



Application Packet for

ADCR-MN

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 Academic Equivalents
- Form 4: Documentation of Supervised Practical Training/Supervision
- Form 5: Documentation of Education
- Form 6: Documentation of Ethics Training
- Form 7: Documentation of Exam Completion
- Form 8: Consent and Release Form
- Form 9: Permission to Release Test Results
- Form 10: Statistical Information
- Form 11: Documentation of Disability Related Needs for Exam
- Form 12: 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. NE, Suite 101
Wyoming, MN 55092
Phone: 763 434 9787 Fax: 763 413 1746
Website: www.mcboard.org Email: mcb@mcboard.org

About the ADC-MN and ADCR-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 working in the alcohol and drug counseling field 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.

Notice to Applicants Regarding Alcohol and Drug Counselor Licensure in MN

Applicants who wish to pursue the Licensed Alcohol and Drug Counselor (LADC) credential in Minnesota must contact the Minnesota Board of Behavioral Health and Therapy (BBHT). The IC&RC Alcohol and Drug Counselor Comprehensive Exam, which is required for the ADCR-MN credential, is accepted by the BBHT toward the exam requirement for the LADC credential.

Application for the LADC credential is a separate process, and forms are available through the BBHT website at www.bbht.state.mn.us. Please note that the LADC credential is a state license and does not have IC&RC reciprocity.

REQUIREMENTS AND POLICIES FOR THE ADCR-MN CREDENTIAL

EXPERIENCE

6000 hours of supervised work experience specific to the Alcohol and Drug Counselor domains.

- Experience must have been gained within the last seven years
- Experience is based on the applicant providing direct, primary alcohol and drug counseling to persons who have a substance use disorder diagnosis or the applicant is providing supervision of alcohol and drug counseling
- Applicant must be clinically supervised by an individual who is knowledgeable of the IC&RC Alcohol and Drug Counselor domains and is credentialed to practice in his/her jurisdiction as an Alcohol Drug Counselor
- Experience must be gained as an intern or paid employee

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

The Minnesota Certification Board offers a degree equivalent process to substitute a degree for experience requirements. The equivalent is based on your highest relevant degree.

- An associate's degree in behavioral science may substitute for 1000 hours
- A bachelor's degree in behavioral science may substitute for 2000 hours
- A master's degree in behavioral science may substitute for 4000 hours

The degree must be from an accredited college or university with a major in sociology, psychology, social services, counseling, human services or a related behavioral science field. To be considered for the education credit, you must complete the Documentation of Academic Equivalents form (Form 3) and also submit a copy of your transcripts with the major and date of completion highlighted.

EDUCATION

300 hours specific to the domains. Six hours must be specific to counselor ethics.

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 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 Documentation of Education form (Form 5). 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 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 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 alcohol and drug counseling (with a minimum of 10 hours in each IC&RC Alcohol and Drug Counselor Domains) is required.

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 professional's performance. This training must take place in a setting where alcohol and drug counseling is being provided. Supervised Practical Training may occur as part of eligible work, practicum, or internship experience and may be completed under more than one supervisor and/or agency.

Applicants who have completed an alcohol and drug counseling practicum/internship through an alcohol and drug counselor training program at an accredited institution of higher education in Minnesota (typically 880 hours in length) may apply all practice hours toward this requirement if substantial in-person observation by the supervisor has occurred for the majority of training hours on a daily basis and a minimum of 10 hours of clinical supervision has occurred for each domain.

Applicants who have NOT completed an alcohol and drug counseling practicum/internship through an alcohol and drug counselor training program at an accredited institution of higher education in Minnesota may only count explicit and structured administrative, clinical, and evaluative supervision hours toward this requirement.

EXAM

Applicants must successfully complete the IC&RC 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 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.** The exam may be taken at the Minnesota Certification Board office or other ISO-Quality Testing centers across the United States.
- **Exam Content.** The exam is based on the IC&RC 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 on the Minnesota Certification Board website.
- **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 will only be allowed to fail the exam three consecutive times within a year, taking the exam once every 90 days. After failing the exam the third time, applicants must wait one calendar year after their last exam fail before taking the exam again. Before taking the exam a fourth time, the candidate must demonstrate that he or she has completed additional education related to the domains for this credential.
- **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. Requests for disability accommodations must be submitted on the Documentation of Disability Related Needs for Exam form (Form 11) and Request for Special Accommodations (Form 12).
- **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.

CODE OF ETHICS

Each applicant must read, sign and adhere to the MCB Code of Ethical Conduct for 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 ADCR-MN credential holds reciprocity with other IC&RC member boards that offer the Alcohol and Drug Counselor (ADC) 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 the Minnesota's Alcohol & Drug Counselor Reciprocal-MN (ADCR-MN) who apply for reciprocity to another IC&RC member board will receive the equivalent of the Alcohol & Drug Counselor Reciprocal-MN (ADCR-MN) if a reciprocity-eligible 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 Alcohol and Drug Counselor Reciprocal-Minnesota (ADCR-MN), you need to:

1. Hold a current and valid Alcohol and Drug Counselor Reciprocal-Minnesota (ADCR-MN) credential issued by MCB;
2. Complete 40 hours of MCB approved continuing education related to the IC&RC Alcohol and Drug Counselor Domains including six hours in professional ethics and responsibilities. Credits must be earned within the past two year certification period;
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 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.
- CPR/First Aid, computer trainings/classes and foreign language trainings/classes are acceptable up to six hours.
- 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 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.

If continuing education is completed outside of Minnesota, appropriate documentation (certificate, letter of attendance, transcript) must be provided. If the event was approved by an IC&RC member board of that state, no further MCB approval is necessary. Proof of the IC&RC member board approval must be submitted. If the continuing education event was not approved by another IC&RC member board, the certified professional must seek approval of the continuing education from the MCB.

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 Alcohol and Drug Counselor Reciprocal-MN (ADCR-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 ALCOHOL AND DRUG COUNSELOR DOMAINS

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

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

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

| | |
|---|--|
| What other MCB certification do you hold? | |
|---|--|

| | | | |
|---------------------|--|---------------|--|
| Date of Application | | Date of Birth | |
|---------------------|--|---------------|--|

| | |
|--|--|
| 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 |
|-------------------|---------|------|-------------------------------|---------------------------------|

| | | | | |
|------------------------------|--|------------|-----|-----|
| 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 XX/XX _____ CSC# (3 digit code from back of card) _____
- Third Party Payer Information _____

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

6000 hours of supervised experience specific to the Alcohol and Drug Counselor domains are required. 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 | | | | | |
|----------------------|--|--|--|--|--|

| | | | | | |
|------------|--|----------|--|-------------|--|
| Start Date | | End Date | | Total Hours | |
|------------|--|----------|--|-------------|--|

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

| Office Use Only | | | | | | | |
|-----------------------|--|---------------------------|--|---------------------------|--|-------|--|
| Work Experience Total | | Academic Equivalent Total | | Supervision/ Intern Total | | TOTAL | |

**MINNESOTA CERTIFICATION BOARD
ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (ADCR-MN)
Documentation of Academic Equivalents**

Applicants may apply academic degrees toward part of the experience requirement. The degree must be from an accredited college or university with a major in sociology, psychology, social services, counseling, human services or a related behavioral science field. To be considered for the education credit you should submit a copy of your transcripts with the major and date of completion highlighted.

- An associate’s degree in behavioral science may substitute for 1000 hours
- A bachelor’s degree in behavioral science may substitute for 2000 hours
- A master’s degree in behavioral science may substitute for 4000 hours

Applicants who have completed an alcohol and drug counseling practicum/internship for academic credit through a MN college/university may count the hours toward their experience requirement.

Please check **one** of the following and attach a copy of your transcripts for your highest degree.

| | |
|--------------------------|--|
| <input type="checkbox"/> | I do NOT have a degree in a behavioral science field and am not eligible to apply an academic equivalent to my experience requirement. |
|--------------------------|--|

| | | |
|--------------------------|---|------------------|
| <input type="checkbox"/> | The highest behavioral science degree that I possess is an associate’s degree , which may substitute for 1000 hours toward my experience requirement. | |
| | Major: | Completion Date: |

| | | |
|--------------------------|---|------------------|
| <input type="checkbox"/> | The highest behavioral science degree that I possess is a bachelor’s degree , which may substitute for 2000 hours toward my experience requirement. | |
| | Major: | Completion Date: |

| | | |
|--------------------------|---|------------------|
| <input type="checkbox"/> | The highest behavioral science degree that I possess is a master’s degree , which may substitute for 4000 hours toward my experience requirement. | |
| | Major: | Completion Date: |

Please check one of the following. Your internship/practicum must appear on your transcript and be verified on the Documentation of Supervised Practical Experience/Internship form.

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have NOT completed an alcohol and drug counseling internship/practicum through a Minnesota college/university and am not eligible to apply hours to my experience requirement. |
|--------------------------|--|

| | | |
|--------------------------|--|--------|
| <input type="checkbox"/> | I have completed an alcohol and drug counseling internship/practicum through a Minnesota college/university. | |
| | Name of Institution(s): | |
| | Agency Name: | |
| | Total Hours Completed: | Dates: |

**MINNESOTA CERTIFICATION BOARD
ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (ADCR-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. If you are applying a practicum/internship toward you Supervision, proof of the practicum/internship must appear on your academic transcript. 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 Alcohol and Drug Counselor (ADC) domains. For explanations of acceptable Supervised Practical Training/Supervision, please see the Requirement and Policies section of this manual.

| | | | |
|--|--|---|--|
| Screening, Assessment, and Engagement | | Counseling | |
| 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 | | Total Hours | |
| 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
ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (ADCR-MN)
Documentation of Education**

Applicants must complete 300 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.**

If you are using a major or minor in Addiction Studies from a Minnesota college/university to fulfill the education requirement, you **DO NOT** need to complete this form. Simply click the box below and attach your transcripts.

I have completed a major/minor in Addiction Studies from a Minnesota college/university and have attached my transcripts 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 | |

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

Applicants must complete 6 hours of education specific to the 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 | |

MINNESOTA CERTIFICATION BOARD
ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (ADCR-MN)
Documentation of Exam Completion

Applicants must successfully complete the IC&RC Alcohol and Drug Counselor comprehensive examination, which assesses knowledge, skill and competency. Please indicate if you will be completing the examination as part of the application process or if you have completed the exam previously. If you have completed the examination previously, you will need to provide verification of your successful completion.

Please check one of the boxes below.

I will be completing the IC&RC Alcohol and Drug Counselor comprehensive examination as part of the application process.

I have completed the IC&RC Alcohol and Drug Counselor comprehensive examination previously. **A verification of my passing score is attached to this form.**

Date of Successful Completion of Exam: _____

Applicant Signature: _____

Printed Name: _____

Date: _____

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

I request that MCB grant the Alcohol and Drug Counselor Reciprocal – Minnesota (ADCR-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 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
ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (ADCR-MN)
Permission to Release Test Results**

I, the undersigned, give permission to release my test results to the Minnesota Board of Behavioral Health and Therapy.

Applicant Signature

Name (Printed)

Date

_____ Initial here if you **do not** wish to have your test results released to the Minnesota Board of Behavioral Health and Therapy.

**MINNESOTA CERTIFICATION BOARD
ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (ADCR-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
ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (ADCR-MN)
Documentation of Disability Related Needs for Exam**



If you do not have any known disabilities and do not wish to request an accommodation, please initial here _____.

Please have this section completed by an appropriate professional (physician, psychologist, psychiatrist) to ensure that the Minnesota Certification Board is able to provide the required exam accommodations. 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**.

| | |
|---|-------------------------------|
| Professional Documentation | |
| I have known _____ | since _____/_____/_____ in my |
| Exam Candidate | Date |
| capacity as a _____. | |
| Professional Title | |
| The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangement listed below: | |
| Description of Disability: | |
| | |
| Signed: _____ | Title _____ |
| Printed Name: _____ | |
| Address: _____ | |
| City/State/Zip: _____ | |
| Telephone Number: _____ | Email: _____ |
| License Number: _____ | Date: _____ |
| (if applicable) | |

**MINNESOTA CERTIFICATION BOARD
ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (ADCR-MN)
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
Alcohol and Drug Counselors

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 Code of Ethical Conduct for Alcohol and Drug Counselors.

Applicant Signature: _____

Printed Name: _____

Date: _____