



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 complete all areas that apply to you. Enclose copies of the trainings that you have attended in the past two (2) years (20 hours per year, total 40 hours), along with a copy of your current certification.

Have your supervisor complete the supervisory evaluation form and return to the NWIADCB.

Please send **ONLY THE DOCUMENTS REQUESTED** and do not include extra certificates, copies, of awards, old job descriptions, resumes, etc. (We may request additional documents after our review).

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

One may pay by credit card, or check on our website or with a Board member over the phone.

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 _____
- \$150.00 for your certification, and _____ for your testing via certified check, money order or program check payable to Northwest Indian A/D Certification Board of Oregon
- * Current comprehensive Job Description _____
- HIV/AIDS Training Certificate signed & approved by the Division of Alcohol and Substance Abuse (DASA) _____

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

- * Employment Verification Form _____

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

- * One Letter of Personal Reference _____

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 _____

TO BE PROVIDED BY YOUR CURRENT SUPERVISOR

- * Supervisor's Evaluation Form _____

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

APPLICATION FOR
RECERTIFICATION AS A CHEMICAL DEPENDENCY COUNSELOR I, II, III

APPLICANTS FULL NAME: _____
 First Middle Last

HOME PHONE () _____ Business Phone () _____

CURRENT EMPLOYER _____

BUSINESS ADDRESS: _____
 Street Town State Zip

CURRENT POSITION: _____

AGE _____ DATE OF BIRTH _____ SOCIAL SECURITY# _____

TRIBAL AFFILIATION _____

CAUCASIAN _____ BLACK _____ MEXICAN-AMERICAN _____ ASIAN _____

APPLYING FOR COUNSELOR I _____ II _____ III _____

EMPLOYMENT HISTORY

Please list full-time positions, beginning with your current position and going back consecutively, for at least 5 positions, and/or five years.

1. EMPLOYER _____ SUPERVISOR _____
POSITION TITLE _____ DATES: FROM _____ TO _____
MAJOR DUTIES _____

2. EMPLOYER _____ SUPERVISOR _____
POSITION TITLE _____ DATES: FROM _____ TO _____
MAJOR DUTIES _____

4. EMPLOYER _____ SUPERVISOR _____
POSITION TITLE _____ DATES: FROM _____ TO _____
MAJOR DUTIES _____

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
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TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

EMPLOYMENT VERIFICATION FORM

Using the form provided, the following employers will verify at least one year of Counselor, three years for Counselor II, and five years for Counselor III of continuous employment utilizing chemical dependency counseling skills.

1.	_____	_____	_____
	Name	Agency	Title
2.	_____	_____	_____
	Name	Agency	Title

TRAINING

I have received chemical dependency training from the following College/University/workshop

1.	_____
2.	_____
3.	_____
4.	_____

ASSURANCES

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Northwest Indian Alcohol/Drug Specialist Certification Board of Oregon. I will accept the decision of the Board and do accept full responsibility for any and all consequences of the process of seeking certification.

I certify that I have no history of alcohol or other substance misuse for a minimum period of three years immediately prior to making this application.

To the best of my knowledge, the information contained herein is true and correct.

I authorize members of representatives of the Northwest Indian Alcohol/Drug Specialist Certification Board of Oregon to contact and obtain information from any references, employers or education institution deemed necessary in the evaluation of this application.

I waive my right to inspect the results of any such inquiries made to references, employers, or education institutions. I waive my right to inspect any letters of endorsement or personal reference. I waive my right to inspect the record of deliberation of the Board in considering this application.

DATE _____ 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 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: _____

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 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:

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

Page 2

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) _____

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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>
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
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	<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

on

Name of Endorser _____
Please Print of Type

Address _____

City _____ State _____

Telephone # (____) _____

Signature _____