours on this form. (Make copies of this form if additional space is required.) ACADEMIC TRANSCRIPTS AND/OR CERTIFICATE OF COMPLETION MUST BE INCLUDED.

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

**MINNESOTA CERTIFICATION BOARD  
 ADVANCED ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (AADCR-MN)  
 Documentation of Ethics Training**

Applicants must complete 6 hours of education specific to counselor ethics. Document each training course, seminar, workshop, etc., date(s), instructor, and contact hours on this form. (Make copies of this form if additional space is required.) ACADEMIC TRANSCRIPTS AND/OR CERTIFICATE OF COMPLETION MUST BE ATTACHED TO THIS FORM.

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

**MINNESOTA CERTIFICATION BOARD  
 ADVANCED ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (AADCR-MN)  
 Documentation of Co-Occurring Disorders Training**

Applicants must complete 90 hours of education related to the co-occurrence of substance use disorders with other related disorders and their interaction. Document each training course, seminar, workshop, etc., date(s), instructor, and contact hours on this form. (Make copies of this form if additional space is required.) ACADEMIC TRANSCRIPTS AND/OR CERTIFICATE OF COMPLETION MUST BE ATTACHED TO THIS FORM.

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	

Course Number & Name OR Title of Seminar, Workshop, Training			
Instructor Name:			
Date(s)		Clock Hours	



**MINNESOTA CERTIFICATION BOARD  
ADVANCED ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (AADCR-MN)  
Consent and Release Form**

I request that MCB grant the Advanced Alcohol and Drug Counselor Reciprocal – Minnesota (AADCR-MN) credential to me based on the following:

- I subscribe to and commit myself to professional conduct that meets the Alcohol and Drug Counselor Code of Ethical Conduct.
- I will become familiar with and practice within the scope of all relevant statutes, rules, and standards relevant to the provision of alcohol and drug counseling.
- I have read and understand the IC&RC Advanced Alcohol and Drug Counselor Domains. I possess the competence necessary to perform duties associated with each of these domains.
- I certify that the information given in this application is true and complete to the best of my knowledge. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification.
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by MCB to officers, members, and staff of the MCB.
- I give MCB permission to verify the status of my credential to all outside sources.
- I understand that this consent is valid for the full lifetime of my certification with MCB.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**MINNESOTA CERTIFICATION BOARD  
ADVANCED ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (AADCR-MN)  
Statistical Information**

**Highest Educational Level Completed:**

- No High School Diploma or GED
- High School Diploma or GED
- Vocational Certification
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

**Race: (optional)**

- Caucasian
- Black/African American
- Native American
- Asian
- Hispanic
- Native Hawaiian
- Pacific Islander (non-native Hawaiian)
- Other: \_\_\_\_\_

**Gender: (optional)**

- Female
- Male
- Other: \_\_\_\_\_



**MINNESOTA CERTIFICATION BOARD**  
**Request for Special Accommodations**

If you have a disability that requires special testing accommodations, please complete this form and the Documentation of Disability-Related Needs and return it to the Minnesota Certification Board for processing. The information you provide and any documentation regarding your disability and your need for accommodations in testing will be treated with strict confidentiality. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Special Accommodations**

- \_\_\_\_\_ Accessible Testing Site  
 \_\_\_\_\_ Braille  
 \_\_\_\_\_ Large Print Exam  
 \_\_\_\_\_ Reader  
 \_\_\_\_\_ Extended testing time (time and a half)  
 \_\_\_\_\_ Distraction-free room  
 \_\_\_\_\_ Other special accommodations (please specify)

Comments:

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**MINNESOTA CERTIFICATION BOARD**  
**Code of Ethical Conduct**  
**Advanced Alcohol and Drug Counselor Reciprocal - Minnesota**

**Principle 1: Non-Discrimination**

The counselor shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- a. The counselor shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the counselor guards the individual rights and personal dignity of clients.
- b. The counselor 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 counselor shall espouse objectivity and integrity, and maintain the highest standards in the services the counselor offers.

- a. The counselor 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 counselor, 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 counselor, 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 counselor, 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 counselor shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the counselor and of the profession as a whole. The counselor shall recognize the need for ongoing education as a component of professional competency.

- a. The counselor shall recognize boundaries and limitation of the counselor's competencies and not offer services or use techniques outside of these professional competencies.
- b. The counselor shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The counselor shall support peer assistance programs in this respect.

#### **Principle 4: Legal and Moral Standards**

The counselor shall uphold the legal and accepted moral codes which pertain to professional conduct.

- a. The counselor shall be fully cognizant of all federal laws and laws of the counselor's respective state governing the practice of alcoholism and drug abuse counseling.
- b. The counselor shall not claim either directly or by implication, professional qualifications/affiliations that the counselor does not possess.
- c. The counselor shall ensure that products or services associated with or provided by the counselor by means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

#### **Principle 5: Public Statements**

The counselor shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

- a. The counselor, 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 counselor 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 acknowledgments should extend to the source of the information and reliability of the method by which it was derived.

#### **Principle 6: Publication Credit**

The counselor shall assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The counselor 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 counselor 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 counselor 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 counselor 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 counselors.

- a. The counselor shall disclose the counselor's code of ethics, professional loyalties and responsibilities of all clients.
- b. The counselor shall terminate counseling or consulting relationship when it is reasonably clear to the counselor that the client is not benefiting from the relationship.
- c. The counselor shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
- d. The counselor shall not use or encourage a client's participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed. (Principle 9)
- e. The counselor shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensures the appropriateness of service delivery.

### **Principle 8: Confidentiality**

The counselor 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 teaching, practice or investigation without appropriately executed consent.

- a. The counselor 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 counselor shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The counselor 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 counselor shall adhere to all federal and state laws regarding confidentiality and the counselor's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- d. The counselor 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 counselor 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 counselor to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The counselor shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- a. The counselor 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 counselor 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 counselor shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- d. The counselor shall not under any circumstances engage in sexual behavior with current or former clients.
- e. The counselor shall not accept as clients anyone with whom they have engaged in sexual behavior.

**Principle 10: Interprofessional Relationships**

The counselor shall treat colleagues with respect, courtesy, fairness and good faith and shall afford the same to other professionals.

- a. The counselor shall refrain from offering professional services to a client in counseling 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 counselor shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
- c. The counselor shall not in any way exploit a relationship with a supervisee, employee, and student, research participant or volunteer.

**Principle 11: Remuneration**

The counselor shall establish financial arrangements in professional practice in accord with the professional standards that safeguard the best interests of the client first, and then of the counselor, the agency, and the profession.

- a. The counselor shall inform the client of all financial policies. In circumstances where an agency dictates explicitly provisions with its staff for private consultations, clients shall be made fully aware of these policies.
- b. The counselor shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- c. The counselor shall not engage in fee splitting. The counselor shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- d. The counselor, in the practice of counseling, shall not at any time use ones relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.
- e. The counselor 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 counselor shall to the best of his/her ability actively engage the public policy and 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.

By signing this document, I acknowledge that I have read and understand the Advanced Alcohol and Drug Counselor - Minnesota Code of Ethical Conduct.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_