NATIONAL CERTIFICATION EXAMINATION FOR ADDICTION COUNSELORS LEVEL I LEVEL II

Handbook for Candidates

SPRING 2008 TESTING PERIOD
Application Deadline: January 15, 2008
First Day of Testing: Saturday, March 8, 2008
Last Day of Testing: Saturday, March 15, 2008

SUMMER 2008 TESTING PERIOD
Application Deadline: April 15, 2008
First Day of Testing: Saturday, June 7, 2008
Last Day of Testing: Saturday, June 14, 2008

FALL 2008 TESTING PERIOD
Application Deadline: July 15, 2008
First Day of Testing: Saturday, September 6, 2008
Last Day of Testing: Saturday, September 13, 2008

WINTER 2008 TESTING PERIOD
Application Deadline: October 15, 2008
First Day of Testing: Saturday, December 6, 2008
Last Day of Testing: Saturday, December 13, 2008

NCAC
National Association of Alcoholism and Drug Abuse Counselors

Code of Ethics

I DO AFFIRM

That in the practice of my profession, I shall assert the ethical principles of autonomy, beneficence, and justice as a guide to my professional conduct.

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

That I shall espouse objectivity and integrity, and maintain the highest standards in the services I offer.

That I recognize the profession is founded on national standards of competency which promote the best interests of society, of the client, of myself and of the profession as a whole. I also recognize the need for ongoing education as a component of professional competency.

That I shall uphold the legal and accepted moral codes which pertain to professional conduct.

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

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

That I shall respect the best interest and promote the welfare of the person or group with whom I am working.

That I shall embrace, as a primary obligation, the duty of protecting clients rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

That I shall safeguard the integrity of the counseling relationship and shall ensure that the client has reasonable access to effective treatment.

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

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

That I shall to the best of my ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.
CERTIFICATION

The National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NCC) supports the concept of voluntary certification by competency evaluation of addiction counselors. Certification focuses specifically on the individual and is an indication of current level of knowledge in alcoholism and drug abuse counseling.

By certifying individuals as addiction counselors, the NAADAC Certification Commission assumes no responsibility for the integrity or work performance of any nationally recognized certificant.

OBJECTIVES OF CERTIFICATION

To promote competency in alcoholism and drug abuse counseling by:

1. Promoting the formal recognition of the professionalism of addiction counselors.

2. Providing a national standard of requisite knowledge in alcoholism and drug abuse counseling.

3. Recognizing formally those individuals who meet the standards established by the NAADAC Certification Commission.

4. Encouraging continued professional growth in alcoholism and drug abuse counseling for the purpose of improving the quality of care to addicted persons.

5. Establishing, measuring, and monitoring the level of knowledge required for certification in alcoholism and drug abuse counseling.

6. Assisting employers, labor unions, government entities, health care providers, educators, and other practitioners, as well as the public, in identifying qualified addiction counselors.

ADMINISTRATION

The certification program is sponsored by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NCC). Questions concerning eligibility criteria should be addressed to:

NAADAC Certification Commission
901 North Washington Street, Ste # 600
Alexandria, VA 22314
(703) 741-7686 or (800) 548-0497

The National Certification Examinations for Addiction Counselors are administered for the NCC by the Professional Testing Corporation (PTC). Questions concerning the examinations should be referred to PTC at the following address:

Professional Testing Corporation
1350 Broadway - 17th Floor
New York, NY 10018
(212) 356-0660
www.ptcny.com

The National Certification Examinations for Addiction Counselors Level I and Level II are offered to support the following credentialing processes:
1. Initial certification at the National level as either National Certified Addiction Counselor (NCAC) Level I or Level II.

2. Upgrade of National certification from NCAC Level I to NCAC Level II.

3. Initial certification at the state level in selected states and similar other certification organizations.

**ELIGIBILITY REQUIREMENTS**

Candidates for the NCAC examinations must meet the following criteria:

**LEVEL I**

1. Current state certification/licensure as an alcoholism and/or drug abuse counselor from the list of accepted state credentials.

2. Three years full-time or 6,000 hours (not more than 2,000 per year) of supervised experience in alcoholism and/or drug abuse counseling.

3. Document 270 contact hours of education and training in alcoholism and/or drug abuse or related counseling subjects.

   NOTE: All counselors who are seeking national level certification must document at least six hours of AIDS/HIV training and six hours of ethics training as part of their total hours.

4. Read the NAADAC Code of Ethics (inside back cover of this handbook), and sign the statement on the Application affirming adherence to this code.

5. Send all of the required information along with completed Application and required fee to the Professional Testing Corporation using the enclosed mailing label. All pages of the Application must be completed.

6. Take and pass the written Level I examination.

7. Receive final approval of the NAADAC Certification Commission.

**LEVEL II**

1. Have a bachelor's degree from a regionally accredited college or university with emphasis in the counseling of addicted clients and provide an official or student copy of the transcript to the NCC.

2. Current state certification/licensure as an alcoholism and/or drug abuse counselor from the list of accepted state credentials.

3. Five years full-time or 10,000 hours (not more than 2,000 per year) of supervised experience in alcoholism and/or drug abuse counseling.

4. Document 450 contact hours of education and training in alcoholism and/or drug abuse or related counseling subjects.

   NOTE: All counselors who are seeking national level certification must document at least six hours of AIDS/HIV training and six hours of ethics training as part of their total hours.
5. Read the NAADAC Code of Ethics (inside back cover of this handbook), and sign the statement on the Application affirming adherence to this code.

6. Send all of the required information along with completed Application and required fee to the Professional Testing Corporation using the enclosed mailing label. All pages of the Application must be completed.

7. Take and pass the written Level II examination.

8. Receive final approval of the NAADAC Certification Commission.

Definitions:

State Licensure / Certification:
- Defined as a certificate issued by the state level agency responsible for alcoholism and/or drug abuse counselors within the state. A current copy of state license/certificate must be included with the Application.
- Certifications which DO NOT fulfill this criteria include:
  a. Entry-level certifications including associate, intern, counselor-in-service, counselor-in-training, apprentice, provisional, etc.
  b. License/certifications in related professions which are not alcohol/drug specific, such as EAP, mental health counseling, social work, psychology, etc.
  c. License/certifications as specialists in Prevention, Drinking and Driving programs, Criminal Justice, etc.

Experience:
- Full time employment which most of the time involved counseling of clients with alcoholism and/or drug abuse problems.
- Unpaid employment as an alcoholism/drug abuse counselor.
- Teaching, training, and clinical supervision PROVIDED it has been preceded by supervised experience as an alcoholism and/or drug abuse counselor.
- EAP, ACOA, and Codependency counseling.
- Prevention, intervention, and DUI experience PROVIDED there is, or has been, sustained client counseling in these positions.
- Internship (may be applied as experience OR education, but not both).

Supervision:
- Supervision is provided by the individual who oversees the work and/or signs off on the candidate's reporting/client records. This individual is the candidate's supervisor by position and his/her credentials need not be presented as part of the application.
- Supervision for those in private practice may consist of oversight by a medical director or knowledgeable colleague attesting that the candidate is indeed in the practice of alcoholism and drug abuse counseling.

**Education:**

- Contact hours are defined as the actual number of classroom or workshop hours spent in the activity, exclusive of breaks, or the actual supervised (direct or indirect) hours spent in training practice, internships, or apprenticeship primarily involved in alcohol/drug counseling activities.

- Instructors may receive credit for alcoholism/drug abuse counseling related courses presented. The instructor receives the same number of hours as the student received. Credit will be given only once for a course regardless of the number of times it is completed. There are no hours available for preparation activities.

- No education credit is offered for writing a book or other articles for publication.

- Practicum/inservice/internship may be counted as training hours OR as work experience, but not as both. For example, if a candidate participated in a one-year (2,000 hours) training program, that candidate could apply the first 270 hours (2 months) as training for Level I, and the remaining 1,730 hours (10 months) as experience.

**Documentation of Education:**

- What is needed?
  a. Documentation of all educational hours for the level of certification requested. This documentation may duplicate that provided to the state certification body but is necessary to show proof of attainment of educational hours required.
  b. Documentation may consist of copies of certificates of attendance at trainings, copy of college transcripts (student copies are acceptable), or a validated listing of appropriate trainings including name of provider, subject of training, dates attended and hours completed. Note: Send an official or student copy of bachelor's degree transcript if applying for Level II.
  c. The following conversions are used to translate college credit hours and CEU’s into contact hours:
     - 1 quarter academic hour = 10 contact hours
     - 1 semester academic hour = 15 contact hours
     - 1 trimester academic hour = 5 contact hours
     - 1 CEU = 10 contact hours

**ATTAINMENT OF CERTIFICATION**

The portfolios of counselors who successfully complete the eligibility review and the appropriate written examination will be presented to the NAADAC Certification Commission for final approval of award of the NCAC. Candidates will be notified of examination results approximately six weeks after the date of the
examination. Portfolios of passing candidates will be presented to the Certification Commission for final review and approval which may consume an additional six weeks. Upon notification of award, the counselor is encouraged to use the appropriate designation, NCAC I or NCAC II, after the name in all professional endeavors. Validation of certification is available at all times through the NCC administrative offices.

RECERTIFICATION

The NCAC certification is awarded for a period of two years, at which time the candidate must meet current eligibility requirements for the level at which he/she wishes to recertify.

UPGRADING FROM LEVEL I TO LEVEL II

Counselors initially certified at Level I will not be automatically upgraded to Level II upon attainment of the necessary years of experience and hours of education. Once the criteria for Level II have been achieved, the counselor may upgrade at any time during the recertification period, OR at the time of recertification, by:

a. submitting a photocopy of current state certification; AND
b. submitting documentation of five years full-time or 10,000 hours of supervised experience in alcoholism and/or drug abuse counseling; AND
c. submitting documentation of 450 contact hours of education/training in alcoholism, drug abuse, or related counseling subjects; AND
d. passing the current Certification Examination for Addiction Counselors Level II.

Counselors who do not wish to upgrade to Level II may continue to recertify at Level I.

REVOCATION OF CERTIFICATION

Certification may be revoked for any of the following reasons:

1. Falsification of any information, including experience data, requested in the Application.
3. Revocation or suspension of state level certification or licensure.
4. Violation of the NAADAC Code of Ethics (see inside back cover).

APPEALS PROCEDURE

Upon notification of ineligibility for NCAC, a candidate wishing to appeal the decision must initiate the process in writing within 30 calendar days of the date of notice from the Commission. The appeal, addressed to the NAADAC Certification Commission, must indicate specific grounds for reconsideration by the Commission.

APPLICATION PROCEDURE


Read and follow the directions on the Application and in this Handbook for Candidates.
**COMPLETION OF APPLICATION**

**PART I**
Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

**CANDIDATE INFORMATION:** Starting at the top of the Application, print your name, address, daytime phone number, evening phone number, e-mail address, and language preferred in which you wish to take the exam, English or Spanish, and your choice of testing period, in the appropriate row of empty boxes.

**ELIGIBILITY AND BACKGROUND INFORMATION:** All questions must be answered. Mark only one response unless otherwise indicated.

**OPTIONAL INFORMATION:** These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

**CANDIDATE SIGNATURE:** When you have completed all required information, sign and date the Application in the space provided.

**PART II**

NOTE: Any questions on this portion of the Application should be addressed to the Certification Administrator at NAADAC: (800) 548-0497 or (703) 741-7686.

1. Complete Sections A through E in full. Enter information requested and enclose copies of state certification/licensure, transcripts, CEU's, in-service records, etc.

2. Section F - VERIFICATION OF WORK EXPERIENCE

The accuracy of the candidate's career history, as stated in this Application, as well as competency in accepted counseling techniques and practice, and adherence to ethical standards must be verified by the candidate's supervisor of the immediate past 12 months. The statement in Section F must be signed by the candidate's current supervisor. If this individual has been the supervisor for less than 12 months, the immediate previous supervisor, covering the remaining time periods, should also sign the Application.

3. Section G - CANDIDATE AFFIRMATION

The candidate must sign both parts of the Application, in the lower right of side 1, Part I and the lower left corner of side 2, Part II. (Note: unsigned Applications will not be accepted.)

4. COMPLETION OF APPLICATION

Mail the completed Application together with:
- nonrefundable Application fee (see Fees on page 7)
- copy of current state certificate/license in alcoholism and/or drug abuse counseling
- documentation of contact hours of education/training

Applications must be postmarked by the deadline shown on the cover of this Handbook and mailed to:

**NCC EXAMINATIONS**
**PROFESSIONAL TESTING CORPORATION**
1350 BROADWAY - 17th FLOOR
NEW YORK, NY 10018
FEES

Please note: Fees are NOT refundable.

1. Application Fee for the National Certification Examinations for Addiction Counselors (Level I, Level II, or upgrade to Level II):
   
   NAADAC Members…………………………………...$205.00  
   Non-NAADAC Members………………………………$305.00  

   Applications for NAADAC membership must be received in the National office by the test application deadline in order to be eligible for the Member fee. All others must pay the non-NAADAC Member fee.

2. Rescheduling or Retesting Fees………………..$135.00  

   NOTE: Candidates wishing to retest or reschedule must submit, along with their fee, a new Part I of the Application. It is not necessary to resubmit Part II when rescheduling or retesting. However, candidates are limited to a maximum of 3 retests and/or reschedules within a 24 month period of their initial application.

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
NCC EXAMINATION

DO NOT SEND CASH.

REFUNDS

There will be no refund of fees. Fees will not be transferred from one testing period to another.

EXAMINATION ADMINISTRATION

The National Certification Examination for Addiction Counselors is administered during an established one-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by LaserGrade Computer Testing, Inc. LaserGrade has over 700 testing sites in the United States as well as other countries. Scheduling is done on a first-come, first-serve basis. To find potential testing centers near you visit: www.lasergrade.com or call LaserGrade at (800) 211-2754. Please note: Hours and days of availability vary at different centers. You will not be able to schedule your examination appointment until you have received an Eligibility Notice from PTC.
SCHEDULING YOUR EXAMINATION APPOINTMENT

Within 6 weeks prior to the first day of the testing window, you will be sent an Eligibility Notice. The Eligibility Notice plus photo identification must be presented in order to gain admission to the testing center. A candidate not receiving an Eligibility Notice at least three weeks before the beginning of the one-week testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.

The Eligibility Notice will indicate where to call to schedule your examination appointment as well as the dates in which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

It is highly recommended that each candidate becomes familiar with the testing site.

It is the candidates responsibility to call Lasergrade to schedule the exam appointment.

SPECIAL NEEDS

Special testing arrangements may be made for special needs individuals submitting the Application, examination fee, and a letter describing the nature of the disability and the special accommodations needed for testing. Requests for special testing needs individuals must be received at least EIGHT weeks before the testing period begins.

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the one-week testing period you must contact LaserGrade at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

If you fail to arrive for your appointment or cancel without giving the required notice, you will forfeit your testing fee.

RULES FOR THE EXAMINATION

1. No signaling devices, including pagers, cellular phones, and alarms, may be operative during the examination.

2. No books or reference materials may be taken into the examination room.

3. Simple, non-programmable calculators are permitted. A calculator is also available on screen if needed.

4. No questions concerning content of the examination may be asked during the testing period. The candidate should carefully read the directions that are provided on screen at the beginning of the examination session.
REPORT OF RESULTS

Candidates will be notified by PTC within four weeks of the closing of the testing period whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported.

REEXAMINATION

The National Certification Examinations for Addiction Counselors may be taken as often as desired upon filing of a new Application and appropriate fee. There is no limit to the number of times the examinations may be repeated.

CONFIDENTIALITY

1. The NCC will release the individual test scores in writing ONLY to the individual candidate.

2. Any questions concerning test results should be referred to the Professional Testing Corporation.

CONTENT OF EXAMINATION

1. The National Certification Examinations for Addiction Counselors are written examinations each composed of up to 250 multiple-choice, objective questions with a total testing time of four (4) hours.

2. The content for the examinations is described in the Content Outline starting on page 10.

3. The questions for the examinations are obtained from individuals with expertise in alcoholism and drug abuse counseling and are reviewed for construction, accuracy, and appropriateness by the NAADAC Certification Commission.

4. The NAADAC Certification Commission, with the advice and assistance of the Professional Testing Corporation, prepares the examinations.

5. The National Certification Examinations for Addiction Counselors cover four areas and will be weighted in approximately the following manner:

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<th>LEVEL I</th>
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<tr>
<td>I. Pharmacology of Psychoactive Substances…30% 25%</td>
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<tr>
<td>II. Counseling Practice…………………………..40% 25%</td>
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<td>III. Theoretical Base of Counseling………………15% 25%</td>
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<td>IV. Professional Issues…………………………15% 25%</td>
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CONTENT OUTLINE

I. PHARMACOLOGY OF PSYCHOACTIVE SUBSTANCES

A. Definitions of Pharmacology
   1. Relationship to Addiction Counseling
   2. Content Areas of Pharmacology
      a. Terminology
      b. Physiological Effects
      c. Psychological Effects
      d. Withdrawal Syndrome
      e. Drug Interactions
      f. Treatment Applications
         1) Antabuse
         2) Use of Pharmaceuticals

B. Drug Classification
   1. Alcohol
      a. Terminology
      b. Physiological Effects
      c. Psychological Effects
      d. Withdrawal Syndrome
      e. Drug Interactions
      f. Treatment Applications
   2. Depressants
      a. Terminology
         1) Anti-Anxiety (Minor Tranquilizers)
         2) Barbiturates
         3) Sedative-Hypnotics
         4) Psychotropics (Major Tranquilizers)
      b. Physiological Effects
      c. Psychological Effects
      d. Withdrawal Syndrome
      e. Drug Interactions
      f. Treatment Applications
   3. Cocaine
      a. Terminology
      b. Physiological Effects
      c. Psychological Effects
      d. Withdrawal Syndrome
      e. Drug Interactions
      f. Treatment Applications
   4. Other Stimulants
      a. Terminology
         1) Amphetamines
         2) Nicotine
         3) Caffeine
      b. Physiological Effects
      c. Psychological Effects
      d. Withdrawal Syndrome
      e. Drug Interactions
      f. Treatment Applications
   5. Opiates
      a. Terminology
         1) Natural Derivatives
         2) Synthetics
         3) Antagonists
      b. Physiological Effects
      c. Psychological Effects
      d. Withdrawal Syndrome
      e. Drug Interactions
6. Hallucinogens
   a. Terminology
      1) Natural Derivatives
      2) Synthetics
      3) Antagonists
   b. Physiological Effects
   c. Psychological Effects
   d. Withdrawal Syndrome
   e. Drug Interactions
   f. Treatment Applications

7. Cannabinoids
   a. Terminology
   b. Physiological Effects
   c. Psychological Effects
   d. Withdrawal Syndrome
   e. Drug Interactions
   f. Treatment Applications

8. Other
   a. Inhalants
   b. Designer Drugs
   c. Steroids
   d. OTC Drugs

C. The Addiction Process
   1. The Disease Model
   2. Tolerance Mechanisms
   3. Detoxification
   4. Stages of Addiction

D. The Recovery Process
   1. Medical Stabilization
   2. Non-Pharmaceutical Treatment Applications
   3. Unsafe Medication in Recovery
   4. Safe Medication in Recovery
   5. Dual Disorders

II. COUNSELING PRACTICE

A. Client Evaluations
   1. Screening
   2. Intake
   3. Assessment
   4. Diagnostic Criteria

B. Treatment Planning
   1. Problems, Identification, and Ranking
   2. Goals and Objectives
   3. Treatment Process and Resources Defined
   4. Levels of Care

C. Counseling
   1. Problems and Ramifications
   2. Examination of Attitudes/Feelings
   3. Consideration of Alternative Solutions
   4. Skills
      a. Individual
      b. Group
      c. Family/Significant Others
      d. Intervention

D. Patient Care/Management
   1. Case Management
   2. Crisis Intervention
      a. Identification
b. Resolution
3. Referral
4. Reports and Recordkeeping
5. Consultation

E. Education
1. Orientation
2. Alcohol and Drug Information
3. Non-Drug Issues
   a. Mental
   b. Emotional
   c. Psychological
   d. Nutritional
e. Disease
4. Self-Help Programs
5. Research

F. Continuing Care

G. Special Issues/Populations
1. Adolescence
2. Geriatrics
3. Gender
4. Sexual
5. Cultural
6. Relapse
7. Suicide
8. Dual/Multiple Diagnosis
9. Survivors of Abuse
10. Chronic Illness and Communicable Diseases
11. Disabilities
12. Criminal Justice

III. THEORETICAL BASE OF COUNSELING

A. Addiction Counseling
   1. Core Skill Groups
      a. Treatment Admission
      b. Clinical Assessment
      c. Ongoing Treatment Planning
      d. Counseling Services
      e. Documentation
      f. Case Management
      g. Discharge/Continuing Care
      h. Legal, Ethical, and Professional Growth
   2. Disease Model and Stages
   3. 12 Step Philosophy
   4. Relapse Prevention
   5. Family
      a. System Theory
      b. Children of Alcoholics/Addicts
      c. Co-dependency
      d. Abuse Issues
         1) Sexual
         2) Physical
         3) Psychological
   B. Human Growth and Development
      1. Life Stages
         a. Childhood
         b. Adolescence
         c. Adulthood
         d. Geriatrics
      2. Cultural Differences
3. Gender Issues
   C. Behavioral/Cognitive/Analytical Theories
      1. Cognitive Approaches
         a. Rational Emotive Psychotherapy
         b. Cognitive Theory
      2. Learning Theory Approaches
         a. Reinforcement Theory and Psychoanalytic Therapy
         b. Behavior Therapy
         c. Social Learning Approach
         d. Cognitive - Behavior Modification
      3. Psychoanalytic Approaches
         a. Psychoanalysis
         b. Psychoanalytic Therapy
      4. Perceptual - Phenomenological Approaches
         a. Transactional Analysis
         b. Gestalt Therapy
         c. Client Centered Therapy

IV. PROFESSIONAL ISSUES
   A. Law and Regulation
      1. Patient Rights
         a. Confidentiality
         b. Informed Consent
         c. Reporting
            1) Child/Spousal Abuse
            2) Duty to Warn
      2. Discrimination
      3. Drug Testing
      4. Methadone Regulations
      5. Recordkeeping and Documents
      6. Infectious Diseases
         a. HIV
         b. Hepatitis
         c. TB
         d. STDs
      7. Continuous Quality Improvement
      8. Federal Controlled Substances
      9. Department of Transportation Regulations
     10. Managed Care
         a. Utilization Review
         b. Outcome Studies
   B. Ethics
      1. Non-Discrimination
      2. Counselor Responsibility
      3. Competence
      4. Legal and Moral Standards
      5. Public Statements
      6. Publication Credit
      7. Client Welfare
      8. Confidentiality
      9. Client Responsibility
     10. Interprofessional Relationships
     11. Remuneration
     12. Societal Obligations
   C. Supervision
      1. Administrative
      2. Clinical
   D. Research and Outcome Studies
SAMPLE QUESTIONS

1. In the early stage of alcoholism, the drinker is
   1. unable to stop drinking.
   2. drinking in the morning.
   3. completely out of control.
   4. likely to experience a blackout.

2. Most drugs taken by the oral route of administration are primarily absorbed in the
   1. mouth.
   2. stomach.
   3. small intestine.
   4. large intestine.

3. A program must allow the court to see a client's file when
   1. a subpoena is presented.
   2. a court order is presented.
   3. the client verbally requests it.
   4. any involved attorney requests it.

4. What is the most common method for administration of marijuana?
   1. Eating
   2. Smoking
   3. Injection
   4. Free basing

5. An effect of cocaine that contributes to its abuse potential is its
   1. long half-life.
   2. long duration of action.
   3. short duration of action.
   4. slow absorption into the brain.

6. Which of the following has the greatest influence on the effects of alcohol?
   1. Time of day
   2. Height of the individual
   3. Body weight of the individual
   4. Amount of food in the stomach

Correct Answers to Sample Questions:
1. 4; 2; 3; 2; 4; 2; 5; 3; 6; 3
BIBLIOGRAPHY

The following reference material is suggested for use in the preparation for National Certification Examinations in the areas of alcohol and/or drug abuse counseling. The list does not attempt to include all acceptable references nor is it suggested that the Examinations are necessarily based on these references.


For purposes of clarifying the scope of practice of addiction counselors to certification candidates and to the general public, addiction is defined as the condition or state wherein an individual is physiologically and/or psychologically dependent upon alcohol and/or other drugs.

NOTE:

This bibliography intentionally omits the large number of references specific to each of the individual therapies. Counselors are encouraged to seek and review such references as may be necessary to ensure a fundamental knowledge of each therapy.
MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.

### Application for National Certification Examination for Addiction Counselors

**Candidate Information**

Print your LAST NAME then FIRST NAME then MIDDLE INITIAL

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E-mail Address

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Choice of Examination Language:

- English
- Spanish

Examination Date:

- March
- June
- September
- December

### Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

**A. For which examination are you applying?**

- Level I
- Level II
- MAC

**B. Have you taken this examination before?**

- No
- Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): 

Name: 

**C. Are you currently certified in addiction counseling by NCC?**

- Level I
- Level II
- MAC
- None

**D. Are you a member of NAADAC?**

- No
- Yes

(Note: Membership is not required.)

**E. How did you acquire your alcoholism and drug abuse counseling training?**

- Specialty training in alcoholism/drug abuse counseling
- Specialty training as part of a degree program
- Alcoholism/drug abuse counseling course as part of degree program
- Continuing education courses
- On-the-job training
- Other

**F. In what type of setting do you practice?**

- Private practice
- State/federal agency
- Private treatment center
- Employee assistance program
- Halfway house
- Other
- Hospital program

**G. In which of the following do you spend at least ten hours per week?**

- Counseling clients with alcohol/drug-related problems
- Other counseling
- Clinical supervision
- Assessment and referral
- Prevention/Community service
- Outreach
- Research/Evaluation
- Administration
- Professional and staff development
- Other

**H. Percent of working time currently spent in alcoholism and drug abuse counseling:**

- Less than 25%
- 25 to 50%
- 51 to 75%
- More than 75%

(Continue on page 2)
APPLICATION FOR NATIONAL CERTIFICATION EXAMINATION FOR ADDICTION COUNSELORS

Eligibility and Background Information

I. TREATMENT OR MODALITY YOU PROVIDE:
   - Inpatient only
   - Outpatient only
   - Inpatient and outpatient

II. HIGHEST ACADEMIC LEVEL:
   - Less than high school graduate
   - High school graduate or equivalent
   - Vocational or technical school graduate
   - Some college
   - Associate degree
   - Bachelor's degree
   - Master's degree
   - Doctoral degree
   - Other

J. PROFESSIONAL BACKGROUND:
   - Counselor
   - Rehabilitation Therapist
   - Administrator
   - Social Worker
   - Psychologist
   - Nurse
   - Physician other than Psychiatrist
   - Psychiatrist
   - Clergy
   - Other

K. EXPERIENCE IN ALCOHOLISM AND ADDICTION COUNSELING:
   - Less than 3 years
   - 3 years
   - 4 years
   - 5 years
   - 6 to 10 years
   - More than 10 years

L. IN WHICH OF THE FOLLOWING ARE YOU LICENSED OR HOLD CERTIFICATION OR REGISTRATION? (Darken all that apply.)
   - Social work
   - Nursing
   - Psychology
   - Employee assistance programming
   - Counseling
   - Marriage and family therapy
   - Medicine
   - Other

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Race:
   - African American
   - Native American
   - Asian
   - White
   - Hispanic
   - Other

Age Range:
   - Under 25
   - 25 to 29
   - 30 to 39
   - 40 to 49
   - 50 to 59
   - 60+

Gender:
   - Male
   - Female

Candidate Signature

I have read the Candidate Information Leaflet and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with the Leaflet and is accurate, correct, and complete.

CANDIDATE SIGNATURE: ___________________________ DATE: ________________

PROFESSIONAL TESTING CORPORATION, 1350 BROADWAY, 17th FLOOR, NEW YORK, NY 10018
WWW.PTCNY.COM (212) 356-0660 ALL RIGHTS RESERVED PTC06097
APPLICATION FOR NATIONAL CERTIFICATION EXAMINATION FOR ADDICTION COUNSELORS - PART II

DIRECTIONS: Candidates for the National Certification Examination for Addiction Counselors, Level I, must have at least three years full-time, or 6,000 hours in MORE than three years, supervised experience in alcohol and drug abuse counseling. Level II candidates must have at least five years full-time, or 10,000 hours in MORE than five years, supervised experience in alcoholism and drug abuse counseling. NOTE: Failure to complete all requested information in both Parts I and II will delay processing of your Application and may make you ineligible to sit for the examination.

SECTION A. PERSONAL AND EXAMINATION DATA

Name: _____________________________________________________________________________________________________ Applying for: _____ LEVEL I _____ LEVEL II
(Print) Last First Middle
Mailing Address: ________________________________________________________________________________________________ Telephone: Work: (_______)_________________________
____________________________________________________________________________________________
City State Zip + 4 Home: (_______)__________________________ FAX: (_______)__________________________
E-mail: __________________________________________ Choice of testing date: _____ March _____ June _____ September _____ December

SECTION B. CURRENT STATE LICENSE/CERTIFICATION

(Enter information requested and enclose copy of State License/Certification.)

Credential Issuing State/Authority Expiration Date Number
________________________________________________________________________________________________________________________________________________________________________________

SECTION C. CAREER HISTORY IN ALCOHOLISM AND/OR DRUG ABUSE COUNSELING

(List current position first.)

(1) Institution/Practice Site: ______________________________________________________________
Address: _____________________________________________________________________________
Dates: From ________ To _________ Position Title _________________________________________
Job Description: _______________________________________________________________________
____________________________________________________________________________________
Supervisor: ______________________________ Telephone: ________________________________

(2) Institution/Practice Site: ______________________________________________________________
Address: _____________________________________________________________________________
Dates: From ________ To _________ Position Title _________________________________________
Job Description: _______________________________________________________________________
____________________________________________________________________________________
Supervisor: ______________________________ Telephone: ________________________________

(3) Institution/Practice Site: ______________________________________________________________
Address: _____________________________________________________________________________
Dates: From ________ To _________ Position Title _________________________________________
Job Description: _______________________________________________________________________
____________________________________________________________________________________
Supervisor: ______________________________ Telephone: ________________________________

(4) Institution/Practice Site: ______________________________________________________________
Address: _____________________________________________________________________________
Dates: From ________ To _________ Position Title _________________________________________
Job Description: _______________________________________________________________________
____________________________________________________________________________________
Supervisor: ______________________________ Telephone: ________________________________

CONTINUE ON SIDE 2
SECTION D. PROFESSIONAL EDUCATION AND TRAINING

A. TRAINING HOURS SUMMARY - Please attach copies of all training event documentation (college transcripts, conference/seminar attendance certificates, CEU's, etc.).
A minimum of 270 contact hours is required for Level I, and 450 contact hours is required for Level II.

   _______ Graduate level hours in related subjects (if applicable)
   _______ Undergraduate level hours in related subjects
   _______ Certificates of training
   _______ Other
   _______ TOTAL HOURS

B. BACHELOR’S DEGREE (Required for NCAC Level II)
NOTE: An official or student copy of your Bachelor’s transcript must accompany this application. Degrees must be from a regionally accredited institution.

   Institution which awarded Bachelor's degree: _______________________________________________________
   Degree awarded: _______________________________________________________________________________
   Date awarded: _________________________________________________________________________________

C. CREDENTIALS HELD: ____________________________________________________________________________

SECTION E. CONTRIBUTION SUMMARY (List awards, publications, offices held, or other evidence of accomplishments in the field of alcoholism and/or drug abuse counseling.)
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

SECTION F. VERIFICATION OF WORK EXPERIENCE - In the box provided below, have your supervisor over the last twelve months verify your work experience.

I verify that this candidate has demonstrated competency in accepted counseling techniques and practice, that to the best of my knowledge the career history as stated above is accurate, and that the candidate engages in ethical practice.

Signature _____________________________ Title _____________________________ Date _____________________________

SECTION G. CANDIDATE AFFIRMATION

I certify that the information on this Application is accurate, correct, and complete; and that I have read the NAADAC Code of Ethics and subscribe to it. I also certify that the state license/certification presented is not encumbered in any manner and that I do not hold a license/certification from any other state that is or has been subject to criminal or ethical complaint. The NAADAC Certification Commission is authorized to contact any institution, organization, or individual listed on or included with this Application for verification of my alcoholism and/or drug abuse counseling history. I understand that the NAADAC Certification Commission retains ownership of NCAC Certificates and may, from time to time, make available certificate holder names and other information to potential service users.

Signature of Candidate _____________________________ Date _____________________________

* * * * * * * APPLICATION CHECK LIST * * * * * * *

   _____ Application Part I, completed and signed
   _____ Application Part II, completed, signed, and verified
   _____ Copy of State Certification/Licensure enclosed
   _____ Copies of Training Documentation enclosed
   _____ Appropriate Fee enclosed:
       _____ Member _____ Nonmember