



Northwest Indian Alcohol and Drug Certification Board

Tel: 503-510-0575 / 503-757-2071 / Fax: 808-441-0136

nwiadcbinfo@gmail.com

www.NWIADCB.com

Dear Applicant:

Enclosed is your packet for certifying with the Northwest Indian Alcohol and Drug Certification Board.

Please give the particular attention to the Check List itemizing all of the important documentation necessary to complete your certification. Because our list of applications has greatly increased, we ask that you exercise diligence in having ALL PAPERWORK COMPLETED AND RETURNED TO THE ABOVE ADDRESS WITHIN 90 DAYS, by email, fax or mail.

Please send ONLY THE DOCUMENTS REQUESTED and do not include extra certificates, copies, of awards, old jobs descriptions, resumes, etc.

By helping us with these request your certification process will progress smoothly and timely. We appreciate your cooperation.

Make checks in the amount of \$130.00 to NWIADCB, or one may pay online with credit card or debit card.

TESTING SIGHTS WILL BE MADE AVAILABLE AS CLOSE TO YOUR CURRENT ADDRESS AS POSSIBLE.

Sincerely,

NWIADCB
Board of Directors

Fees for Certification/Re-Certification/Testing

- _____ \$130.00 For certification -application process
- _____ \$100.00 For certification Testing
- _____ \$ 50.00 For Counselor in Training Certification
- _____ \$150.00 For Re- Certification / Counselor II or III
- _____ \$180.00 For Re-Certification for lapsed Certification

Fees may be paid by credit card, debit card or by check online at www.NWIADCB.com/ Or call Board member Chris Dean at 503-510-0575 to pay over the phone or by mail.

I will pay the following fees with my application:

- _____ Certification application \$130.00- apply for Counselor I
- _____ Certification testing \$100.00
- _____ Re-Certification \$150.00 / for Counselor II, or III
- _____ Counselor in training Certificate \$50.00

CHECK LIST

This checklist is for your own use

This form is provided to assist you to processing the necessary forms required for certification. Please refer to the standards manual for assistance.

TO BE PROVIDED BY YOU

- * Pages 1, 2, & 3 of the Application Form _____
- \$130.00 for your certification, and ~~\$100.00~~ ^{\$100.00} for your testing via certified check, money order or program check payable to Northwest Indian A/D Certification Board of Oregon _____
- * Copies of all trainings, and or college transcripts. _____
- * Current comprehensive Job Description _____
- HIV/AIDS Training Certificate signed & approved by the Division of Alcohol and Substance Abuse (DASA) _____
- * Copy of your test scores _____

TO BE PROVIDED BY YOUR SUPERVISOR FOR WHOM YOU HAVE WORKED DURING THE PAST 2000 HOURS TO 10,000 HOURS

- * Employment Verification Form (green) _____

TO BE PROVIDED DIRECTLY TO THE CERTIFICATION BOARD BY A PERSON WHO HAS KNOWN YOU WELL FOR THREE YEARS

- * One Letter of Personal Reference (Cream) _____

TO BE PROVIDED DIRECTLY TO THE CERTIFICATION BOARD BY THREE PERSONS WHO ARE KNOWLEDGEABLE OF YOUR COMPETENCE AS A CHEMICAL DEPENDENCY COUNSELOR

- * Three (3) Letters of Endorsement (Cream) _____

TO BE PROVIDED BY YOUR CURRENT SUPERVISOR

- * Supervisor's Evaluation Form (Pink) _____

YOUR APPLICATION WILL BE PROCESSED ONLY AFTER ALL OF THE ABOVE ITEMS HAVE BEEN RECEIVED BY THE CERTIFICATION BOARD

Northwest Indian Alcohol/Drug Specialist Certification Board of Oregon

3. EMPLOYER _____ SUPERVISOR _____

POSITION TITLE _____ DATES: FROM _____ TO _____

MAJOR DUTIES _____

4. EMPLOYER _____ SUPERVISOR _____

POSITION TITLE _____ DATES: FROM _____ TO _____

MAJOR DUTIES _____

5. EMPLOYER _____ SUPERVISOR _____

POSITION TITLE _____ DATES: FROM _____ TO _____

MAJOR DUTIES _____

LETTERS OF ENDORSEMENT

Using the forms provided, three letters of endorsement from persons who can attest to your competency as a Chemical Dependency Counselor will be sent directly to the Board by:

	<u>NAME</u>	<u>AGENCY</u>	<u>TITLE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

LETTER OF PERSONAL REFERENCE

Using the forms provided, a letter of personal reference from an individual who has known you (not a relative) for at least three years, will be sent to the Board by:

NAME: _____ RELATIONSHIP: _____

EMPLOYMENT VERIFICATION FORM

Using this form, please provide the following verification of at least one year for Counselor I, three years for Counselor II, and five years for Counselor III of continuous employment utilizing chemical dependency counseling skills.

NAME OF APPLICANT: _____
TO BE FILLED IN BY APPLICANT

HIRE DATES : FROM: _____ TO: _____

WORK STATUS: FULL TIME: _____ PART TIME (32hrs per week) _____

PART TIME: (16 – 20 hrs per week) _____ On Call: _____

Name Agency Title

LETTER OF ENDORSEMENT

IN SUPPORT OF APPLICATION FOR CERTIFICATION AS A CHEMICAL
DEPENDENCY COUNSELOR

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as a Chemical Dependency Counselor with the Northwest Indian Alcohol/Drug Certification Board of Oregon. To assist the Board in its evaluation of the application, the following information is being requested. You are expected to provide this information if you do not know the applicant personally or feel that you are in a position to accurately comment on the applicant's competency as a Chemical Dependency Counselor, please return this form to that applicant.

All information is confidential and the applicant has waived their right to inspect this letter or any other communications between you and the Board. Please fill out this form and forward directly to the Board within ten days. Failure to do so may jeopardize the timely processing of the application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT: _____
(Friend, co-worker, supervisor, etc.)

Please comment on the following characteristics regarding the applicant:

1. Moral Character: _____

2. Professionalism: _____

3. Community Standing: _____

4. Commitment to helping Indian alcohol/drug misusers: _____

5. Skill and knowledge level:

a. Oral Communication Skills: _____

- b. Written Communication Skills: _____

- c. Understanding of human growth and development: _____

- d. Ability to use Indian Values and Culture to treatment: _____

- e. Ability to use other community resources: _____

- f. Ability to develop trust relationships with clients: _____

- g. Ability to communicate about alcoholism and drug use: _____

- h. Ability to work as a team member: _____

Forward Directly to:

NWIADCB
Attn: Board of Directors
Email: nwiadcbinfo@gmail.com
Fax: 808-441-0136

Name of Endorser _____

Address _____

City _____ State _____

Please Print or type

Telephone # () _____

Signature _____

LETTER OF ENDORSEMENT

IN SUPPORT OF APPLICATION FOR CERTIFICATION AS A CHEMICAL
DEPENDENCY COUNSELOR

NAME OF APPLICANT: _____
To be filled in by applicant

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LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT: _____
(Friend, co-worker, supervisor, etc.)

Please comment on the following characteristics regarding the applicant:

6. Moral Character: _____

7. Professionalism: _____

8. Community Standing: _____

9. Commitment to helping Indian alcohol/drug misusers: _____

10. Skill and knowledge level:

a. Oral Communication Skills: _____

Letter of Endorsement

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- b. Written Communication Skills: _____

- c. Understanding of human growth and development: _____

- d. Ability to use Indian Values and Culture to treatment: _____

- e. Ability to use other community resources: _____

- f. Ability to develop trust relationships with clients: _____

- g. Ability to communicate about alcoholism and drug use: _____

- h. Ability to work as a team member: _____

Forward Directly to:

NWIADCB
Attn: Board of Directors
Email: nwiadcbinfo@gmail.com
Fax: 808-441-0136

Name of Endorser _____

Address _____

City _____ State _____

Please Print or type

Telephone # () _____

Signature _____

LETTER OF ENDORSEMENT

IN SUPPORT OF APPLICATION FOR CERTIFICATION AS A CHEMICAL
DEPENDENCY COUNSELOR

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as a Chemical Dependency Counselor with the Northwest Indian Alcohol/Drug Certification Board of Oregon. To assist the Board in its evaluation of the application, the following information is being requested. You are not expected to provide this information if you do not know the applicant personally.

All information is confidential and the applicant has waived their right to inspect this letter or any other communications between you and the Board. Please fill out this form and forward directly to the Board within ten days. Failure to do so may jeopardize the timely processing of the application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT: _____
(Friend, co-worker, supervisor, etc.)

Please comment on the following characteristics regarding the applicant:

11. Moral Character: _____

12. Professionalism: _____

13. Community Standing: _____

14. Commitment to helping Indian alcohol/drug misusers: _____

15. Skill and knowledge level:
a. Oral Communication Skills: _____

b. Written Communication Skills: _____

c. Understanding of human growth and development: _____

d. Ability to use Indian Values and Culture to treatment: _____

e. Ability to use other community resources: _____

f. Ability to develop trust relationships with clients: _____

g. Ability to communicate about alcoholism and drug use: _____

h. Ability to work as a team member: _____

Forward Directly to:

NWIADCB
Attn: Board of Directors
Email: nwiadcbinfo@gmail.com
Fax: 808-441-0136

Name of Endorser _____

Address _____

City _____ State _____

Please Print or type

Telephone # () _____

Signature _____

PERSONAL LETTER OF REFERENCE IN SUPPORT OF APPLICATION FOR
CERTIFICATION AS A CHEMICAL DEPENDENCY SPECIALIST

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as a Chemical Dependency Counselor with the Northwest Indian Alcohol/Drug Certification Board of Oregon. To assist the Board in its evaluation of the application, the following information is being requested. You are not expected to provide this information if you do not know the applicant personally.

All information is confidential and the applicant has waived their right to inspect this letter or any other communications between you and the Board. Please fill out this form and forward directly to the Board within ten days. Failure to do so may jeopardize the timely processing of the application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT: _____
(Friend, co-worker, supervisor, etc.)

Please comment on the following characteristics regarding the applicant:

1. Moral Character: _____

2. Community Standing: _____

3. Family Relationships: _____

4. Non-Alcohol-Drug Related Activities: _____

5. Volunteer Activities: _____

6. Personal history of alcohol or other substance misuse (Length of non-use) _____

Other Remarks: _____

Name of Endorser: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Signature: _____

Date: _____

PLEASE FORWARD DIRECTLY TO:

Forward Directly to:

NWIADCB

Attn: Board of Directors

Email: nwiadcbinfo@gmail.com

Fax: 808-441-0136

SUPERVISOR'S EVALUATION FORM

NAME OF APPLICANT: _____
 TO BE FILLED IN BY APPLICANT

Completion of this form represents your personal appraisal of the applicant's skill level in those areas of competency necessary to be a professional Chemical Dependency Counselor. The applicant has waived his/hr right to inspect this evaluation and/or any other communication between you and the Northwest Indian Alcohol/Drug Specialist Certification Board of Oregon. Please forward this completed form directly to the Board (address below) within 10 days. Failure in your prompt response may cause unnecessary delay in the processing of this application.

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT _____

IMPORTANT Please respond to
All items below

Please circle the appropriate number

		<u>Weak</u>	<u>Adequate</u>	<u>Superior</u>
COMMUNICATION				
1. Oral	1 2 3	4 5 6 7	8 9 10	
2. Written	1 2 3	4 5 6 7	8 9 10	

KNOWLEDGE OF ALCOHOL/ALCOHOLISM & DRUG ABUSE

3. Physiological	1 2 3	4 5 6 7	8 9 10
4. Psychological	1 2 3	4 5 6 7	8 9 10
5. Socio-cultural	1 2 3	4 5 6 7	8 9 10
(Indian Communities)			

EVALUATION AND CLIENT ASSESSMENT

6. Human growth and development	1 2 3	4 5 6 7	8 9 10
7. Signs and symptoms of alcoholism and drug abuse.	1 2 3	4 5 6 7	8 9 10
8. Signs and symptoms indicating referral for medical, psychological or other assessment.	1 2 3	4 5 6 7	8 9 10
9. Assessing stage of alcohol/drug abuse ...	1 2 3	4 5 6 7	8 9 10
10. Ability to take a case history	1 2 3	4 5 6 7	8 9 10
11. Evaluation of client progress	1 2 3	4 5 6 7	8 9 10
12. Goal setting, contracting, Problem solving	1 2 3	4 5 6 7	8 9 10

Supervisor's Evaluation Form
Page 2

	<u>Weak</u>	<u>Adequate</u>	<u>Superior</u>
13. Individual treatment planning	1 2 3	4 5 6 7	8 9 10
14. Informing client of legal rights	1 2 3	4 5 6 7	8 9 10

INFORMATION AND REFERRAL

15. Recruiting clients	1 2 3	4 5 6 7	8 9 10
16. Mobilizing community resources	1 2 3	4 5 6 7	8 9 10
17. Knowledge of eligibility requirements of providing agencies	1 2 3	4 5 6 7	8 9 10
18. Knowledge of treatment philosophies	1 2 3	4 5 6 7	8 9 10
19. Knowledge of admissions policies	1 2 3	4 5 6 7	8 9 10
20. Selecting proper referral	1 2 3	4 5 6 7	8 9 10
21. Interpreting to client the need for referral . . .	1 2 3	4 5 6 7	8 9 10
22. Follow-up to insure client gets service from other providers	1 2 3	4 5 6 7	8 9 10

COUNSELING AND TREATMENT

23. Establishing a trust relationship with client . .	1 2 3	4 5 6 7	8 9 10
24. Teaching or training others	1 2 3	4 5 6 7	8 9 10
25. Elicit feelings	1 2 3	4 5 6 7	8 9 10
26. Facilitate self-understanding by client	1 2 3	4 5 6 7	8 9 10
27. Motivate the client	1 2 3	4 5 6 7	8 9 10
28. One-to-one counseling	1 2 3	4 5 6 7	8 9 10
29. Group Counseling	1 2 3	4 5 6 7	8 9 10
30. Counseling with spouse and family	1 2 3	4 5 6 7	8 9 10
31. Coordinate client's continuum of treatment .	1 2 3	4 5 6 7	8 9 10
32. Understanding steps, traditions & Philosophy of N.A., A.A., Al-anon, Ala-Teen	1 2 3	4 5 6 7	8 9 10
33. Engender client's participation N.A., A.A. . .	1 2 3	4 5 6 7	8 9 10
Al-Anon, Ala-Teen			

Supervisor's Evaluation Form
Page 3

	<u>Weak</u>	<u>Adequate</u>	<u>Superior</u>
34. Knowledge and understanding of Predominant culture, tribal customs and Traditions of clients	1 2 3	4 5 6 7	8 9 10
35. Ability to utilize Indian culture in establishing New social activities and relationships	1 2 3	4 5 6 7	8 9 10
36. Ability to assist clients in establishing new Social activities and relationships	1 2 3	4 5 6 7	8 9 10
37. Ability to assist clients in spiritual aspect of recovery	1 2 3	4 5 6 7	8 9 10

COMMENTS: (Do your responses need to be qualified in any way? Are there aspects of the Applicants competence which deserve special mention?)

Forward Directly to:

NWIADCB
Attn: Board of Directors
Email: nwiadcbinfo@gmail.com
Fax: 808-441-0136

Name of Endorser _____
Please Print of Type

Address _____

City _____ State _____

Telephone # (_____) _____

Signature _____