

# **Information Booklet with Application and Reference Forms**

## **Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker (C-CATODSW)**

For the Experienced MSW Substance Abuse Counselor



### **NASW Credentials**

NASW Credentials Accounting, 750 First St. NE, Suite 800, Washington, DC 20002  
800-638-8799 x 447 • 202-408-8600 x 447 • SocialWorkers.org • credentialing@naswdc.org

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# NASW's Specialty Certifications Program

In 1998, NASW conducted a survey of its membership, in which respondents clearly identified the need and a strong level of interest in NASW establishing and offering a national certification program in areas of social work specialization. NASW is pleased that this program helps NASW members in today's competitive workplace attain:

- Enhanced professional and public recognition
- Increased visibility as specialized social workers
- Association with a select group of specialized social workers who have attained national distinction.

NASW Specialty Certifications, available to degreed social workers only, provide a vehicle for recognizing social workers who have met national standards and possess specialized knowledge, skills, and experience. NASW is committed to assisting with the process of certifying social workers and working to emphasize the importance of employing social workers who have specialized training and experience.

NASW Specialty Certifications provide recognition to those who have met national standards for higher levels of experience and knowledge and are not a substitute for state licenses.

## ATOD SOCIAL WORK

In their training and orientation to practice, social workers focus on "person-in-environment." They assess the impact of the family, local community, economic trends, and the larger society on the individual, as well as the effect of the individual's functioning on these various sub-systems. Because their training includes extensive information about the extant network of social service and financial resources, they are often designated from those among the helping professions to perform the task of identifying and linking clients to needed community resources (i.e., case management). Their generalist training, which includes instruction in the macro skills of needs assessment, resource development, and interventions for affecting social change, provides a foundation for primary, secondary, and tertiary prevention targeted toward improving the lives of those affected by or potentially affected by ATOD.

## ATOD SOCIAL WORK SKILL DOMAINS

ATOD social workers should have mastery in the following skill domains:

### **1. Screening, intake, and orientation**

Determination of client eligibility for services, referral to other program(s), assessment for admission to a program, description of nature and goals of the program, and expectations of client and social worker

### **2. Assessment**

Collaboration of social worker and client to evaluate severity of problem(s) and areas of need to be addressed in treatment plan

### **3. Crisis intervention**

Services that respond to an alcohol, tobacco, and other drugs abuser's needs during acute emotional or physical distress

### **4. Documentation, report, and record keeping**

Monitoring client's progress in achieving his or her goals; facilitation of communication between co-workers allowing client-approved information sharing between resources and other providers while protecting the confidentiality of the client through informed consent

### **5. Case management**

Assist client in negotiating treatment systems effectively. Effectively use multidisciplinary teamwork, liaison activities, and collateral contacts

### **6. Treatment planning**

Social worker and the client identify and prioritize issues and concerns, establish agreed-upon immediate and long-term goals, and decide on treatment approaches and resources to be used.

### **7. Counseling**

Use of special skills and appropriate modalities to assist individuals, families/significant others or groups in achieving immediate and long-term goals and objectives. Systematic monitoring of progress and treatment outcomes.

## 8. Client education and advocacy

Providing information to individuals, families/ significant others, and groups concerning alcohol, tobacco, and other drug abuse and the available services and resources.

## 9. Referral

Identify the needs of the client that cannot be met by the social worker or agency, and make appropriate referral(s). Encourage client to use the support systems and community resources available.

## 10. Consultation with other professionals regarding client treatment/services

Collaborative communication within the profession of social work and with other multi-disciplinary professionals to ensure comprehensive, quality care for the client.

## ATOD SOCIAL WORK KNOWLEDGE DOMAINS

ATOD Social workers should have in-depth knowledge in the following domains:

### Knowledge Domain Cluster 1

- I. **Epidemiology:** Patterns and use of alcohol, tobacco and other drug use by gender, age (including youth and elderly), ethnicity, and persons with disabilities. Prevalence, incidence, and trends of alcohol, tobacco and other drug abuse and dependence, and ATOD treatment in the United States.
- II. **Policies and history of ATOD problems in the United States:** History and effectiveness of legislation and policies to control use and availability of ATOD and the impact on the general population's attitude toward ATOD use and abuse.
- III. **Etiology:** Biological markers, genetic vulnerability to dependence. Temperament, personality traits, and childhood high-risk behaviors associated with abuse of ATOD in adolescence and adulthood. Social and environmental factors and initiation, continued use, and abuse of ATOD. Interaction of biological, genetic, psychosocial, behavioral, and environmental risk factors, and enhancement or attenuation of the development and maintenance of abuse and dependence on ATOD.

- IV. **Course and natural history of ATOD disorders:** Biopsychosocial factors and initiation, progression, and effects of addictive behaviors. Long-term course of ATOD disorders with or without treatment. Accessibility, socio-economic status, ethnic groups, etc. Heterogeneous nature of ATOD disorders and empirical support for each subtype. Psychosocial consequences of ATOD disorders and effects on the family. Mortality and morbidity associated with ATOD abuse. Natural recovery and harm reduction.

### Knowledge Domain Cluster 2

- V. **Screening and assessment:** Various assessment instruments (protocols) for purpose of (1) evaluating the severity of the primary problem, (2) identifying areas of concern requisite for the amelioration of the primary problem, and (3) identifying additional problem areas (co-morbidities). Familiarity with assessment instruments and the DSM IV diagnostic criteria for ATOD abuse and dependence, co-existing Axis I and Axis II disorders. Cross addictions. Medical and psychological conditions affected by abuse of ATOD. Violent behavior and abuse of ATOD (e.g., domestic violence, violent crimes, suicide, and accidents). Acute and chronic consequences associated with the use of ATOD (e.g., brain functioning, cognition, psychomotor effects).
- VI. **Physiology and pharmacology of ATOD:** Function of and effects of ATOD on neurotransmitters. Effects of ATOD on mood and behavior. Mechanisms of tolerance, withdrawal, and dependence for each substance. Acute and long-term effects of alcohol, tobacco, and other drugs on the human body. Prescription medication to aid in the safe detoxification of an acute intoxication episode and to aid in the reduction of craving episodes.
- VII. **Treatment:** Appropriate treatment intervention applications to achieve the desired outcome with clients. Treatment planning, goal setting, and contracting. Treatment philosophies in which treatment of ATOD disorders is based (e.g., 12 step, rational recovery, Minnesota model, motivational enhancement, cognitive behavioral). Psychosocial treatment modalities and their efficacy based on empirical data. Barriers to seeking treatment. Non-traditional treatments. Treatment of co-existing disorders. Continuity of care. Factors associated with good and poor treatment outcome.

### **Knowledge Domain Cluster 3**

- VIII. **Affected populations:** Knowledge of assessment and intervention approaches with various family systems (blended, extended, nuclear, same sex, etc.) whether or not the ATOD abuser is seeking treatment.
- IX. **Diverse populations and health issues:** Major issues related to gender, sexual orientation, ethnic groups, immigrants, refugees, homeless, pregnant and nursing women, criminal justice system, HIV/AIDS. Culturally sensitive treatment approaches.
- X. **Role of social worker and effective resource management:** Client and non-client strategies that help clients to get the resources they need to prevent/remedy ATOD problems. HMO, diagnosis-related groups, and other local and federal rules and regulations. Development and use of resources. Helping clients negotiate treatment and reimbursement systems. Case management, consultation, referral sources.
- XI. **Legal and ethical issues:** ATOD-related legal and ethical procedures for upholding NASW's *Code of Ethics*, ensuring client confidentiality, and maintaining compliance with ATOD federal laws and legislation protecting clients. Implications of advances in genetic testing with regard to client rights. Record keeping and documentation.
- XII. **Education/Prevention:** Current literature and research findings, educating individuals, families, communities, and groups (e.g., etiology, epidemiology, and pathway of substance abuse and biopsychosocial disorders) so they can recognize the warning signs and symptoms. Research-based prevention strategies.

# Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker (C-CATODSW)

## Specialty Certification for the Clinical MSW Alcohol, Tobacco and Other Drugs Social Worker

### ELIGIBILITY CRITERIA

*Applicants must meet ALL criteria to qualify for certification*

Membership in NASW is not required to hold any NASW Specialty Credentials. However, if you are a current NASW member, your membership must be in good standing to receive the discounted rate. Associate members are not eligible for NASW Specialty Certifications.

#### I. EDUCATION

##### **Social Work Education**

MSW—The applicant must hold a master's degree in social work from a program accredited by the Council on Social Work Education (CSWE). The program must have been accredited by CSWE at the time the degree was received.

An original transcript is required and must be sent in a sealed envelope directly from the school to the following address:

NASW Credentialing Center  
750 First Street, NE, Suite 800  
Washington, DC 20002-4241

If you were admitted to NASW's ACSW (Academy of Certified Social Workers) in 1989 or later or received NASW's QCSW (Qualified Clinical Social Worker) or DCSW (Diplomate in Clinical Social Work) credential in 1996 or later, you do not have to submit an original transcript. Otherwise, there are NO exceptions.

##### **Alcohol, Tobacco, and Other Drugs-Specific Education** (see section on substitutions)

Documentation of completion of 180 contact hours of ATOD-specific education across the 11 *Knowledge Domains* described in this booklet. This ATOD specific education must focus directly on alcohol, tobacco, and other drugs and the substance-abusing population. The education must be provided by one whose expertise is in the field of ATOD. All education must meet the definition of education as described in this booklet. Of the required 180 hours, 60 must have been obtained within the last five years. Of the 180 contact hours required for initial certification, 50% may be distance learning.

#### 2. EXPERIENCE

##### **Clinical Social Work Experience**

The applicant must have two years (3,000 hours, not counting administrative duties, approximately 30 hours per week of direct client-level social work experience) post-MSW degree, full-time paid, appropriately MSW-supervised (see SUPERVISION) work experience as a social worker, in an agency or institutional setting. (In the vast majority of cases, holding the ACSW, DCSW or state MSW-level social work license at the clinical or independent level will serve as proof of this. Some applicants may be required to supply additional documentation for this category.)

##### **Substance Abuse Counseling Experience**

(see section on substitution)

Two years (3,000 hours, not counting administrative duties, approximately 30 hours per week of post-MSW direct social work substance abuse counseling/treatment social work experience) post-MSW degree full-time paid, professionally supervised (see SUPERVISION) work experience as a substance abuse counselor, preferably in an agency or institutional setting.

#### 3. SUPERVISION and SUPERVISORY EVALUATION (see section on substitution)

Completed supervisory evaluation(s) must correspond in time to the qualifying experience that is submitted. Supervision must cover a minimum of two years (3,000 hours—not counting administrative duties, of approximately 30 hours per week of direct social work substance abuse counseling experience) post-MSW degree full-time, paid work experience as a substance abuse counselor, preferably in an agency or institutional setting. The supervisor(s) must be able to evaluate the applicant's substance abuse counseling skills, knowledge, and abilities of social work substance abuse counseling described in this booklet.

The clinical practice by which the treatment provided by the counselor is evaluated and is either modified or approved by the supervisor. Clinical supervision shall be face-to-face in either a group or individual setting. Group clinical supervision is limited to not more than six individuals. Clinical supervision shall include a review of client charts and observation of clinical practice. Observation of clinical practice may include audio, video, two-way, co-facilitation, and/or direct observation.

### **Hours of Supervision**

The standard for clinical supervision is provided at a rate of one hour for every 30 hours of direct practice. This certification requires proof of 100 hours of direct face-to-face supervision over two years (3,000 hours) of social work substance abuse counseling experience.

### **Qualified Supervisors**

Social work supervision is preferred.

MSW supervisors must have had at least two years post-MSW experience as a social worker and as a substance abuse counselor.

*Social work references will not be accepted from non-MSW social work-degreed individuals who have been granted social work licenses by individual states.*

### **Alternate Supervisors**

ATOD supervision can be provided by the following:

- A “qualified ATOD supervisor” is a substance abuse professional with a master’s degree or above in a human services field with a clinical application. The supervisor must have a minimum of two years (3,000 hours) of ATOD clinical experience.
- List of appropriate human services degrees and licenses
  - Licensed psychiatrist
  - Licensed clinical psychologist (PhD)
  - Licensed psychologist (PhD)
  - Licensed master’s-level mental health practitioner (LMHP)—specific license
  - Licensed professional counselor (LPC)—specific license

## **4. MSW SOCIAL WORK COLLEAGUE REFERENCE**

A confidential reference from an MSW social work colleague is required. This reference cannot be from someone you supervise. The colleague reference cannot be completed by the same person who completed the supervisory evaluation and *must be from an MSW social work colleague with knowledge of the applicant’s skills and functions as an ATOD clinician and must be able to address the applicant’s professional identity as a social worker.*

## **5. LICENSE/CREDENTIALS**

(Only ONE of the following is required)

- NASW’s DCSW Certification (Diplomate in Clinical Social Work)
- Current exam based state issued Clinical-level license or certification that requires passing the Association of Social Work Boards (ASWB) clinical level exam.
- Passing score on the ASWB (Association of Social Work Boards) clinical level exam.

## **6. AFFIRMATION OF PROFESSIONAL STANDARDS and STATEMENT OF UNDERSTANDING**

### **Substitution for ATOD-Specific Education, the ATOD-Specific Experience and the ATOD-Specific Supervision**

One of the following items may be accepted in lieu of documenting the post-MSW *ATOD-specific education, the ATOD-specific experience, and the ATOD-specific supervision* requirements:

- A current alcohol and drug treatment certification at the highest level **that is part of the International Certification & Reciprocity Consortium (IC&RC)**. Please check with the issuing agency to verify that the certificate you hold is from a board or association whose certification is recognized as part of the IC&RC *before* you submit it with your application. (The 10 states in which NO IC&RC—member certifications are issued are: AK, CO, KS, MT, NV, ND,

OR, TN, WA and WY. Please do *not* submit substance abuse certifications from these 10 states as they will *not* qualify for this substitution.) Please see the IC & RC reciprocal board member certifications and credentials list. A current copy of this certification/license showing the expiration date must be submitted with the application.

- A current master's-level certification (the ICADC) from International Certification & Reciprocity Consortium (IC&RC). A current copy of this certification showing the expiration date must be included with the application.
- A current master's-level certification from NAADAC (the MAC). A current copy of this certification showing the expiration date must be included with the application.
- A current master's-level certification from NBCC (the MAC)
- A current MSW-level state issued substance abuse professional license.

## CERTIFICATES

Applicants who meet all eligibility criteria and successfully qualify for the C-CATODSW will receive a certificate suitable for wall display. Each renewal period, those who successfully renew will receive an updated seal to place on the original certificate.

## RENEWAL

- Renewal occurs every two years.
- 20 contact hours of continuing education are required. At least 10 hours must be ATOD-specific in content and the other 10 must be relevant to practice as a social work substance abuse counselor.
- The DCSW or current MSW-level state social work clinical or independent licensure is required. The certification holder must comply with NASW's *Standards for Continuing Professional Education* (see Web site).

# INSTRUCTIONS AND OTHER INFORMATION

## GRADUATES OF FOREIGN SCHOOLS

Degrees from foreign universities must be evaluated by CSWE for equivalence to a degree received in the United States. For information about this process, including applicable fees, please contact:

Council on Social Work Education  
1725 Duke Street, Suite 500, Alexandria, Virginia 22314  
703-683-8080 • Fax: 703-683-8099 • [www.cswe.org](http://www.cswe.org)

CSWE generally completes equivalency evaluations within four weeks after receiving a request and supporting documents. It is recommended that applicants start the evaluation process at least two months before submission of a NASW credential application. An acceptance letter from CSWE must be included with the credential application.

## PROOF OF COMPLETION AND CONTENT OF 180 CONTACT HOURS OF ATOD SPECIFIC EDUCATION

180 hours of completed ATOD-Specific Education **must** be documented on the Cluster 1, Cluster 2, and Cluster 3 ATOD-Specific Education Forms. 60 of these hours must have been completed in the last five years. *Proof of completion of each item listed is required. Attach the certificates of completion to the Cluster 1, Cluster 2 and*

*Cluster 3 sheets in the order in which you have listed them on each sheet. You may photocopy the Cluster 1, Cluster 2 and Cluster 3 sheets if you need more space. Do not include separate or additional lists.*

## University-Based ATOD Courses

Documentation of completion of the course is required. For University based courses, a copy of the transcript will suffice. If course content is not clearly specified as ATOD in the course name listed on the transcript, applicant should provide a copy of the course description from the university catalogue for the same year the course was taken. The course number on the transcript must match the course number in the catalogue. It must be clear that the course description is from the university catalogue and dated the same year. If this is not clear from the catalogue itself, the copy must be accompanied with a letter of confirmation on university letterhead signed by university staff, administrator, or faculty. For example, if a course is entitled "Substance Abuse" on the university transcript, course content documentation *will* be required. Or, for example, if a course is entitled, "Physiology and Pharmacology of Substance Abuse" on the university transcript, further documentation *will not* be required. **If the course title does not contain any ATOD-specific reference, it will not be accepted.**

### **Non-University-Based ATOD Courses**

Documentation of the completion of the course is required. A completion of learning document such as a certificate must be provided. The title of the course, workshop, or training must be ATOD specific. This documentation must be issued by the institution/organization providing the education and must list the number of hours completed.

### **Distance Learning and Other Educational Technology-Based ATOD Education**

Up to 50% of the 180 hours of initial certification credit may be obtained through educational technologies, such as Web-based courses, CD-ROMs, distance learning, and other types of computer-assisted instruction. Proof of successful completion of such courses is required in addition to a copy of the test score and the name, address, and phone number of the sponsoring company or organization.

### **Courses and Workshops Developed and Taught by Applicant**

Courses, workshops or trainings that have been developed and taught or presented by the applicant must be ATOD-Specific and can be counted only once, even if the course has been taught or presented multiple times. Proof of teaching or presentation can consist of a syllabus which lists the course number, ATOD-Specific title, date (or semester and year offered) and the class outline. For non-university based workshops or trainings, a printed conference brochure or training document that clearly lists the sponsoring organization, the location, the applicant's name, the ATOD-Specific title and the date and time, showing the length of the presentation. 1-1/2 times credit will be given for approved submissions that have been developed and taught or presented by the applicant. For example, a 3 credit University course, which would normally count for 45 contact hours, can be counted for 67.5 contact hours. Such submissions can only make up 120 hours of the required 180 hours of ATOD-Specific Education required for this certification.

### **Published Articles or Books**

ATOD-Specific published articles or books written by the applicant will be considered for a portion of the required ATOD. Please contact the Specialty Certifications program at (202) 408-8600 ext. 409, if you wish to submit something under this category.

### **FEES**

Initial application for members is \$165.00  
Initial application for nonmember is \$450.00

### **COMPLETE APPLICATIONS WILL INCLUDE:**

- 1. Original transcript of MSW\*
- 2. Application form
- 3. Payment
- 4. Qualifying substance abuse counseling experience form
- 5. ATOD-specific education form and required supporting documentation
- 6. A current copy of state social work license at the clinical or independent level with expiration date or a copy of ASWB clinical exam passing scores.
- 7. Supervisory Evaluation Form
- 8. Social Work Colleague Reference Form
- 9. Affirmation of Professional Standards and Statement of Understanding
- 10. If applicable, copy of substitution ATOD certification with expiration date (see "Substitution for ATOD-specific education, the ATOD-specific experience and the ATOD-specific supervision")

### **MAILING OF APPLICATION MATERIALS**

*\*Original transcript of CSWE-accredited MSW sent directly from the school:*

Mail Completed Application Materials to:

NASW Credentialing Center  
750 First Street, NE, Suite 800  
Washington, DC 20002-4241

## **PROCESSING OF APPLICATIONS**

Please allow up to 12 weeks for processing from the date we receive your application. No acknowledgement of our receipt of your application will be sent to you.

## **APPROVED APPLICATIONS**

Applicants who successfully meet all criteria will be sent an approval letter and certificate suitable for framing. If renewed successfully, certificate holders will be sent a seal updating the certification for each renewal period.

## **OMISSIONS OR INCORRECT SUBMISSIONS**

Applicants omitting required items or sending incorrect items will be notified and will be given a reasonable amount of time to complete or correct their application. Any application for which the required materials are not received by the established deadline will be deemed ineligible.

## **APPLICATIONS DEEMED INELIGIBLE**

Any application that does not meet *all* of the criteria outlined in this booklet will be deemed ineligible.

## **REFUND POLICY**

For applications that are either withdrawn by the applicant or deemed ineligible, a processing fee equal to the total application fee will be retained. Letters of explanation will be mailed to all applicants who have been deemed ineligible.

# Frequently Asked Questions

## About NASW Specialty Certifications

### ***Why did NASW create a certification in ATOD when there are already so many others out there?***

- Chapters and members asked us to create an ATOD certification specifically for social workers.
- NASW conducted a membership survey in 1997 that showed a 60 percent interest in certifications. A follow-up credentials survey was done in 1998, with a 70 percent response rate showing a desire for NASW to develop specialty certifications.
- Members have reported new circumstances arising in which their state social work license is no longer enough to meet the requirements of their institutions/employers for their work in substance abuse cases. For example, one state has begun requiring that their social workers have specialized certification in ATOD to be allowed to work with clients in cases of DUI/DWI.
- NASW members want to be able to get certification in ATOD from their national professional association that is based in social work.

### ***I already have a state/national certification in ATOD, can I just “transfer” that to the NASW’s Certification?***

- It is possible that the certification you hold may meet the criteria for a substitution for certain parts of the criteria. Please refer to section on substitution.
- If the certification does meet the criteria for substitution, you will have to meet all criteria and complete all paperwork.

### ***My title is “EAP Counselor”, not “substance abuse counselor”—can I apply? I work as a clinical social worker in an agency serving dual-diagnosis clients, so I work with people who have mental illness and substance abuse problems—do I qualify? I do substance abuse counseling only part of the time in my job, can I still apply?***

- To qualify, at least 50% of your time should be spent doing substance abuse counseling.
- If your work is not all in substance abuse counseling, you will need to describe your work and what percentage of your work is substance abuse-related.
- We require 3,000 hours of supervised ATOD counseling experience. If in your job, only 50% of your time is spent doing substance abuse counseling,

then you will need to submit 6,000 hours of supervised experience.

### ***When I renewed my membership, I paid the \$30 fee for membership in NASW’s ATOD Section. Is that the same thing? Is this certification issued through the ATOD section?***

- No, it is not the same thing. The ATOD Section is a group of NASW members interested in or in ATOD practice.
- No, the section does not issue the ATOD Specialty Certification. There was representation from the ATOD Section on the ATOD Specialty Certifications Task Force, which developed the eligibility criteria for the certification. All NASW credentials and certifications are overseen by the NASW’s CCC (Competence Certification Commission) and are issued through NASW’s Credentialing Center.

### ***How widely is the NASW ATOD Certification recognized?***

- This new certification was launched in January 2000. As with any new credential or certification, it takes time to refine the criteria and the program in general. We plan to begin targeted marketing to states and to institutions employing social work substance abuse professionals.

### ***I already have my social work license in my state. Do I need to get one of your Specialty Certifications?***

- NASW certifications and credentials are not a substitute for any certification or license *required* by your state to practice social work.
- Holders of NASW Specialty Certifications are recognized for achieving high professional social work standards set by their national professional organization.
- NASW Specialty Certifications are voluntary national professional certifications. Many NASW members choose to apply and maintain NASW credentials and certifications as an enhancement of their personal professional identity.

## **SOCIAL WORK EDUCATION**

### ***Do I have to have a social work degree to apply for these certifications?***

- Yes. Applicants must have an MSW from an institution accredited by CSWE at the time the degree was earned.
- Under no circumstances will any other degrees be accepted, even if one was “grandparented” into a state social work license with a non-social work degree.

## **TRANSCRIPTS**

### ***I have a copy of my transcript, can I send it?***

- No. Official transcripts issued by the Office of the Registrar are required and must be mailed directly from the school to NASW in a sealed envelope. Transcripts issued to students or copies of transcripts will not be accepted. Original transcripts must be sent directly from the school to:

NASW Credentialing Center  
Specialty Certifications  
750 First Street, NE, Suite 800  
Washington, DC 20002-4241

- *Exceptions. Original transcripts are not required ONLY under the following circumstances:*
  - C-CATODSW applicants who were admitted to NASW's ACSW (*Academy of Certified Social Workers*) in **1989 or later**
  - C-CATODSW applicants who received NASW's QCSW (*Qualified Clinical Social Worker*) or DCSW (*Diplomate in Clinical Social Work*) in **1996 or later.**

### ***I have a social work license in my state. Why do I have to send a transcript?***

- Holding a social work license does not prove that you have an MSW from CSWE accredited university. Some states have “grandparented in” state social work licensing applicants who do not have an MSW, but who have other (non-social work) degrees.

### ***I have been an NASW member for years. I received the ACSW before 1989. I received the QCSW/DCSW before 1996. Why do I have to send a transcript?***

- NASW now provides a great deal of “primary verification” verifying that NASW members credentials and certifications are held and in good standing. Part of our responsibility is to have verified that we have obtained and reviewed original documentation, including original sealed transcripts sent directly to us from the schools. Before 1989 for the ACSW and before 1996 for the QCSW/DCSW, we were not requiring applicants to have their schools send original sealed transcripts as part of their applications for our credentials.

### ***Can I send a photocopy of my diploma instead?***

- No.

## **SUPERVISION—REFERENCE FORMS**

### ***I don't/didn't have an MSW supervisor, can I use the other supervisor I had?***

- There are some alternate supervisors from whom references will be accepted. See section on supervision requirements.

### ***Can the supervisory evaluation form and the colleague reference form be completed by the same person?***

- No. The forms must be completed by two different people.

## **RENEWAL**

### ***I have to complete 40 continuing education contact hours every two years to renew my state social work license/my other ATOD credential. Do I have to complete 20 hours every two years in addition to the 40 required by my state to renew the ATOD certification?***

- No. If appropriate, you may use the same 10 hours of ATOD-specific training you use to renew your other ATOD credential. You may use up to 10 of the same social work continuing education hours you use to renew your state social work license, as long as these hours are related to your work as an ATOD substance abuse counselor.

## **COPIES OF APPLICATION FORMS**

***I have some colleagues who also want to apply. I want all of my staff members to apply. Can I just make copies of the application forms for them to submit?***

- No. Each applicant must use original forms. Original documentation is required. All applicants should have all the information in the booklet so that they fully understand the criteria and can consult the booklet for clarity as the application is completed.



# APPLICATION FORM

## Clinical Alcohol, Tobacco and Other Drugs Social Worker Specialty Certification

Please read the criteria and all instructions before completing this form.

### Application For:

- C-CATODSW (Certified Clinical Alcohol, Tobacco, and Other Drugs Social Worker)

NASW Membership number: 8 8 \_\_\_\_\_ (if applicable)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ E-mail: \_\_\_\_\_

### CSWE-Accredited Social Work Education

Date MSW awarded: \_\_\_\_\_ School: \_\_\_\_\_

Name under which transcript was issued, if different from current name \_\_\_\_\_

### License/Credentials

C-CATODSW Applicants—ONE of the following is *required*. Mark appropriate box.

- NASW DCSW credential
- Current state-issued clinical or independent exam-based (ASWB advanced or clinical exam) MSW-level license (*include current copy showing expiration date with application*)
- Passing score on ASWB clinical exam (*include copy of passing exam scores with application*)

**Payment (mark appropriate box)**     \$165 – NASW Member     \$450 – Non-member

Check or money order made payable to “NASW Credentialing Center”

American Express     MasterCard     Visa     NASW Visa (supports work on behalf of your profession)

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

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

The **Affirmation of Professional Standards** and the **Statement of Understanding** on the back of this page **MUST** be completed, signed, and dated.—**SEE REVERSE**

## AFFIRMATION OF PROFESSIONAL STANDARDS

Have you ever been found in violation of a state social work licensing law or regulation or the NASW *Code of Ethics* or are there any cases pending against you?

- NO
- YES—I understand that NASW certifications will not be awarded until violations are satisfactorily reviewed. (Attach an explanation of the corrective action taken and the current status of this matter.)

I certify that my social work practice conforms to the NASW *Code of Ethics*, and the NASW *Standards for Continuing Professional Education*. I further agree to adhere to the NASW *Code of Ethics*, the NASW *Standards for Continuing Professional Education*, the NASW Standards for Social Work Practice with Clients with Substance Abuse Disorders, and to voluntarily participate, if requested to do so, in any NASW adjudication proceedings involving alleged violations of the NASW *Code of Ethics*, and to be subject to any verification process established by NASW concerning practice and continuing education standards.

I understand that refusal or failure to participate in an adjudication proceeding or verification process may be grounds for revocation of this certification. I further understand that NASW reserves the right to revoke NASW social work certifications of any person found to have violated the NASW *Code of Ethics*, or found to be noncompliant with the NASW *Standards for Continuing Professional Education*, or whose state license to practice has been terminated or suspended by a duly authorized state regulatory agency. The Code of Ethics and all NASW Standards for Practice are available online at [www.socialworkers.org](http://www.socialworkers.org).

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

## STATEMENT OF UNDERSTANDING

I hereby apply for specialty certification as a Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker

I understand that my certification depends on successful completion of the certification procedure and my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I further understand that if any information is later determined to be false, NASW reserves the right to revoke any certification that has been granted on the basis thereof. I further understand that NASW reserves the right to terminate the certification of any person who is found to be in violation of the NASW *Code of Ethics*, or state social work laws or regulations.

I understand that continued use of the Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker designation depends on payment of the certification renewal fee and such other requirements as NASW may stipulate, and if at any time, my Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker status is not active, I may not designate myself as a Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker.

I hereby release, discharge, and exonerate NASW, its directors, officers, members, examiners, representatives, and agents, including the Competence Certification Commission, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with any aspect of the application process including results, or decisions on the part of NASW and/or its agents that may include a decision to not issue me a certificate.

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

# Qualifying Substance Abuse Counseling Experience Form

Include *ONLY* substance abuse counseling experience. List current or most recent experience first. Do *NOT* send resumes.

Name of applicant: \_\_\_\_\_

Length of employment: FROM (mo./yr.) \_\_\_\_\_ TO (mo./yr.) \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Supervisor's degree:  MSW  \_\_\_\_\_

Dates of employment under this supervisor: from (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Supervisor's degree:  MSW  \_\_\_\_\_

Dates of employment under this supervisor: from (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Your job title: \_\_\_\_\_

Is substance abuse counseling your primary job function in this position?  YES  NO

Number of hours per week—Only *direct contact and related clinical duties*. Do not count *administrative duties*.

Full time (must be at least 30 hours per week direct contact to be credited as full-time)

Part time (minimum allowable: 20 hours per week direct contact) \_\_\_\_\_ hours per week

What percentage of your counseling hours per week are spent dealing with substance abuse issues? \_\_\_\_\_

---

Length of employment: FROM (mo./yr.) \_\_\_\_\_ TO (mo./yr.) \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Supervisor's degree:  MSW  \_\_\_\_\_

Dates of employment under this supervisor: from (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Supervisor's degree:  MSW  \_\_\_\_\_

Dates of employment under this supervisor: from (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Your job title: \_\_\_\_\_

Is substance abuse counseling your primary job function in this position?  YES  NO

Number of hours per week—Only *direct contact and related clinical duties*. Do not count *administrative duties*.

Full time (must be at least 30 hours per week direct contact to be credited as full-time)

Part time (minimum allowable: 20 hours per week direct contact) \_\_\_\_\_ hours per week

What percentage of your counseling hours per week are spent dealing with substance abuse issues? \_\_\_\_\_

# Qualifying Substance Abuse Counseling Experience Form

Include ONLY substance abuse counseling experience. List current or most recent experience first. Do NOT send resumes.

Length of employment: FROM (mo./yr.) \_\_\_\_\_ TO (mo./yr.) \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Supervisor's degree:  MSW  \_\_\_\_\_

Dates of employment under this supervisor: from (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Supervisor's degree:  MSW  \_\_\_\_\_

Dates of employment under this supervisor: from (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Your job title: \_\_\_\_\_

Is substance abuse counseling your primary job function in this position?  YES  NO

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

Full time (must be at least 30 hours per week direct contact to be credited as full-time)

Part time (minimum allowable: 20 hours per week direct contact) \_\_\_\_\_ hours per week

What percentage of your counseling hours per week are spent dealing with substance abuse issues? \_\_\_\_\_

Length of employment: FROM (mo./yr.) \_\_\_\_\_ TO (mo./yr.) \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Supervisor's degree:  MSW  \_\_\_\_\_

Dates of employment under this supervisor: from (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Supervisor's degree:  MSW  \_\_\_\_\_

Dates of employment under this supervisor: from (mo./yr.) \_\_\_\_\_ to (mo./yr.) \_\_\_\_\_

Your job title: \_\_\_\_\_

Is substance abuse counseling your primary job function in this position?  YES  NO

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

Full time (must be at least 30 hours per week direct contact to be credited as full-time)

Part time (minimum allowable: 20 hours per week direct contact) \_\_\_\_\_ hours per week

What percentage of your counseling hours per week are spent dealing with substance abuse issues? \_\_\_\_\_

**CLUSTER ONE—DOCUMENTATION OF ATOD-SPECIFIC EDUCATION**

**Proof of completion of 15 contact hours of ATOD-Specific Education in Cluster One required**

Do not list *full* credit for contact hours completed in more than one cluster. You may split the total number of hours across clusters. For example, if you completed a 45-contact hour course that had content in all three cluster areas, list the course in each cluster, but only the number of hours specific to each cluster as follows: Course name, Cluster I: 10 contact hours; Same course name, Cluster 2: 30 contact hours; Same course name, Cluster 3: 5 hours.

**SUBJECT AREAS:**

**I.** Epidemiology      **II.** Policies and History of ATOD Problems in the United States      **III.** Etiology      **IV.** Course and Natural History of ATOD Disorders

Cluster One Subject Area <small>(Circle appropriate subject area)</small>	Course Number	Name of Course	University Credits	Contact Hours	Date Completed	Name of University or Organization Providing Class/Workshop/Conference	Proof of Completion Attached—REQUIRED	Description Attached	Office Use Only—Approved	Office Use Only—
I	III						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II	IV						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	III						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II	IV						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	III						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II	IV						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	III						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II	IV						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	III						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II	IV						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Subtotal Cluster One Hours:** \_\_\_\_\_

**ATOD-Specific Education Documentation TOTAL REQUIREMENT: 180 contact hours (1 university credit equals 15 contact hours) across three clusters**

Name of applicant: \_\_\_\_\_

**CLUSTER ONE—DOCUMENTATION OF ATOD-SPECIFIC EDUCATION, continued**

**Proof of completion of 15 contact hours of ATOD-Specific Education in Cluster One required**

Do not list full credit for contact hours completed in more than one cluster. You may split the total number of hours across clusters. For example, if you completed a 45-contact hour course that had content in all three cluster areas, list the course in each cluster, but only the number of hours specific to each cluster as follows: Course name, Cluster I: 10 contact hours; Same course name, Cluster 2: 30 contact hours; Same course name, Cluster 3: 5 hours.

**SUBJECT AREAS:**

**I.** Epidemiology      **II.** Policies and History of ATOD Problems in the United States      **III.** Etiology      **IV.** Course and Natural History of ATOD Disorders

Cluster One Subject Area (Circle appropriate subject area)	Course Number	Name of Course	University Credits	Contact Hours	Date Completed	Name of University or Organization Providing Class/Workshop/Conference	Proof of Completion Attached—REQUIRED	Description Attached	Office Use Only—Approved	Office Use Only—
I	III						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II	IV						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	III						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II	IV						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	III						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II	IV						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	III						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II	IV						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	III						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II	IV						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	III						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II	IV						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TOTAL Cluster One Hours:** \_\_\_\_\_

**ATOD-Specific Education Documentation TOTAL REQUIREMENT: 180 contact hours (1 university credit equals 15 contact hours) across three clusters**

Name of applicant: \_\_\_\_\_

## CLUSTER TWO—DOCUMENTATION OF ATOD-SPECIFIC EDUCATION

### Proof of completion of 150 contact hours of ATOD-Specific Education in Cluster Two required

Do not list *full* credit for contact hours completed in more than one cluster. You may split the total number of hours across clusters. For example, if you completed a 45-contact hour course that had content in all three cluster areas, list the course in each cluster, but only the number of hours specific to each cluster as follows: Course name, Cluster 1: 10 contact hours; Same course name, Cluster 2: 30 contact hours; Cluster 3: 5 hours.

**SUBJECT AREAS:**
**V. Screening and Assessment      VI. Physiology and Pharmacology of ATOD      VII. Treatment      VIII. Affected Populations**

Cluster One Subject Area <small>(Circle appropriate subject area)</small>	Course Number	Name of Course	University Credits	Contact Hours	Date Completed	Name of University or Organization Providing Class/Workshop/Conference	Proof of Completion Attached—REQUIRED	Description Attached	Office Use Only—Approved	Office Use Only—# C. Hrs.
V	VI						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
VII	VIII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
V	VI						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
VII	VIII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
V	VI						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
VII	VIII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
V	VI						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
VII	VIII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
V	VI						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
VII	VIII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
V	VI						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
VII	VIII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

**Subtotal Cluster Two Hours:** \_\_\_\_\_

**ATOD-Specific Education Documentation TOTAL REQUIREMENT: 180 contact hours (1 university credit equals 15 contact hours) across three clusters**

Name of applicant: \_\_\_\_\_

**CLUSTER TWO—DOCUMENTATION OF ATOD-SPECIFIC EDUCATION, continued**

**Proof of completion of 150 contact hours of ATOD-Specific Education in Cluster Two required**

Do not list full credit for contact hours completed in more than one cluster. You may split the total number of hours across clusters. For example, if you completed a 45-contact hour course that had content in all three cluster areas, list the course in each cluster, but only the number of hours specific to each cluster as follows: Course name, Cluster 1: 10 contact hours; Same course name, Cluster 2: 30 contact hours; Same course name, Cluster 3: 5 hours.

**SUBJECT AREAS:**

**V. Screening and Assessment**      **VI. Physiology and Pharmacology of ATOD**      **VII. Treatment**      **VIII. Affected Populations**

Cluster One Subject Area (Circle appropriate subject area)	Course Number	Name of Course	University Credits	Contact Hours	Date Completed	Name of University or Organization Providing Class/Workshop/Conference	Proof of Completion Attached—REQUIRED	Description Attached	Office Use Only—Approved	Office Use Only—Only # C. Hrs.
V VI VIII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V VI VIII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V VI VIII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V VI VIII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V VI VIII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V VI VIII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V VI VIII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V VI VIII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TOTAL Cluster Two Hours:** \_\_\_\_\_

**ATOD-Specific Education Documentation TOTAL REQUIREMENT: 180 contact hours (1 university credit equals 15 contact hours) across three clusters**

Name of applicant: \_\_\_\_\_

### CLUSTER THREE—DOCUMENTATION OF ATOD-SPECIFIC EDUCATION

#### Proof of completion of 15 contact hours of ATOD-Specific Education in Cluster Three required

Do not list *full* credit for contact hours completed in more than one cluster. You may split the total number of hours across clusters. For example, if you completed a 45-contact hour course that had content in all three cluster areas, list the course in each cluster, but only the number of hours specific to each cluster as follows: Course name, Cluster 1: 10 contact hours; Same course name, Cluster 2: 30 contact hours; Same course name, Cluster 3: 5 hours.

**SUBJECT AREAS:**
**IX.** Diverse Populations and Health Issues    **X.** Role of Social Worker and Effective Resource Management    **XI.** Legal and Ethical Issues    **XII.** Education/Prevention

Cluster One Subject Area <small>(Circle appropriate subject area)</small>	Course Number	Name of Course	University Credits	Contact Hours	Date Completed	Name of University or Organization Providing Class/Workshop/Conference	Proof of Completion Attached—REQUIRED	Description Attached	Office Use Only—Approved	Office Use Only—
IX	X						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XI	XII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IX	X						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XI	XII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IX	X						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XI	XII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IX	X						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XI	XII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IX	X						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XI	XII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IX	X						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
XI	XII						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Subtotal Cluster Three Hours:** \_\_\_\_\_

**ATOD-Specific Education Documentation TOTAL REQUIREMENT: 180 contact hours (1 university credit equals 15 contact hours) across three clusters**

Name of applicant: \_\_\_\_\_

**CLUSTER THREE—DOCUMENTATION OF ATOD-SPECIFIC EDUCATION**

**Proof of completion of 150 contact hours of ATOD-Specific Education in Cluster Two required**

Do not list full credit for contact hours completed in more than one cluster. You may split the total number of hours across clusters. For example, if you completed a 45-contact hour course that had content in all three cluster areas, list the course in each cluster, but only the number of hours specific to each cluster as follows: Course name, Cluster 1: 10 contact hours; Same course name, Cluster 2: 30 contact hours; Same course name, Cluster 3: 5 hours.

**SUBJECT AREAS:**

**IX.** Diverse Populations and Health Issues    **X.** Role of Social Worker and Effective Resource Management    **XI.** Legal and Ethical Issues    **XII.** Education/Prevention

Cluster One Subject Area (Circle appropriate subject area)	Course Number	Name of Course	University Credits	Contact Hours	Date Completed	Name of University or Organization Providing Class/Workshop/Conference	Proof of Completion Attached—REQUIRED	Description Attached	Office Use Only—Approved	Office Use Only—Only # C. Hrs.
X IX X XII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X IX X XII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X IX X XII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X IX X XII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X IX X XII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X IX X XII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X IX X XII							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TOTAL Cluster Three Hours:** \_\_\_\_\_

**ATOD-Specific Education Documentation TOTAL REQUIREMENT: 180 contact hours (1 university credit equals 15 contact hours) across three clusters**

# Supervisory Reference Evaluation Form

## Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker

### THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime phone number, including area code: \_\_\_\_\_

I, the undersigned applicant for the NASW Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker Specialty Certification, attest that the supervisory reference named \_\_\_\_\_, is a social work / \_\_\_\_\_ professional and has knowledge about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

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

Print name: \_\_\_\_\_

*When this section is completed, give the entire form to the SUPERVISOR for completion. The supervisor must return the completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.*

### THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SUPERVISORY REFERENCE

Dear Supervisor:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Certified Clinical Alcohol, Tobacco, and Other Drugs Social Work. The information that you provide on this form will help establish the applicant's eligibility for the Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker Specialty Certification. References must be able to evaluate the applicant's ATOD social work practice, the ATOD Skills and Knowledge Domains and must be able to answer at least 34 of the 38 questions. (Only four of the questions can be marked "not applicable" or "unable to rate"). Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

## Supervision Requirements

### **Supervisor Qualifications**

Applicants for the Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker Specialty Certification must have been supervised by either an MSW social worker with at least two years post-MSW degree ATOD experience or by a Substance Abuse Professional with a minimum of a master's degree with a clinical application in a Human Services Field who is on the list of approved "qualified supervisors" (see page 5). The supervisor must have a minimum of two years (3,000 hours) of ATOD clinical experience.

### **Supervisory Hours**

One hour of consultation should be provided for every 30 hours of client intervention activities.

## C-CATODSW SUPERVISORY REFERENCE EVALUATION FORM INSTRUCTIONS

NASW appreciates your reading each item carefully and evaluating the applicant according to the scale provided. Please include comments/explanation on any item marked “minimal” such as “improving”, “additional training planned”, etc.

**KEY:**

- Not Applicable: *Not part of services in your setting or not part of applicant’s role/responsibilities*
- Unable to Rate: *Have not had the opportunity to directly observe applicant or discuss in supervision*
- Minimal: *Minimum Ability/Skills/Knowledge—could use improvement*
- Average: *Average Ability/Skills/Knowledge—adequate for position*
- Excellent: *High level Ability/Skills/Knowledge*

**1. Ability to engage clients in therapeutic relationship**

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>				

**2. Demonstrates knowledge of major issues related to ethnic groups, immigrants, refugees, homeless, pregnant and nursing women, the criminal justice system, and HIV and AIDS and their relationship to**

**ATOD use and abuse**

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>				

**3. Demonstrates working knowledge of ATOD epidemiology in the United States**

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>				

**4. Working with client, demonstrates skill in identifying and prioritizing issues and establishing agreed upon goals, treatment approaches, and use of resources**

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>				

**5. Demonstrates ability to conduct multi-axis assessment and understands the major DSM IV diagnostic criteria for ATOD abuse, as well as Axis I and Axis II disorders commonly associated with ATOD disorders**

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>				

**6. Ability to seek and use supervision appropriately**

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>				

**7. Ability to address physical and psychological sequelae of ATOD use and abuse in assessment and treatment plan**

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>				

**8. Demonstrates up-to-date knowledge of local resources available to clients (e.g., drug treatment, shelter, food, clothing, money, employment)**

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>				

Name of applicant: \_\_\_\_\_

**9. Demonstrates knowledge of U.S. ATOD history and major pieces of legislation (e.g., Prohibition, the Harrison Act) and their impact on the general population's attitude toward ATOD use and abuse**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**10. Demonstrates knowledge of violent behavior associated with abuse of ATOD, including domestic violence, violent crimes, suicide, and accidents**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**11. Ability to obtain completed agency required paperwork (e.g., informed consent and releases of information)**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**12. Demonstrates knowledge of medical and psychological conditions that are complicated or exacerbated by abuse of ATOD**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**13. Demonstrates knowledge of ATOD-related local and federal regulations affecting persons with ATOD disorders**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**14. Demonstrates knowledge of acute and chronic consequences associated with the use of ATOD, including brain functioning, cognition, and psychomotor effects**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**15. Ability to assess mental health status or pre-existing health or pre-existing mental health problems**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**16. Demonstrates knowledge of natural recovery and harm-reduction theories**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**17. Demonstrates knowledge of temperament, personality traits, and childhood risk behaviors that are associated with abuse of alcohol, tobacco, and other drugs in adolescence and adulthood**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**18. Ability to respond promptly to changes in needs and alter the delivery of services appropriately**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**19. Demonstrates knowledge of biopsychosocial factors associated with initiation, continued use, and abuse of alcohol, tobacco, and other drugs**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability

**20. Ability to facilitate groups (e.g., 12 step, support, psychoeducational, counseling)**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**21. Ability to respond effectively in client crisis management situations**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**22. Demonstrates knowledge of advances in research findings on the genetic vulnerability to ATOD dependence and the implications of genetic testing with regard to client rights**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**23. Demonstrates knowledge of mechanisms of tolerance, withdrawal, and dependence of each substance**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**24. Demonstrates knowledge of long-term course of ATOD disorders with or without treatment**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**25. Demonstrates knowledge of psychosocial treatment modalities and their efficacy based on empirical evidence, including crisis intervention, brief treatment, harm reduction, self-help, and relapse prevention**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**26. Demonstrates knowledge of prescription medication to aid in safe detoxification of an acute intoxication episode and of medication used to aid in the reduction of craving episodes**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**27. Ability to evaluate clients' needs (functional and psychosocial) and resources of the client's informal support system, including family, friends, and organizational memberships**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**28. Demonstrates ability to analyze and understand data (e.g., needs assessments, client surveys, and program evaluation)**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**29. Ability to plan for termination with client, to judge when termination is appropriate, and to facilitate termination process**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**30. Demonstrates understanding of federal, state and local laws, regulations, and mandates as they relate to provision of alcohol, tobacco, and other drugs services to clients (e.g., Tarasoff, child protective services regulations)**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability

Name of applicant: \_\_\_\_\_

**31. Ability to collect and report data as required (i.e., by employment setting, as part of program evaluation, or as part of funding compliance)**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**32. Demonstrates working knowledge of major psychopharmacological medications and primary conditions for which they are commonly prescribed**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**33. Demonstrates knowledge of treatment philosophies in which treatment of ATOD disorders is based, including 12 Step, rational recovery, Minnesota model, motivational enhancement, and cognitive-behavioral**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**34. Ability to systematically monitor progress and treatment outcomes**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**35. Demonstrates knowledge of program evaluation**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**36. Demonstrates knowledge of barriers to seeking treatment**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**37. Ability to perform necessary agency requirements for discharge planning**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**38. Demonstrates knowledge and skill in the assessment of and intervention with various family systems (blended, extended, nuclear, same sex, etc.) whether or not the ATOD abuser is seeking treatment**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

## INFORMATION ABOUT SUPERVISOR

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime phone number, including area code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you hold a social work degree?     YES     NO

If YES:     MSW year \_\_\_\_\_     PhD/DSW year \_\_\_\_\_

School(s) awarding degree(s): \_\_\_\_\_

Years of post-degree social work experience: \_\_\_\_\_

If NO, degree/discipline/license:

- Licensed psychiatrist
- Licensed clinical psychologist (PhD)
- Licensed psychologist (PhD)
- Licensed mental health practitioner (LMHP)  
(specify license) \_\_\_\_\_
- Licensed professional counselor (LPC)  
(specify license) \_\_\_\_\_

Degree and discipline: \_\_\_\_\_ Date awarded: \_\_\_\_\_

School awarding degree: \_\_\_\_\_

Years of post-degree alcohol, tobacco, and other drugs/substance abuse/addictions practice experience: \_\_\_\_\_

Your current position/title: \_\_\_\_\_

Name/address of agency/organization where supervision took place:  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Documentation of Supervision

*For the first two years post-MSW, this certification requires that direct face-to-face supervision meetings with the applicant occurred at a rate of one hour for each 30 hours of direct client-level substance abuse counseling and requires a minimum total of 100 hours of supervision. From the third year post-MSW and later, supervision and consultation meetings should occur at a minimum on an as-needed basis.*

- Dates you provided supervision for the applicant: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_
- Number of hours per week the applicant worked under your supervision: \_\_\_\_\_
- Frequency of individual supervision meetings:
  - Weekly
  - Bi-weekly (every other week or twice a month)
  - Other—specify nature, frequency and length (# of hours) of supervision: \_\_\_\_\_
- Length of individual supervision meetings:
  - 1 hour
  - Other: \_\_\_\_\_
- Total number of hours of supervision you provided for the applicant: \_\_\_\_\_

I hereby affirm that I directly supervised the applicant and that the information I have provided on this form is correct to the best of my knowledge and belief. I hereby recommend that the applicant be certified as a Certified Clinical Alcohol, Tobacco, and Other Drugs Social Worker.

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

**PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT  
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**

# MSW Social Work Colleague Reference Form

## Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker

### THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime phone number, including area code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I, the undersigned applicant for the NASW Certified Clinical Alcohol, Tobacco, and Other Drugs Social Worker Specialty Certification, attest that the MSW social work colleague reference named \_\_\_\_\_ is a professional knowledgeable about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

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

Print name: \_\_\_\_\_

*When the above section is completed, give the entire form to the COLLEAGUE for completion. The colleague must return completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.*

### THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SOCIAL WORK COLLEAGUE

Dear Colleague:

You have been selected to complete this reference form by a social worker applying for the NASW Certified Clinical Alcohol, Tobacco, and Other Drugs Social Worker. The information that you provide on this form will help establish the applicant's eligibility for the Certified Clinical Alcohol, Tobacco and Other Drugs Social Worker. Please review the form before completing. If you are unable to complete the form or are unable to respond to any of the items, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

**1. Ability to incorporate understanding of the NASW Code of Ethics in practice**

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. Ability to use social work colleagues for peer consultation when appropriate**

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. Ability to treat colleagues with courtesy and respect**

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. Demonstrates skill in striving to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client**

Minimal Ability      Average Ability      Excellent Ability  
                                           

**5. Ability to critically evaluate own practice as a clinical ATOD social worker**

Minimal Ability      Average Ability      Excellent Ability  
                                           

**6. Demonstrates commitment to continuing professional development**

Minimal Ability      Average Ability      Excellent Ability  
                                           

**7. Ability to work as part of a multidisciplinary team**

Minimal Ability      Average Ability      Excellent Ability  
                                           

**8. Ability to promote client self-sufficiency and support client self-determination**

Minimal Ability      Average Ability      Excellent Ability  
                                           

**9. Ability to advocate for clients and families**

Minimal Ability      Average Ability      Excellent Ability  
                                           

**10. Demonstrates commitment to engage in ethnic/gender/age/faith-sensitive practice**

Minimal Ability      Average Ability      Excellent Ability  
                                           

**11. Ability to establish and maintain appropriate boundaries with clients**

Minimal Ability      Average Ability      Excellent Ability  
                                           

**INFORMATION ABOUT COLLEAGUE**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime phone number, including area code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**INFORMATION ABOUT YOUR SOCIAL WORK DEGREE**

MSW year \_\_\_\_\_  PhD/DSW year \_\_\_\_\_

School(s) awarding degree(s): \_\_\_\_\_

Years of post-degree social work experience: \_\_\_\_\_

Years of post-degree ATOD work experience: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Your current position/title: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months

Do you/did you (circle one) work in the same setting as the applicant?  YES  NO

If NO, in what capacity or professional relationship do you know the applicant? \_\_\_\_\_

I hereby affirm to the applicant's competence as a clinical alcohol, tobacco, and other drugs social worker and that the applicant has completed the employment described on the reverse side of this form. To the best of my knowledge and belief, the applicant's social work practice conforms to the *NASW Code of Ethics* and the *NASW Standards for Continuing Professional Education*. (The applicant can make these standards available to you for review.)

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

**PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT  
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**



# Reciprocal AODA Certifications Through ICRC/AODA Member Boards

LOCATION	CERTIFYING BODY	CREDENTIAL
Alabama	AADAA	CADP
Arizona	ABCAC	CADAC
Arkansas	ASACB	CADC
California	CCBADC	CADC
Connecticut	CCB	CADC
Delaware	DADCCB	CADC
District of Columbia	DCCB/PADC	CADC
Florida	FCB	CAP
Georgia	ADACB-GA	CADC
Hawaii	ADAD	CSAC
Idaho	IBADCC	CADC
Illinois	IAODAPCA	CRADC, CSADC, CMADC
Indiana	ICAADA	CADAC II
Iowa	IBSAC	ACADC
Kentucky	KBCADC	CADC
Louisiana	LASACT	CSAC
Maine	MSBADC	LADC
Maryland	MAPCB	CCDC
Massachusetts	MCVCAC	CADAC
Michigan	MCBAP	CAC
Minnesota	MCB	BCCR
Mississippi	MAADAC	CADC
Missouri	MSACCB	CSAC II
Nebraska	DADAAS	CADAC
New Hampshire	NHBLAODAP	LADC
New Jersey	APCBNJ	CADC
New Mexico	NMCBCDP	CADAC
New York	NYS OASAS	CASAC

LOCATION	CERTIFYING BODY	CREDENTIAL
North Carolina	NCSAPCB	CSAC, CCAS
Ohio	ODADAS	CCDC II, CCDC III
Oklahoma	ODAPCCB	CADC
Pennsylvania	PCB	CAC
Puerto Rico	CBPAA	
Rhode Island	RIBCCDP	ACDP
South Dakota	CBADP	CCDC II, CCDCIII
Texas	TCBAP	ADC I, ADC II, ADC III
Utah	AUSAP	CAC
Vermont	VADACB	CADC
Virginia	SACAVA	CAC
West Virginia	WVCBAPP	CAC
Wisconsin	WCB	CADC II, CADC III
Indian Health Services	NASACB	CADC
Indian Health Services	NWIADSCB	CDC II, CDC III
Indian Health Services	AAITCSA-CB	CADAC
Indian Health Services	UMICAD	CSACII, CSAC III
Indian Health Services	SISACCB	SAC II
Indian Health Services	NPNACDA	IAC II and III
U.S. Army	USAMC	ADC
U.S. Air Force	AFSACCB	CADC
U.S. Navy/Marines	USNCB	ADC II

