



Application Packet for

CCSR

Certified Clinical Supervisor
Reciprocal

Directions/Checklist

Read the application packet thoroughly. Complete and submit the following items to the Minnesota Certification Board. Items may be mailed or hand delivered during office hours.

- Form 1: Application for Certified Clinical Supervisor Reciprocal (CCSR) Credential
- Form 2a: Documentation of Experience - Alcohol and Drug Counseling Experience
- Form 2b: Documentation of Academic Equivalents
- Form 2c: Documentation of Experience - Alcohol and Drug Counseling Clinical Supervisor Experience
- Form 3: Documentation of Education & Training
- Form 4: Code of Ethical Conduct - Signed
- Form 5: Consent & Release - Signed
- Form 6: Statistical Information
- Form 7: Documentation of Disability Related Needs for Exam
- Payment of \$390 (Submit a check or contact the MCB for details on credit card payments).

When the application is approved, you will receive an approval letter and proof of certification in the mail. Application packets are typically processed within one month of receipt. If there are any problems with the application, you will be notified by email or phone.

Make sure to retain a photocopy of the entire application for your records. All materials submitted become property of the MCB. Send your completed application, copies of verifications, documents attachments, and the fee to:

MCB
4817 Viking Blvd. Suite 101
Wyoming, MN 55092
Phone: 763.434.9787 Fax: 763.413.1746
Website: www.mcboard.org
Email: mcb@mcboard.org

ABOUT THE MINNESOTA CERTIFICATION BOARD:

The Minnesota Certification Board (MCB) is the Minnesota member board of the International Certification and Reciprocity Consortium (IC&RC). IC&RC is the global leader in the credentialing of prevention, addiction treatment, and recovery professionals. Organized in 1981, it provides standards and examinations to certification and licensing boards in 25 countries, 47 states and territories, five Native American regions, and all branches of the U.S. military.

IC&RC protects the public by establishing standards, developing examinations and facilitating reciprocity for the credentialing of addiction-related professionals.

ABOUT CLINICAL SUPERVISORS:

This certification provides documentation that individuals have met competency standards to provide clinical supervision in Minnesota's substance abuse services delivery system.

In 1992, Columbia Assessment Services (CAS) completed a role delineation study of the practice of clinical supervision in substance abuse services delivery. The purpose of the role delineation study was to validate content areas that form the basis for the Certified Clinical Supervisor Reciprocal (CCSR) requirements. The role delineation study determined which tasks are applicable to the experience requirement, types of education applicable and the content of the written examination. This study was published and copyrighted in 1992. The Clinical Supervision written examination was developed for the IC&RC by clinical supervisors under the supervision of Columbia Assessment Services.

Minnesota's membership in the IC&RC permits use of the CCSR written examination and provides a mechanism for reciprocity for Minnesota's Certified Clinical Supervisors with certification boards which have developed reciprocity level clinical supervisor certifications.

REQUIREMENTS AND POLICIES FOR THE CCSR CREDENTIAL

Certified Addictions Counselor – applicants must currently hold and maintain ADCR-MN, CCJPR, CCDP, or CCDPD or hold a specialty substance abuse credential in another professional discipline in the human services field at a Master's level or higher to be eligible to apply for the Certified Clinical Supervisor Reciprocal (CCSR) and for the CCSR recertification.

EXPERIENCE

The experience requirement consists of verification of:

- Five years (10,000 hours) of alcohol and drug counseling specific work experience.
 - A bachelor's degree in behavioral science may substitute for 2000 hours of work experience.
 - A master's degree in behavioral science may substitute for 4000 hours of work experience.
- Two years (4,000 hours) of ADC clinical supervisor work experience.
 - These two years may be included in the five years of alcohol and drug counseling specific work experience
 - The hours must include the provision of 200 contact hours of face-to-face clinical supervision. Of the 200 hours of face-to-face clinical supervision, 100 hours may be performed electronically in real time.
 - Supervision must be documented and signed off on by a qualified supervisor. Documentation of supervision must be provided to the Minnesota Certification Board upon request.

EDUCATION & TRAINING

- High school diploma or jurisdictionally certified high school equivalency
- At least 30 hours of documented education or training specific to the first five IC&RC clinical supervision domains (listed below) with a minimum of four hours in each:
 - Counselor Development
 - Professional & Ethical Standards
 - Program Development & Quality Assurance
 - Performance Evaluation
 - Administration

Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and approved distance education.

- One clock hour of education is equal to (50) minutes of continuous instruction.
- Education must be specifically related to the knowledge and skills necessary to perform the tasks within the IC&RC Domains for this credential.
- All education must be documented. Applicants are responsible for securing and submitting documentation of attendance, the number of contact hours, dates, and content descriptions.

All education must be appropriately documented on the Documentation of Education and Training form (Form 3). Transcripts, certificates of completion, or other verifications must be attached.

Sources of Education - Acceptable sources of education are listed below. Education obtained through a source other than those listed must be submitted to MCB for approval.

- **College and University Credit Courses:** Courses taken for credit that are specific to the IC&RC Alcohol and Drug Counselor Domains and offered by an accredited institution of higher education will be accepted toward completion of this standard. Credit is not allowed for any audited college courses. One college credit (semester system) is the equivalent of 15 contact hours.
- **Workshops, seminars, institutes, and in-services** that are specific to the IC&RC Alcohol and Drug Counselor Domains will be accepted. Applicants must be able to provide verification of completion including the title of the training, instructor name and credentials, sponsoring agency, course description, learning outcomes, relevance to the domains, date(s) of the event, and clock hours. Unless approved by another IC&RC member board, the MCB reserved the right to determine if the event will be approved.
- **Distance Education/Home Study Courses:** Distance education/home study courses, offered by providers other than colleges and universities, may be used if the provider and course are approved by MCB. Home study courses include education that is completed in a non-traditional education setting including webinars, correspondence courses, and teleconferences.

Therapeutic education and attendance at self-help meetings such as AA and Al-Anon, etc. are not accepted as education for certification.

EXAMINATION

Applicants must successfully complete the IC&RC Clinical Supervisor examination, which assesses knowledge, skill and competency. A passing score is based upon the total score. If you fail the exam, you must retake the entire exam.

- **Format.** The examination includes 150 multiple choice questions. The Minnesota Certification Board only offers the exam in the Computer Based Testing (CBT) format. Candidates are allowed 3 hours to complete the exam.
- **Registration.** Upon approval of the application packet, the Minnesota Certification Board will pre-register you for the exam, and you will receive an email with instructions on how to schedule your exam time and location. Applicants will be allowed up to 90 days to register for and complete the exam after they are approved by the MCB.
- **Location.** There are multiple computer based testing sites in Minnesota. Candidates can choose the testing site that is closest for their travel.
- **Exam Content.** The exam is based on the IC&RC Clinical Supervisor domains as determined by a comprehensive Job Analysis process. Additional exam details are available in the free Candidate Guide, which is available upon request.
- **Study Guide.** The Minnesota Certification Board does not provide a study guide for this exam.
- **Retest.** Applicants will only be allowed to fail the exam three consecutive times within a year, taking the exam once every 90 days. After failing the exam the third time, applicants must wait one calendar year after their last exam fail before taking the exam again. Before taking the exam

a fourth time, the candidate must demonstrate that he or she has completed additional education related to the domains for this credential.

- **Accommodations.** Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing with documentation, to the Minnesota Certification Board. Requests for disability accommodations must be submitted on the Documentation of Disability Related Needs for Exam form (Form 7).
- **Cancellation/Rescheduling.** Candidates are required to arrive on time for their exam. Candidates who arrive late may not be permitted to test and may be charged a cancellation/rescheduling fee.

RESIDENCY

- Applicant must either live or work in MN at time of application at least 51% of the time.

CODE OF ETHICS

- Must submit a signed and dated Code of Ethical Conduct statement that the applicant has read and will abide by the code of ethics. Additionally, a CCSR must be familiar with and practice within the scope of all relevant statutes, rules, and standards relevant to the provision of clinical supervisor services. A CCSR shall not cross professional boundaries or practice outside of their scope of practice.

OTHER

- Signed and dated Consent and Release Form.

FEES

- First time certification: \$390 (includes processing fee, IC&RC Clinical Supervisor Exam, and one year of certification)
- First annual renewal of certification: \$95 (includes one year of certification)
- All subsequent recertification/renewals: \$180 (includes two years of certification)
- Retest Fee: \$225 (includes processing fee and IC&RC Clinical Supervisor Exam)

RECIPROCITY

The CCSR credential holds reciprocity with other IC&RC member boards that offer the Clinical Supervisor credential.

Minnesota has membership in the International Certification and Reciprocity Consortium (IC&RC). Each certifying body belonging to the IC&RC agrees to use the IC&RC's minimum standards for reciprocity-eligible certifications. In turn, each IC&RC member board agrees to accept the reciprocity-eligible certification(s) of other member board if they offer an equivalent certification.

Individuals holding the Minnesota's CCSR credential who apply for reciprocity to another IC&RC member board will receive the equivalent of the CCSR if a reciprocity-eligible clinical supervisor certification is available through that certification body. Individuals requesting to transfer their good-standing credential to another IC&RC member board should contact the Minnesota Certification Board, Inc. to request an IC&RC

Reciprocity application for clinical supervisor certification and for verification that the certification board in the new jurisdiction offers a reciprocity eligible clinical supervisor certification.

LENGTH OF INITIAL CERTIFICATION

Initial MCB certification is good for **one year**, starting from the date your certification is approved. An expiration date will be provided on your certificate.

FIRST ANNUAL RENEWAL

After your initial certification, you must renew your certification after one year. Your certification will be renewed by paying the annual renewal fee of \$95, which will renew your certification for one additional year. A renewal notice will be mailed to your address on file in advance of your renewal date. After your initial certification and first annual renewal, you will move to a two-year recertification cycle.

RECERTIFICATION

Your first recertification will occur **two years** after your initial certification date. MCB requires recertification every two years in order to maintain high standards of professional practice and to assure that Clinical Supervisors remain up to date in the field. A recertification application packet will be mailed to your address on file in advance of your recertification date.

To be recertified as a CCSR, you need to:

1. Hold a current and valid CCSR credential **AND** a current and valid ADCR-MN, CCJPR, CCDP, or CCDPD credential issued by MCB;
2. Complete 6 hours of MCB approved continuing education related to the clinical supervisor domains. These 6 hours may be counted as part of the continuing education hours required for recertification for the ADCR-MN, CCJPR, CCDP, or CCDPD credential. Credits must be earned within the two year certification period;
3. Complete a Recertification Application;
4. Verify that you have reviewed, read and will uphold in your practice, the current MCB Code of Ethical Conduct for Certified Clinical Supervisors;
5. Verify that you have not violated the MCB Code of Conduct for Certified Clinical Supervisors;
6. Verify that you have practiced within the scope of all relevant statutes, rules, and standards relevant to the provision of clinical supervisor services;
7. Verify that you have received supervision consistent with MCB guidelines for this credential;
8. Pay the recertification fee of \$180 (includes two years of certification).

LAPSED CERTIFICATION

You need to submit to MCB your completed recertification application and annual renewal fee before the expiration date on your certificate. If the recertification is not postmarked by the expiration date, the individual will no longer hold a CCSR credential and so may not represent themselves as such.

If you wish to become recertified after your certificate has lapsed, you may be eligible to a reinstatement, which includes a reinstatement fee and bringing all renewal fees, continuing education, and other requirements up to date. Please contact MCB for specific reinstatement policies.

APPEAL PROCESS

Test results may not be appealed. However, you may file an appeal to the Board of MCB if you believe some aspect of the application process was unfair or if mistakes were made by the MCB staff. For example you could ask the Board to review the staff's decision about your educational qualifications, your residency or your internship experience. The purpose of appeal is to determine if MCB staff accurately, adequately and fairly reviewed applicant's file. If you wish to appeal, you must write to MCB within 30 days when you were notified of the staff's action. The appeal letter must be postmarked no later than thirty days after the staff action. The written appeal will be sent to the MCB Board; Board members will review the action that is being appealed. Applicant will be notified in writing of the decision of the MCB Board.

CLINICAL SUPERVISOR DOMAINS

1. Counselor Development
2. Professional & Ethical Standards
3. Program Development & Quality Assurance
4. Performance Evaluation
5. Administration
6. Treatment Knowledge

Clinical Supervisors must have the knowledge necessary to understand the process of the clinical supervision domains listed above. Applicants must have competence to perform duties associated with each of these domains in order to be certified as a Clinical Supervisor. Definitions are as follows:

1. Counselor Development

- a. Build a supportive and individualized supervisory alliance, which includes teaching the purpose of clinical supervision, using it effectively and respecting professional boundaries.
- b. Maintain a constructive supervisory learning environment that fosters awareness of oneself and others, motivation, self-efficacy, enthusiasm and two-way feedback.
- c. Demonstrate multicultural competencies and help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.
- d. Provide timely and specific feedback to supervisees on their conceptualization of client needs, attitudes towards clients, clinical skills and overall performance of assigned responsibilities.
- e. Create a professional development plan with supervisees that include mutually approved goals and objectives for improving job performance, a timeline for expected accomplishments and measurements of progress and goal attainment.
- f. Implement a variety of direct supervisory activities to teach and strengthen supervisees' theoretical orientation, professional ethics, clinical skills and personal wellness.
- g. Help supervisee recognize, understand and cope with unique problems of transference and counter-transference when working with clients and substance use disorders.
- h. Educate supervisees regarding developments in the addictions and behavioral health care fields to ensure best practices in consumer care.
- i. Encourage and help supervisee develop a personal wellness plan to manage their stress and avoid compassion fatigue and burnout.

2. Professional and Ethical Standards

- a. Practice only within one's areas of clinical and supervisory competence.
- b. Ensure that supervisors and supervisees are familiar with and are adherent to relevant professional codes of ethics, clients' rights documents and laws and regulations that govern both counseling and clinical supervision practices.
- c. Follow due process guidelines when responding to grievances and ensure that supervisees know their rights as employees and understand the organization's employee grievance procedures.
- d. Pursue personal and professional development by participating in related professional educational activities in order to improve supervisory competence.
- e. Recognize the supervisee's unique personality, culture, lifestyle, values and attitudes and other factors to enhance his/her professional development.
- f. Ensure that supervisees inform clients about the limits of confidentiality.
- g. Ensure that supervisees inform clients about supervision practices and obtain documented informed consent from clients as appropriate.
- h. Use and teach supervisees various ethical decision-making models and monitor their use to ensure their ethical treatment of clients.

- i. Understand the risks of dual relationships and potential conflicts of interests and maintain appropriate relationships at all times.
- j. Provide timely consultation and guidance to supervisees in situations that present moral, legal and/or ethical dilemmas.
- k. Ensure that supervisees maintain complete, accurate and necessary documentation, including detailed descriptions of critical situations.
- l. Understand the reporting process for ethical violations to the appropriate professional organizations or regulatory authorities.
- m. Intervene immediately and take action as necessary when a supervisee's job performance appears to present problems.
- n. Maintain familiarity with consensus and evidence based best practices in the treatment of substance use disorders.
- o. Seek supervision and consultation to evaluate one's personal needs for training and education, receive and discuss feedback on supervisory job performance and implement a professional development plan.
- p. Development and maintain a personal wellness plan for physical and mental health.

3. Program Development and Quality Assurance

- a. Structure and facilitate staff learning about specific consensus and evidence based treatment interventions, program service design and recovery models relevant to the organization and the population it serves.
- b. Understand the balance between fidelity and adaptability when implementing new clinical practices.
- c. Advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement and retention in treatment.
- d. Support the organization's quality assurance plan and comply with all monitoring, documenting and reporting requirements.
- e. Develop program goals and objectives that are consistent with the organization's quality assurance plan.
- f. Facilitate development and implementation of professional quality improvement guidelines, forms and instruments to monitor client outcomes and/or upgrade organizational performance.
- g. Advocate for the organization's target population throughout the entire continuum of care as an agent of organizational change.
- h. Build and maintain relationships with referral sources and other community programs to expand, enhance and expedite service delivery.
- i. Identify and assess program needs and develop a plan to improve clinical services and program development.

4. Performance Evaluation

- a. Communicate agency expectations about the job duties and competencies, performance indicators and criteria used to evaluate job performance.
- b. Understand the concept of supervision as a two-way evaluation process with each party providing feedback to the other, including constructive sharing and resolution of disagreements.
- c. Assess supervisee's professional development, cultural competence and proficiency in the addiction counseling competencies.
- d. Assess supervisee's performance of tasks and/or clinical functioning by interviews, observations, review of case records, use of evaluation tools, and client/family feedback.
- e. Differentiate between counselor development issues and those requiring corrective action (e.g. ethical violations, incompetence).
- f. Assess supervisee's preferred learning style, motivation and suitability for the work setting.
- g. Institute an ongoing formalized, proactive process that identifies supervisee's training needs, actively involves supervisees in conjointly reviewing goals and objectives and reinforces performance improvement with positive feedback.

- h. Communicate feedback clearly, including timely written feedback, regarding performance deficits, weak competencies or harmful activities and ensure that supervisees understand the feedback.
- i. Address and manage relational issues common to evaluation, including anxiety, disagreements and full discussion of performance problems.
- j. Self-assess for evaluator bias (e.g. leniency, overemphasis on one area of performance, favoritism, stereotyping) and conflict with other supervisory roles.

5. Administration

- a. Ensure that comprehensive orientation is provided to new employees, including areas such as the organization's client population, mission, vision, policies and procedures.
- b. Develop, evaluate and monitor clinical policies and procedures using regulatory standards to ensure compliance.
- c. Involve the supervisees in designing and scheduling their activities to maintain clinically effective service delivery.
- d. Participate in hiring/termination, performance recognition, disciplinary action and other personnel decisions to maintain high standards of clinical care.
- e. Ensure workforce is trained to meet service delivery needs.

6. Treatment Knowledge

- a. Have professional experience with and knowledge of the field of addictions, social and behavioral science and self-help philosophy.
- b. Understand the limitation of addictions treatment in general; its relationship to sustained, long-term recovery; and the specific limitation of the models or design in use by supervisee.
- c. Understand the principles of addiction prevention and treatment.
- d. Understand the addiction process and recovery management.
- e. Understand the limitations of and appropriateness of assessment and evaluation tools utilized in the addiction field.
- f. Understand the use of pharmacological interventions and interactions.

Minnesota Certification Board
APPLICATION FOR CERTIFIED CLINICAL SUPERVISOR RECIPROCAL (CCSR) CREDENTIAL

Do you currently have other MCB certifications?

- ADC-MN ADCR-MN CCJPR CPP CPPA CPPR CCDP CCDPD CPRS

Date: _____ Date of Birth: _____ Male Female

Name: _____ SSN: XXX-XX-_____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email: _____
(Required)

Home Phone: _____ Cell Phone: _____

If MCB needs to contact you, please indicate your preference: Home Phone Cell Phone

Education

Do you possess a high school diploma or jurisdictionally certified high school equivalency. Yes No

Please attach a copy of your diploma or proof of equivalency to this application.

Additional Information

Why are you seeking certification?

Have you ever received any disciplinary action from another certification or licensing authority? Yes No

If yes, please explain in full on a separate sheet and attach to this form.

Payment Information

Fee of \$390 paid by:

- Check/Money Order (Payable to MCB)
- Credit Card# _____ Expiration: _____
- Third Party Payer Information _____

Please print your name as it should appear on your certificate:

MINNESOTA APPLICATION # (OFFICE USE ONLY): _____

DOCUMENTATION OF EXPERIENCE

Alcohol and Drug Counseling Experience

Applicable to this experience requirement for this credential is verification of:

- Five years (10,000 hours) of alcohol and drug counseling specific work experience. A bachelor's degree in behavioral science may substitute for 2000 hours of work experience. A master's degree in behavioral science may substitute for 4000 hours of work experience.

Instructions: Sections II, III and IV should be completed by the applicant's supervisor, program director or personnel office. Please completed a separate copy of this form for each position used toward the experience requirement. **A copy of the applicant's official job description for the position listed MUST be attached.**

Section I: Applicant Information	
Name:	
Address:	

Section II: Program Information – <i>To be completed by the applicant's supervisor, program director or personnel office.</i>			
Program Name			
Program Address			
MN Program license #:		Telephone # :	

Section III: Documentation of Experience (A total of 10,000 hours is required) – <i>To be completed by the applicant's supervisor, program director or personnel office.</i>				
Applicant's Position Title				
Start Date		End Date		Total Hours

Section IV: By signing below, I attest the applicant (Section 1) performed adequately at the program (Section II), providing alcohol and drug counseling services. *To be completed by the applicant's supervisor, program director or personnel office.*

Signature

Supervisor: Print Name and Title

Date

DOCUMENTATION OF ACADEMIC EQUIVALENTS

Applicants may apply academic degrees toward part of the 5 year (10,000 hour) work experience requirement for this credential. The degree must be from an accredited college or university with a major in sociology, psychology, social services, counseling, human services or a related behavioral science field. To be considered for the education credit you should submit a copy of your transcripts with the major and date of completion highlighted.

- A bachelor’s degree in behavioral science may substitute for 2000 hours of work experience.
- A master’s degree in behavioral science may substitute for 4000 hours of work experience.

Please check **one** of the following and attach a copy of your transcripts for your highest degree.

<input type="checkbox"/>	I do NOT have a degree in a behavioral science field and am not eligible to apply an academic equivalent to my experience requirement.
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<input type="checkbox"/>	The highest behavioral science degree that I possess is a bachelor’s degree , which may substitute for 2000 hours toward my experience requirement.	
	Major:	Completion Date:

<input type="checkbox"/>	The highest behavioral science degree that I possess is a master’s degree , which may substitute for 4000 hours toward my experience requirement.	
	Major:	Completion Date:

DOCUMENTATION OF EXPERIENCE

Alcohol and Drug Counseling Clinical Supervisor Experience

Applicable to this experience requirement for this credential is verification of:

- Two years (4,000 hours) 4000 hours of ADC clinical supervisor work experience.
 - These two years may be included in the five years of alcohol and drug counseling specific work experience
 - The hours must include the provision of 200 contact hours of face-to-face clinical supervision. Of the 200 hours of face-to-face clinical supervision, 100 hours may be performed electronically in real time.
 - Supervision must be documented and signed off on by a qualified supervisor. Documentation of supervision must be provided to the Minnesota Certification Board upon request.

Instructions: Sections II, III and IV should be completed by the applicant's the applicant's supervisor, program director or personnel office. Please completed a separate copy of this form for each position used toward the experience requirement. **A copy of the applicant's official job description for the position listed MUST be attached.**

Section I: Applicant Information	
Name:	
Address:	

Section II: Program Information – <i>To be completed by the applicant's supervisor, program director or personnel office.</i>			
Program Name			
Program Address			
MN Program license #:		Telephone # :	

Section III: Documentation of Experience as a Clinical Supervisor (2 years/4000 hours required) – <i>To be completed by the applicant's supervisor, program director or personnel office.</i>					
Applicant's Position Title					
Start Date		End Date		Total Hours Working in a Clinical Supervisory Role	

Form Continued on Next Page

Section IIIa: Documentation of Experience Providing Face to Face Supervision (200 contact hours required) –
To be completed by the applicant's supervisor, program director or personnel office.

# of Hours Providing Face to Face, In-Person Clinical Supervision		# of Hours Providing Face to Face, Electronic/Real Time Clinical Supervision		Total Hours Providing Face to Face Clinical Supervision	
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Section IV: By signing below, I attest the applicant (Section 1) performed adequately at the program (Section II), providing alcohol and drug counseling services. *To be completed by the applicant's supervisor, program director or personnel office.*

 Signature

 Supervisor: Print Name and Title

 Date

DOCUMENTATION OF EDUCATION & TRAINING Alcohol and Drug Counseling Clinical Supervisor Experience

Applicants must complete **at least 30 hours** of documented education or training specific to the first five IC&RC clinical supervision domains (listed below) with a **minimum of four hours in each**:

- Counselor Development
- Professional & Ethical Standards
- Program Development & Quality Assurance
- Performance Evaluation
- Administration

Instructions

- Document each training course, seminar, workshop, etc., date(s), instructor, and contact hours on this form.
- Duplicate and use a separate form for each specific event.
- **ACADEMIC TRANSCRIPTS AND/OR A CERTIFICATE OF COMPLETION MUST BE INCLUDED.** Staple the proof of completion to the form it applies to.

Applicant Information	
Name:	

Title of training, course, seminar, workshop, etc.
Instructor Name:
Date(s):

Indicate how many hours were completed in each of the following domains during this event.	
Counselor Development	
Professional & Ethical Standards	
Program Development & Quality Assurance	
Performance Evaluation	
Administration	
Other	
TOTAL Contact Hours	

Signature Requirement: I hereby certify that all the above information is true and accurate.

Applicant Signature

Date

Minnesota Certification Board
Certified Clinical Supervisor Reciprocal (CCSR)
CODE OF ETHICAL CONDUCT

1. Code of Ethics:

This code of ethics applies to alcohol and drug counseling (ADC) professionals who are credentialed as Certified Clinical Supervisors Reciprocal (CCSR) and applies to their conduct during the performance of their clinical duties as supervisors.

2. Supervision:

A disciplined, structured and defined clinical activity. It has parallel and linked relationship to education, consultation, administration and research. It is a necessary, significant and meaningful aspect of the delivery of ethical, competent, humane and appropriate services to clients/consumers.

3. Rules on Conduct:

These ethics constitute the standards a CCSR should maintain. These ethics shall be used to aid in resolving any ambiguity, which may arise in the application and interpretation of these rules.

4. Competence:

A CCSR shall limit practice to areas of competence in which proficiency has been gained through education or documentation experience or through the awarding of a reciprocal professional certification or license. A CCSR shall accurately represent areas of competence, education, training, experience and professional affiliations in response to responsible inquiries, including those from appropriate boards, the public, supervisees and colleagues. A CCSR shall aggressively seek out consultation with other professionals when called upon to supervise counseling situations outside their realm of competence. A CCSR will refer supervisees to other professionals when they are unable to provide adequate supervisory guidance to the supervisee.

5. Client Welfare and Rights:

The primary obligations of a CCSR is to train alcohol and drug counselors to respect the integrity and promote the welfare of their clients. CCSR's should have supervisees inform and receive permission from clients that they are supervised and that details of their treatment may be discussed or reviewed with a supervisor. Any audio or video taping of a client/consumer's treatment must be authorized in writing. A CCSR should make supervisees aware of client's rights, including protecting client's rights to privacy and confidentiality in the counseling relationship and the information resulting from it. Clients should also be informed that their right to privacy and confidentiality will not be violated by the supervisory relationship. Records of the supervisory relationship, including interview notes, test data, correspondence and the electronic storage of these documents, audio and video recordings are to be treated as confidential materials. Written permission for use of these materials outside of the supervisory session must be granted in writing by the client. A CCSR is responsible for monitoring the professional actions of their supervisees. A CCSR is responsible for the presentation of adequate training for all supervisees in the area of transference, dual relationships, cultural sensitivity and professional deportment.

6. Professional Behavior:

Due to the unique scope of practice alcohol and drug counselors provide, CCSR's must monitor the following behaviors of their staff and themselves:

- a. Public intoxication, defined as any incident of alcohol consumption or use of mood altering substances that result in public display of behavior commonly associated with intoxication.

- b. Arrest for the possession or use of any illegal drug, narcotic or mood altering substance.
- c. The use of intoxicants and/or non-physician prescribed and monitored mood altering substance when engaged in professional pursuits.
- d. The conduct of intimate, personal and/or business relationships of any kinds with any client or their families.
- e. Clinical Supervisors who are members of Alcoholics Anonymous, Cocaine Anonymous, Narcotic Anonymous, Al-Anon, etc. shall not become a sponsor to any active, discharged client or family member.
- f. The Clinical Supervisor is in violation of this code and are subject to revocation and/or other appropriate action if they:
- g. Are convicted of any felony
 - i. Are convicted of a misdemeanor related to their qualifications or functions
 - ii. Engaged in conduct that could lead to a convictions of a felony or misdemeanor related to their qualifications and/or function
 - iii. Are expelled or disciplined from any other professional organization
 - iv. Have their license or certification revoked, suspended or disciplined by a regulatory body
 - v. Shall refuse to seek treatment if deemed impaired
 - vi. Fail to cooperate in any ethical complaint investigation.
- h. The Clinical Supervisor respects the dignity and protects the welfare of participants in research and are aware of regulations and professional standards governing research including informed consent.
- i. The Clinical Supervisor makes financial arrangements with clients, third party payers and supervisees that are understandable and conform to accepted professional practices. Supervisors do not allow the agency and/or supervisees to accept payment for referrals. Clinical Supervisors disclose any fees to the clients and supervisees at the beginning of services and represent facts truthfully to clients, third party payees and supervisees.
- j. The Clinical Supervisor accurately represents their level of competence, education, training and experience relevant to their role of supervision and clinical experience. The clinical Supervisor assures that any advertisement and/or promotional material accurately conveys information that is necessary for the public to make an informed choice for selection of services.

7. Supervisory Role:

Inherent and integral to the role of supervisor are responsibilities for monitoring of client welfare, insuring compliance with relevant legal and professional standards of service delivery, monitoring clinical performance and professional development of supervisees and evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment and credentialing purposes.

- a. The Clinical Supervisor must maintain professional decorum and standards. Unprofessional behaviors outlined in #6 above will not be tolerated.
- b. A CCSR should pursue professional and personal continuing education activities to maintain their CCSR credential and to improve their supervisory skills. Competency in the Performance Domains of Clinical Supervision must be maintained.
- c. A CCSR shall make their supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession. In the absence of agency or state policy industry standards of ethical behavior should be explained to the supervisee.
- d. A CCSR should strive to enable supervisees to be competent, autonomous, professional, judicious and aware of limitations and to become future supervisors if that is an appropriate career goal.
- e. Procedures for contacting the supervisor or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees.

- f. Actual work samples via audio, counselor report, video or observation should be part of the regularly scheduled supervision process.
- g. Supervision is maintained through regular face-to-face meetings with the supervisee in group or individual sessions.
- h. A CCSR should provide supervisees with ongoing feedback on their performance.
- i. A CCSR who has multiple roles (e.g. teacher, clinical supervisor, administrator, etc.) with supervisees should avoid any conflict of interest caused by these disparate roles. The supervisee should know the limitations placed on the CCSR and the supervisor should share supervision when appropriate.
- j. A CCSR should not participate in any form of sexual contact (including sexual harassment and sexual advances) with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.
- k. A CCSR shall not use the supervision process to further personal, religious, political or business interests.
- l. A CCSR should not endorse any treatment that would harm a client either physically or psychologically.
- m. A CCSR should not establish a psychotherapeutic relationship as a substitute for or as an addition to supervision. Personal issues should be addressed in supervision only in terms of the impact on these issues on clients and on professional functioning.
- n. A CCSR should never supervise past or current clients, or their families, who are staff.
- o. A CCSR should model appropriate use of supervision themselves for problem solving and practice review.
- p. A CCSR must be straightforward with supervisees about observed professional and clinical limitations of the supervisee. These concerns must be clearly documented and shared with the supervisee.
- q. A CCSR who is a member of Alcoholics Anonymous, Narcotics Anonymous, Al Anon, etc. should never sponsor a supervisee.
- r. A CCSR should not endorse a supervisee for certification or credentialing if the supervisor has documented proof of impairment or professional limitations that would interfere with the performance of counseling duties in a competent and ethical manner. The presence of any such impairment should begin with a process of feedback and remediation whenever possible so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development.
- s. A CCSR should incorporate the principles of informed consent and participation; clarity of requirements, expectations; roles and rules; and due process and appeal into the establishment of policies related to progressive discipline.
- t. A CCSR ensures the professional quality of the program that their supervisees participate in.
- u. A CCSR should be an active participant in quality assurance and peer review.
- v. The supervision provided by a CCSR must be provided in a professional and consistent manner to all supervisee regardless of age, race, national origin, religion, physical disability, sexual orientation, political affiliation, marital, social or economic status. When a supervisor is unable to provide non-judgmental supervision, a referral to an appropriate supervisor with a complete explanation to the supervisee must be made.

By signing this document, I acknowledge that I have read and understand this Code of Ethical Conduct.

Signature: _____

Printed Name: _____

Date: _____

**Minnesota Certification Board
Certified Clinical Supervisor Reciprocal (CCSR)
CONSENT & RELEASE FORM**

I request that MCB grant the Certified Clinical Supervisor Reciprocal credential to me based on the following:

- I subscribe to and commit myself to professional conduct that meets the MCB Code of Ethical Conduct for this credential.
- I will become familiar with and practice within the scope of all relevant statutes, rules, and standards relevant to the provision of clinical supervisor services.
- I have read and understand the Clinical Supervisor domains. I possess the competence necessary to perform duties associated with each of these domains.
- I certify that the information given in this application is true and complete to the best of my knowledge. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification.
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by MCB to officers, members, and staff of Board.

Signature: _____

Printed Name: _____

Date: _____

Statistical Information

Highest Educational Level Completed:

- No High School Diploma or GED
- High School Diploma or GED
- Vocational Certification
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

Race: (optional)

- Caucasian
- Black/African American
- Native American
- Asian
- Hispanic
- Native Hawaiian
- Pacific Islander (non-native Hawaiian)

Gender: (optional)

- Female
- Male

MINNESOTA CERTIFICATION BOARD
Certified Clinical Supervisor Reciprocal (CCSR)
Documentation of Disability Related Needs for Exam

If you do not have any known disabilities and do not wish to request an accommodation, please initial here _____.

If you have a learning, psychological, or other disability that requires an accommodation for completing the exam, please have this form completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist, etc.) to certify that your disability requires an accommodation.

Note: If you have existing documentation of having the same or similar accommodation provided to you in another exam situation within the past year, you may submit such documentation instead of having this portion of the form completed.

Applicant's Name	
Professional's Name	
Professional's Title	
Professional's License #	
Professional Address	
Professional's Phone	
Length of Time You Have Known Applicant	
Capacity In Which You Have Known Applicant	

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following:

- _____ Accessible Testing Site
- _____ Braille
- _____ Large Print
- _____ Reader as accommodation for visual impairment
- _____ Scribe as accommodation for learning disability
- _____ Sign Language Interpreter
- _____ Extended Time
 - _____ Time and a Half
 - _____ Double Time
 - _____ More than double time (specify): _____
- _____ Individual/Separate Testing Area
- _____ Use of Adaptive Equipment (specify): _____
- _____ Other (specify): _____

Signature of Authorizing Professional

Date