



# RHODE ISLAND

CERTIFICATION BOARD

## PADC APPLICATION

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### Provisional Alcohol & Drug Counselor

#### APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

**Do not apply until all requirements are met.**

#### TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** RICB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** [info@ricertboard.org](mailto:info@ricertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@ricertboard.org](mailto:info@ricertboard.org).*

#### REVIEW & APPROVAL PROCESS

1. Application submitted to RICB. To confirm receipt of application, email RICB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. If you have not heard from RICB regarding your application after 10 business days, email [info@ricertboard.org](mailto:info@ricertboard.org).
5. A certificate will be mailed to you within 10 business days.

# PROVISIONAL ALCOHOL & DRUG COUNSELOR REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application except for the official college transcript which is sent to RICB directly prior to application.

## FORMAL EDUCATION

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**REQUIRED:** Minimum high school diploma/GED.

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**Degree documentation can be sent in lieu of a high school diploma/GED.**

The degree must be from an accredited college/university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. An official transcript sent directly from college/university is required. If the degree is from outside the United States, a degree equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all costs.

Official transcripts are required and must be sent directly from college/university to RICB prior to application. **Official transcripts may be mailed to RICB or emailed to [info@ricertboard.org](mailto:info@ricertboard.org).**

**It is recommended you request transcripts approximately three weeks prior to sending in your application.**

If you have a sealed official transcript in your possession, you may mail it in the sealed envelope to RICB prior to your application arriving or mail it in with your application.

If you have outstanding debt or other issues which prevent the college/university from releasing your official transcript, you must resolve these issues with the school prior to applying for certification.

## EDUCATION/TRAINING

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**REQUIRED:** 140 total hours of relevant education/training to the field of substance use disorders.

6 of the hours must be in substance use disorders ethics.

6 of the hours must be in confidentiality.

6 of the hours must be in communicable diseases.

6 of the hours must be in medication assisted treatment.

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**Confidentiality courses** must include 42 CFR and its relationship to HIPAA and other confidentiality laws.

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

There is **no limit to the amount of online education** that may be submitted.

Most three-credit college/university courses count as 45 hours. One training CE/CEU counts as one hour.

Out of state education is acceptable.

**All education/training must be documented.** College courses are documented with an official college transcript. Trainings are documented with copies of training certificates.

Training certificates must have the applicant's name, title of training, date(s) of training, the number of hours being awarded, and the name of training organization. Training certificates submitted without this required information on them will not be accepted.

If a training title on a certificate of attendance does not clearly indicate the education content, attach a copy of the training description.

Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

**Training must be non-repetitive** meaning the same training cannot be claimed more than one time even if the training is taken on different dates from different providers.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided that the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

There is **no time limit** on when the education/training was received.

## CLINICAL WORK EXPERIENCE

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**REQUIRED:** One (1) year of full-time employment or 2000 hours of part-time employment as a drug and alcohol counselor.

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**Qualifying work experience** is defined as providing primary, direct, clinical, substance use disorder or co-occurring counseling to persons whose primary diagnosis is that of substance use disorder or providing supervision of said counseling. Applicant must have primary responsibility for providing substance use disorder counseling in an individual and/or group setting, preparing treatment plans, documenting client progress and is clinically supervised. No other work experience in the drug and alcohol field can be used for counselor certification other than what is stated above.

Qualifying work experience can be from multiple employers to accumulate the required years/hours. If the applicant's work experience requirement is not fulfilled from their current employer, they must include **documentation from previous employer(s)** verifying their title, duties and dates employed with their application. DO NOT submit a resume as proof of previous work experience. Applicant must contact previous employers and request detailed documentation of their employment from them.

The applicant **must be currently employed as a drug and alcohol counselor** at the time of application.

All work experience **must have occurred within the last seven (7) years.** Volunteer work is not acceptable. Time spent participating in or facilitating mutual support groups is not acceptable.

Examples of positions/titles that typically are not eligible for counselor certification include but are not limited to case managers, technicians, peer and recovery counselors/specialists, intake/admissions workers, drug court/probation and parole professionals, etc.

**Clinical internships** completed as part of a college degree program may be eligible to use toward the required work experience. Internships must be ones in which the student was providing drug and alcohol counseling as described on page 9 of this application under Work Experience; internships must be well documented by the agency in which the internship occurred; internships must have been supervised; internships must appear on the official college transcript.

## CURRENT JOB DESCRIPTION

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**REQUIRED:** Copy of current counselor job description, obtained from current employer, and which must be signed by both the applicant and their immediate clinical supervisor.

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All applicants must include a copy of their current counselor job description. This **document is provided by your employer** and must be signed and dated by the applicant and their immediate clinical supervisor.

Job descriptions determine and verify eligible current work experience. Job description must clearly delineate drug and alcohol counseling as a primary function of the position.

**If you have held different counselor positions with your current employer**, please provide all relevant job descriptions with the application. For instance, if you started as a counselor assistant, then you were promoted to a Counselor I and then a Counselor II, include all three job descriptions.

In lieu of job description(s), employer may provide an official position description on agency letterhead. This required documentation must include the applicants' dates of employment (to/from) employment status (full-time or part-time), title of position, a detailed description of the duties and responsibilities for the position, and the average number of hours per week the applicant worked.

## ON-THE-JOB CLINICAL SUPERVISION

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**REQUIRED:** 150 hours with a minimum of 10 hours in each domain.

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Supervision is a formal or informal process that is evaluative, clinical, educative, and supportive. It ensures quality of clinical care and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

**RICB has no requirements for who provides clinical supervision.** The person providing clinical supervision is at the discretion of the agency and staffing requirements.

Clinical supervision can be provided in an individual, one-on-one setting and/or observation of skills or group supervision setting.

Clinical supervision can be provided by **more than one supervisor**. In this case, provide a copy of page 10 of this application to all the supervisors documenting supervision on your behalf.

## CERTIFICATION FEE

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**REQUIRED:** \$200.00 (fee must accompany certification application)

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The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment.

Fee payment information provided on page 7 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to RICB.

**Applications received without payment will not be processed.**

One-half of the fee is refundable if application is denied or cancelled prior to the examination. No refund will be issued if application is denied or cancelled after examination.

## **APPLICATION INFORMATION**

### **GENERAL INFORMATION**

Email addresses provided to RICB must be active accounts that are checked regularly. We will not be able to contact you or register you for the examination without an email address. Please print legibly.

Applicants must either live or work in RI at the time of application.

### **APPEAL PROCESS**

The purpose of appeal is to determine if RICB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to RICB within 30 days of the notification of RICB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the RICB Executive Committee who will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

### **FELONIES & DISCIPLINARY ACTIONS**

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through RICB does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

### **REQUESTS TO CHANGE APPLICATION**

Professionals who wish to have their application re-reviewed for another credential RICB offers prior to taking the examination or after an unsuccessful attempt at the examination will incur a \$50 application change/review fee.

### **CERTIFICATION TIME PERIOD**

Certification encompasses two calendar years beginning on the date the application is approved. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number. PADC is a time-limited certification. All PADC's must upgrade to CADC or CAADC within two years of being awarded the certification or re-apply.

# PADC: APPLICANT INFORMATION

Application can be completed and saved. You may then print the appropriate pages to submit to RICB.

## TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Pronouns: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SSN (last four): \_\_\_\_\_

Have you ever received any disciplinary action from another certification/licensing authority?  Yes  No  
*If yes, provide full details on a separate sheet.*

Have you read and understood the RICB Clinical Code of Ethical Conduct?  Yes  No  
*The Code of Ethical Conduct is located at [www.ricertboard.org/ethics](http://www.ricertboard.org/ethics)*

## CONTACT INFORMATION

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

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

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

Primary Email: \_\_\_\_\_

***REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.***

Secondary Email: \_\_\_\_\_

## DEMOGRAPHICS

*Data is never released with identifying information. It is used to report workforce data to state and federal agencies.*

### What is your gender?

- Female
- Male
- Nonbinary
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

### Do you identify as transgender?

- Yes
- No
- Prefer not to disclose

### How do you describe your sexual orientation or sexual identity?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Questioning or unsure
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

### Which best describes you?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaska Native
- White or Caucasian
- Multiracial or Biracial (please specify): \_\_\_\_\_
- Not listed (please specify): \_\_\_\_\_
- Prefer not to disclose

**What is your yearly income?**

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Unsure
- Prefer not to disclose

**Do you have military experience?**

- Active duty
- Veteran
- Not Applicable

**Language(s) spoken fluently** (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Korean                       |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Polish                       |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Portuguese                   |
| <input type="checkbox"/> English                | <input type="checkbox"/> Russian                      |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Spanish                      |
| <input type="checkbox"/> German                 | <input type="checkbox"/> Tagalog (Filipino)           |
| <input type="checkbox"/> Indigenous Language    | <input type="checkbox"/> Vietnamese                   |
| <input type="checkbox"/> Italian                | <input type="checkbox"/> Other, please specify: _____ |

**Employment plans for the next two years** (check all that apply):

- Obtain full time employment/Increase hours
- Obtain part-time employment/Decrease hours
- No change
- Retire
- Move to a different career/field
- Unknown

**What is the highest degree or level of school you have completed?**

*(If you're currently in school, please check the highest degree you have completed.)*

- |  |  |
|--|--|
| <input type="checkbox"/> High school degree or equivalent (e.g. GED) | <input type="checkbox"/> Bachelor's degree (e.g. BA, BS)         |
| <input type="checkbox"/> Trade, Technical or Vocational School       | <input type="checkbox"/> Master's degree (e.g. MA, MS, MEd)      |
| <input type="checkbox"/> Some college, no degree                     | <input type="checkbox"/> Professional degree (e.g. MD, DDS, DVM) |
| <input type="checkbox"/> Associate degree (e.g. AA, AS)              | <input type="checkbox"/> Doctorate (e.g. PhD, EdD)               |

## PAYMENT INFORMATION

**FEE OF \$200 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

- Check    Money Order    VISA    MasterCard    Discover    American Express

*Checks & Money Orders made payable to RICB*

- My employer/organization is mailing payment directly to RICB.

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_

## PADC: FORMAL EDUCATION

**REQUIRED:** High School Diploma/GED

I am including a sealed official transcript with my PADC application.  Yes  No

I have ordered an official transcript to be sent to RICB.  Yes  No

College/University: \_\_\_\_\_

Name on Transcript: \_\_\_\_\_

Date Transcript Requested: \_\_\_\_\_

### Delivery Method:

- Mailed to RICB
- Emailed to RICB

## PADC: EDUCATION/TRAINING

**REQUIRED:** 140 total hours of relevant education/training to the field of substance use disorders.

6 of the hours must be in substance use disorders ethics.

6 of the hours must be in confidentiality.

6 of the hours must be in communicable diseases.

6 of the hours must be in medication assisted treatment.

I have included copies of training certificates.  Yes  No

I have included a copy of my training tracking system/learning management system report.  Yes  No

My college transcript provides all or some of the relevant education.  Yes  No



# PADC: CLINICAL WORK EXPERIENCE & JOB DESCRIPTION

**REQUIRED:** One (1) year of full-time employment or 2000 hours of part-time employment as a drug and alcohol counselor.

**REQUIRED:** Copy of current counselor job description, obtained from current employer, and which must be signed by both the applicant and their immediate clinical supervisor.

## CURRENT EMPLOYMENT INFORMATION

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

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Current Position: \_\_\_\_\_

How many hours do you work per week? \_\_\_\_\_

Total hours/years worked in current position? \_\_\_\_\_

I have attached my current counselor job description, dated and signed by both me and my supervisor.  Yes  No

Do you need to document previous employment to fulfill the experience requirement?  Yes  No

*If yes, complete the section below **AND** submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.*

## PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE)

*Letter (on company letterhead) from previous employer(s) verifying your title, duties & dates employed must be included with your application.*

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

Organization City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_ End Date in Position: \_\_\_\_\_

How many hours did you work per week? \_\_\_\_\_

Total hours/years worked in previous position? \_\_\_\_\_

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

Organization City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_ End Date in Position: \_\_\_\_\_

How many hours did you work per week? \_\_\_\_\_

Total hours/years worked in previous position? \_\_\_\_\_

# PADC: ON-THE-JOB CLINICAL SUPERVISION

**REQUIRED:** 150 hours with a minimum of 10 hours in each domain.

Information below is to be completed by applicant's current and/or previous clinical supervisor(s).

This page is to document the clinical supervision hours provided to the applicant, **not their total work hours.**

The total hours of clinical supervision should be 150 hours but could be more depending on the applicants' length of employment or could be less if the applicant was provided clinical supervision from a previous employer.

Applicants may copy this page and provide it to previous clinical supervisors.

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

## CLINICAL SUPERVISOR INFORMATION

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

Position/Title: \_\_\_\_\_

Licenses, Certifications and/or Degrees: \_\_\_\_\_

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

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

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

## CLINICAL SUPERVISION DOCUMENTATION

Clinical Supervision was provided to the above-named applicant in the following Domains:

DOMAIN	EXACT NUMBER OF HOURS
<input type="checkbox"/> Screening, Assessment, & Engagement	_____
<input type="checkbox"/> Treatment Planning, Collaboration, & Referral	_____
<input type="checkbox"/> Counseling	_____
<input type="checkbox"/> Professional & Ethical Responsibilities	_____
<b>TOTAL NUMBER OF HOURS OF CLINICAL SUPERVISION:</b>	_____

### Supervisor Attestation:

I attest that the above-named applicant has been provided with clinical supervision as documented above.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# PADC: ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant. It must be notarized and submitted with the application.*

## RELEASE

I request that the Rhode Island Certification Board (RICB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the RICB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my application;
- Falsification of any documents 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 RICB to officers, members, and staff of the aforementioned Board;
- I consent to authorize RICB to gather information from third parties regarding education, employment and/or supervision and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to RICB before, during, or after application for certification is made will be investigated by RICB and could result in the nullification of the application or denial or revocation of certification.

## INITIAL EACH STATEMENT

\_\_\_\_\_ I have read and understood this Acknowledgements and Release.

\_\_\_\_\_ I either live or work in Rhode Island.

\_\_\_\_\_ I understand one-half of the application fee is refundable if application is denied or cancelled prior to the examination and no refund will be issued if application is denied or cancelled after examination.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

\_\_\_\_\_ I understand that if I request to have my application re-reviewed for another credential RICB offers prior to the examination, or after an unsuccessful attempt at the examination I will incur a \$50 change/review fee.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## NOTARY PUBLIC ONLY

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

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature **SEAL:**