



Certified Addiction Counselor Training Verification Form

DIRECTIONS

This form allows for documenting training hours as required for the CAC credential. The applicant completes all required fields of data on the *Training Verification Form* and uploads the completed form and copies of supporting documentation to their online application prior to submitting.

All information must be TYPED. Handwritten forms will be denied.

If submitting by hard copy, please attach copies of the supporting documentation to the completed *Training Verification Form* and send as instructed below. Supporting documentation must be attached in the same order listed on the form.

Mail: Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee FL 32301

Email: Certification Specialist's email or
admin_assist@flcertificationboard.org
Fax: 850-222-6247
Subject Line: Training Verification (applicant name)

REQUIREMENT

<p>CAC Content Specific Training Requirement</p>	<p>270 total clock hours of training divided as follows:</p> <ol style="list-style-type: none"> 1. Clinical Evaluation: 25 hours 2. Treatment Planning: 15 hours 3. Counseling: 30 hours 4. Case Management and Referral: 10 hours 5. Client, Family and Community Education: 10 hours 6. Documentation: 10 hours 7. Ethical and Professional Responsibilities: 30 hours 8. Understanding Addiction/Treatment Knowledge: 70 hours 9. Application to Practice/Professional Readiness: 70 hours* <p>*Must include at least 4 hours of HIV-AIDS and 2 hours of Domestic Violence.</p>
<p>Supporting Documentation</p>	<p>Training documentation must provide the following information: Applicant Name; Title of Course/Training/Educational Event; Event Sponsor/Provider; Delivery Date(s); and Number of Contact Hours.</p> <p>If training certificates do not include all required information, contact the training provider and request additional information on their official letterhead to submit as documentation. If using college coursework for training credit, you must provide a copy of your transcript as well as a copy of the course description.</p> <p>Eligible training must be taken from an FCB Approved Education Provider within the last 10 years (no time limit on college coursework taken as part of a degree program). Eligible Training Providers are listed on FCB's website at www.flcertificationboard.org under Education & Training.</p>

TRAINING TOPICS BY DOMAIN

DOMAIN	TOPICS
Clinical Evaluation (25 hours)	<ul style="list-style-type: none"> • Addiction & Human Growth/Development • Addictive Process • Assessment Instruments, Procedures and Techniques • Client Engagement • Client Matching to Service Array • Detoxification • DSM IV/Diagnosis Criteria / ASAM • Motivational Interviewing • Other Substance & Behavioral Addictions – Gambling/Smoking/Food • Readiness and Motivation for Treatment • Risk Factors/Risk Assessment/Risk Management • Screening Instruments, Procedures and Techniques • Screening/Assessment for Dual Diagnosis/Co-Occurring Disorders • Signs/Symptoms/Stages of SUD, Active Use and Withdrawal • Urinalysis and Other Biological Assessments
Treatment Planning (15 hours)	<ul style="list-style-type: none"> • Client Placement Criteria • Developing Individualized Treatment Plans • Drug Court/Correction-based Treatment/Policy/Theory • Enhancing Client Choice/Client-Directed Care • Evidence Based Practice (EBP) Treatment Protocols • Intake/Orientation to Treatment • Medication-assisted Treatment • On-going Assessment • Overcoming Barriers to Treatment Progress • Special Population Needs • Stages of Change and Treatment Goals/Interventions • Treatment Goals and Measuring Success • Treatment Planning/Models of Treatment
Counseling (30 hours)	<ul style="list-style-type: none"> • Client Progress Assessment and Response • Counseling Theories/Techniques • Developing a Therapeutic Alliance • Evidence-based Practices • Individual/Group/Family Counseling • Motivational Interviewing • Types of Treatment Programs/Levels of Treatment
Case Management and Referral (10 hours)	<ul style="list-style-type: none"> • Advocacy/Liaison Activities • Case Management • Community Resources/Services • Confidentiality/HIPPA Issues with Referrals • Consultation

DOMAIN	TOPICS
	<ul style="list-style-type: none"> • Continuum of Care/Placement • Making Referrals • Managed Care Systems • Referral Outcome/Evaluation • Self-help Groups • Service/Care Coordination/Collaboration • Special Population Needs
Client, Family and Community Education (10 hours)	<ul style="list-style-type: none"> • Adult Learning Theory • Anger Management Skills • Changing Criminal Behavior/Criminal Thinking Errors/Offender Treatment • Co-Dependency • Cultural Diversity/Special Populations • Domestic Violence • Family Dynamics • Group Facilitation/Styles of Presentation • HIV/TB/Hepatitis C • Life Skills • Moral Development • Theories of Counseling / Personality • Toxicology • Victim/Perpetrator Counseling
Documentation (10 hours)	<ul style="list-style-type: none"> • Assessment, Treatment, Progress, Discharge or Transfer Summaries • Clinical Documentation • Electronic Health Records/Technology • Privacy & Confidentiality • Progress Notes • Psychosocial Summaries • Reports/Record Keeping/Records Management
Ethical and Professional Responsibilities (30 hours)	<ul style="list-style-type: none"> • Boundaries / Transference • Computer Ethics • Cultural Competence • Ethical Decision Making / Code of Ethics • Laws / Rules & Regulations • Organizational Ethics • Policy in Human Services • Privacy / Confidentiality / HIPPA • Relationships / Dual Relationships • Sexual Misconduct

DOMAIN	TOPICS
Understanding Addiction/Treatment Knowledge (70 hours)	<ul style="list-style-type: none"> • Disease of Addiction • Dual or Triple Diagnoses (mental illness, HIV, mental retardation) • Etiology/Causation of Addiction • History of Addiction and/or Addiction Treatment • Involvement and Treatment of Family in Recovery • Models of Treatment • Other Substances and Behavioral Addictions • Pharmacology • Physical Aspects of Addiction, Brain Science • Relationship of Addiction to Health, Crime, and Other Social Problems • Signs, Symptoms, Progression of Addiction • Treatment Components • Types of Service Modalities (residential, outpatient, etc) • Use of Support Groups
Application to Practice/Professional Readiness (70 hours)*	<ul style="list-style-type: none"> • Care for the Caregiver • Crisis Intervention/Verbal De-escalation • Ethics and Ethical Decision-making • Individual, Group and Family Counseling Techniques • Laws Governing Privacy, Confidentiality and HIPAA • Management and Leadership Skills • Medication-Assisted Treatment • Models of Treatment • Observation and Communication Skills • Rules and Regulations that Govern Full Continuum of Services and Referrals • Special Population Needs/Cultural Competence • Supervision Techniques • Understanding Research/Translating Research to Practice • Wellness, Alternative Therapies, Nutrition

*** Must include 4 hours of HIV-AIDS and 2 hours of Domestic Violence training content.**



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: CLINICAL EVALUATION (1 OF 9)

Training Requirement: Minimum 25 hours of training in topics directly related to Clinical Evaluation.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: TREATMENT PLANNING (2 OF 9)

Training Requirement: Minimum 15 hours of training in topics directly related to Treatment Planning.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: **COUNSELING (3 OF 9)**

Training Requirement: Minimum 30 hours of training in topics directly related to Counseling.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ **EMAIL ADDRESS:** _____

TRAINING TOPIC: CASE MANAGEMENT AND REFERRAL (4 OF 9)

Training Requirement: Minimum 10 hours of training in topics directly related to Case Management and Referral.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ **EMAIL ADDRESS:** _____

TRAINING TOPIC: CLIENT, FAMILY AND COMMUNITY EDUCATION (5 OF 9)

Training Requirement: Minimum 10 hours of training in topics directly related to Client, Family and Community Education.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: DOCUMENTATION (6 OF 9)

Training Requirement: Minimum 10 hours of training in topics directly related to Documentation.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: ETHICAL AND PROFESSIONAL RESPONSIBILITIES (7 OF 9)

Training Requirement: Minimum 30 hours of training in topics directly related to Ethical & Professional Responsibilities.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: UNDERSTANDING ADDICTION/TREATMENT KNOWLEDGE (8 OF 9)

Training Requirement: Minimum 70 hours of training in topics directly related to Understanding Addiction/Treatment Knowledge.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
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APPLICANT NAME: _____ **EMAIL ADDRESS:** _____

TRAINING TOPIC: APPLICATION TO PRACTICE/PROFESSIONAL READINESS (9 OF 9)

Training Requirement: Minimum 70 hours of training in topics directly related to Application to Practice/Professional Readiness. Must include at least 4 hours of HIV/AIDS and 2 hours of Domestic Violence.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	