

Self-Assessment - Licensed Alcohol and Drug Abuse Counselor I

Please review the **Alcohol and Drug Counselor Licensing FACT SHEET** before completing this self-assessment. These questions will help you determine if you are ready to apply for a license as an LADC I.

1. I have a Master’s Degree in Behavioral Sciences with 18 graduate semester hours in counseling or counseling related studies:
__Yes __No
School Name _____
Degree _____ Date of Graduation _____

If NO, please see the LADC II Self-Assessment.

2. I have completed a minimum of 270 hours of alcohol and drug education hours through an approved Addiction Education Program (list attached)
__Yes __No

OR

I have completed a minimum of 270 hours of alcohol and drug education hours through an accredited college, university or education provider. (Please note that education taken in a program not previously approved by BSAS is subject to review during the application process, please contact BSAS for more information on the education review process.)
__Yes __No

School Name: _____

If NO, please see the LADC Assistant Self-Assessment.

3. I have a minimum of 6000 hours of supervised work experience in alcohol and drug abuse treatment, intervention and prevention. Minimum requirements include practice in diagnostic assessment, intervention, and alcoholism and/or drug counseling to establish and maintain recovery and prevent relapse. Experience must include the provision of direct patient services, and must have been obtained within the past ten years prior to application.
__ Yes __No

If NO and you have a bachelor’s degree and 4000 hours please see the LADC II Self-Assessment. If you do not have a bachelor’s degrees see the LADC Assistant Self-Assessment.

4. I have completed a 300 hour supervised substance abuse counseling practicum with at least 10 hours in each of the 12 Core Functions (screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referrals, reports and record keeping, and consultation with other professionals.) or have you completed and additional 300 hours of supervised work experience that meets these requirements?
 Yes No

If NO, please see the LADC Assistant Self-Assessment.

5. Have you taken and passed the ICRC examination?
 Yes No

If NO, see the Certification/ Reciprocity Self-Assessment.

6. I agree to the following:
 Yes No

I have answered YES to all of the above questions and would like access to the Counselor eLicensing Application. I understand I still need to go through the prescribed application process and that this self-assessment is not an indication or whether or not a license will be issued to me. I understand that I need to submit the following information so an account may be set up through the Virtual Gateway in order for me to access to the secure eLicensing application; accounts may take up to 14 days to set up following request:

Name (including middle initial):

Month and Day of Birth:

Email Address where my user name and password should be sent:

Phone:

ONLY IF YOU ANSWERED YES TO ALL ASSESSMENT QUESTIONS, then:

Email the self-assessment form and request for eLicensing Access to Ian.Bain@state.ma.us If you answered “no” periodically re-assess for as you work towards meeting the licensing requirements. Thank you.

Access requests take 10-14 days to process once processed you will receive your user name and password to access the LADC application in an email from the Virtual Gateway

If you answer “ No” review LADC requirements to see if you may qualify for a different license.

Self-Assessment - Licensed Alcohol and Drug Abuse Counselor II

Please review the Alcohol and Drug Counselor Licensing FACT SHEET before completing this self-assessment. These questions will help you determine if you are ready to apply for a license as an LADC II.

1. I have completed a minimum of 270 hours of alcohol and drug education hours through an approved Addiction Education Program (list attached)

Yes No

OR

I have completed a minimum of 270 hours of alcohol and drug education hours through an accredited college, university or education provider. (Please note that education taken in a program not previously approved by BSAS is subject to review during the application process; please contact BSAS for more information on the education review process.)

Yes No

School Name: _____

If NO, please see the LADC Assistant Self-Assessment.

2. I have a minimum of 6000 hours of supervised work experience in alcohol and drug abuse treatment, intervention and prevention or I have a bachelor's degree and a minimum of 4000 hours of supervised work experience. Minimum requirements include practice in diagnostic assessment, intervention, and alcoholism and/or drug counseling to establish and maintain recovery and prevent relapse. Experience must include the provision of direct patient services, and must have been obtained within the past ten years prior to application.

Yes No

If NO, Please see the LADC Assistant Self-Assessment.

3. I have completed a 300 hour supervised substance abuse counseling practicum with at least 10 hours in each of the 12 Core Functions (screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referrals, reports and record keeping, and consultation with other professionals.) or have you completed and additional 300 hours of supervised work experience that meets these requirements?

Yes No

If NO, please see the LADC Assistant Self-Assessment.

4. Have you taken and passed the ICRC examination?

Yes No

If NO, see the Certification/ Reciprocity Self-Assessment.

5. I agree to the following:

Yes No

I have answered YES to all of the above questions and would like access to the Counselor eLicensing Application. I understand I still need to go through the prescribed application process and that this self-assessment is not an indication or whether or not a license will be issued to me. I understand that I need to submit the following information so an account may be set up through the Virtual Gateway in order for me to access to the secure eLicensing application; accounts may take up to 14 days to set up following request:

Name (including middle initial):

Month and Day of Birth:

Email Address where my user name and password should be sent:

Phone:

ONLY IF YOU ANSWERED YES TO ALL ASSESSMENT QUESTIONS, then:

Email the self-assessment form and request for eLicensing Access to Ian.Bain@State.ma.us If you answered "no" periodically re-assess for as you work towards meeting the licensing requirements. Thank you.

Access requests take 10-14 days to process once processed you will receive your user name and password to access the LADC application in an email from the Virtual Gateway

Pre-Licensing Self-Assessment Questionnaire- LADC Assistant

Licensed Alcohol and Drug Abuse Counselor Assistant means a person licensed by the Department to provide recovery based services under direct clinical and administrative supervision.

Instructions

Please review the Alcohol and Drug Counselor Licensing FACT SHEET (attached) and complete this self-assessment to see if you appear to meet the minimum requirements for LADC Assistant

Have you completed a minimum of ten hours of continuing education* in each of the following subject areas ; assessment; counseling; case management; client, family and community education; and professional responsibility/ethics? (* Education may be obtained through a program of continuing education approved by a recognized certifying body, ICRC, MBSACC, NAADAC, or any of the Approved Addiction Education providers listed below- if you are unsure if the education is approved, please contact BSAS.)

Yes No

Do you have a minimum of one year or 2,000 hours of supervised full-time work experience in the alcoholism and drug abuse field. Experience must have been obtained within the past ten years prior to application

Yes No

Have you taken and passed the ICRC examination?

Yes No

If NO, see the Certification/ Reciprocity Self-Assessment.

I agree to the following:

Yes No

I have answered yes to all of the above questions and would like access to the Counselor eLicensing Application. I understand I still need to go through the prescribed application process and that this self-assessment is not an indication or whether or not a license will be issued to me. I understand that I need to submit the following information so an account may be set up though the Virtual Gateway in order for me to access to the secure eLicensing application; accounts may take up to 14 days to set up following request:

Name (including middle initial):

Month and Day of Birth:

Email Address where my user name and password should be sent:

Phone:

ONLY IF YOU ANSWERED YES TO ALL ASSESSMENT QUESTIONS, then:

Email the self-assessment form and request for eLicensing Access to Ian.Bain@state.ma.us If you answered “no” periodically re-assess for as you work towards meeting the licensing requirements. Thank you.

APPROVED ADDICTION EDUCATION PROVIDERS

AdCare Educational Institute/Addiction Counselor Education Program

Total Program Hours: 250

Locations:

5 Northampton St., Worcester, MA 01605

95 Lincoln St, Worcester, MA 01605

60 Miles Rd., Rutland, MA 01543

Contact Person: James Gorske

Phone Number: 508-752-7313

Website: <http://www.ace-adcare.org>

Email Address: jim@adcare-educational.org

Assumption College/Certificate in Alcohol and Drug Abuse Counseling Program

Total Program Hours: 270

Locations: 500 Salisbury St., Worcester, MA 01609

Contact Person: Dennis Braun

Phone Number: 508-767-7541

Website: <http://cce.assumption.edu/certificates/certificate-alcohol-and-substance-abuse-counseling/>

Email Address: dbraun@assumption.edu

Becker College

Total Program Hours: 270

Locations: 61 Seaver St., Worcester, MA 01609

Contact Person: Nina Mazloff

Phone Number: 508-791-9241

Website: <http://www.becker.edu/academics/accelerated/degree-offerings/certificate-in-drug-alcohol-counseling/>

Email Address: Nina.Mazloff@Becker.edu

Boston Graduate School of Psychoanalysis

Total Program Hours: 270

Locations: 1580 Beacon Street

Brookline, MA 02246

Contact Person: Carol Panetta

Phone Number: 617-277-3915

Website: www.bgsp.edu

Email Address: panettac@BGSP.edu

Cape Cod Community College

Total Program Hours: 270+

Location(s) Maureen M. Wilkins Building, Rm 237

2240 Iyannough Road

West Barnstable, MA 02668- 1599

Contact Person: Dr. Robert Ericson Jr.

Phone Number: 508-362-2131

Website: www.capecod.edu

Email Address: rericon@capecod.edu

Center for Addiction Studies and Research

Total Program Hours:

Individual Course Approvals-270 +

Locations: On-line & Distance Learning

Mailing Address:

PO Box 16495

Stamford, CT 06907

Contact Person: Howard Fogel

Phone Number: 877- 322-9720

Website: www.centerforaddictionstudies.com

Email Address: info@centerforaddictionstudies.com

Greenfield Community College

Total Program Hours: 270+

Locations: One College Drive, Greenfield, MA 01301

Contact Person: Amy Ford

Phone Number: 413-775-1127

Email Address: forda@gcc.mass.edu

High Point Treatment Center

Total Program Hours: 270

Locations:

Brockton, New Bedford and Plymouth

Contact Person: Ann Zarlengo

Phone Number: 508-997-0475

Email Address: azarlengo@hptc.org

Latino/a Behavioral Health Workforce Development

Total Program Hours: 270

Locations: 5 Northampton St., Worcester, MA 01605

Contact Person: Haner Hernandez

Phone Number: 508-752-7313

Website: <http://www.latinocounselors.org/>

Email Address: hanerhernandez@aol.com

Mount Wachusett Community College

Total Program Hours: 300

Locations: 444 Green St, Gardner MA 01440

Contact Person: Julie Capozzi

Phone Number: (978) 630-9302

Website: www.mwcc.edu

Email Address: j_capozzi@mwcc.mass.edu

North Shore Community College/Substance Abuse Counselor Certificate Program

Total Program Hours: 270+

Locations: 1 Ferncroft Rd., Danvers, MA 01923

Some on-line courses available

Contact Person: Steven M. Chisholm

Phone Number: 978-762-4000

Website: <http://www.northshore.edu/academics/departments/drg>

Email Address: schishol@northshore.edu

Northern Essex Community College/ Human Services Program, Alcohol/Drug Abuse Counseling Certificate

Total Program Hours: 270

Locations: 100 Elliott Street, C314L

Contact Person: Brian MacKenna-Rice

Phone Number: 978-556-3331

Website: <http://www.necc.mass.edu/academics/courses-programs/areas/human-services/>

Email Address: bmackennarice@necc.mass.edu

Trundy Institute of Addiction Counseling

Total Program Hours: 270+

Locations: 248 County St., New Bedford, MA 02740
386 Stanley Street , Fall River 02722

Contact Person: Arthur Trundy

Phone Number: 508-993-0802

Website: <http://www.trundy.net>

Email Address: trundy@earthlink.net

University of Massachusetts- Boston/College of Advancing and Professional Studies

Addiction Counselor Education Program

Total Program Hours: 270

Locations: 100 Morrissey Blvd., Boston, MA 02125-3393

Contact Person: William Carlo

Phone Number: 617-287-5489

Website: www.caps.umb.edu/acep

Email Address: billcarlo@umb.edu

Westfield State University/Addiction Counselor Education Program

Total Program Hours: 250

Locations: 333 Western Avenue, Westfield, MA 01086

Contact Person: Linda Mullis

Phone Number: 413-572-8319

Website: <http://www.westfield.ma.edu/ace>

Email Address: cadaclm@cox.net

6-27-17 Version

Certification/Reciprocity Self- Assessment

Please review the **Alcohol and Drug Counselor Licensing FACT SHEET** before completing this self-assessment. These questions will help you determine if you are eligible for exam waiver due to certification or may apply under reciprocity.

168.013: Examination waiver

- (A) the Department will issue a license without requiring written or oral examination to any applicant who is deemed eligible based on the following:
 - (1) the applicant holds a current, valid certification from a recognized certifying body including: MBSACC, CEAP, CAC, NAADAC, ICRC.
 - (2) the applicant meets the requirements of one of the three eligibility categories set forth in 105 CMR 168.006(A) through (C).

168.014: Reciprocity

The Department will issue a license without requiring written or oral examination to any applicant who is deemed eligible for reciprocity based on the following:

- (A) the applicant holds a current, valid licensed as an alcohol and drug counselor or a comparable field in another state wherein the requirements for licensure are deemed by the Department to be equivalent to or in excess of those requirements of the Department; and,
- (B) the Department receives written verification from the other state licensing authority that the applicant is in good standing.

1. I have read the requirements to obtain a **LADC I** , **LADCI** and **LADC Assistant** in Massachusetts:
__Yes __No
2. I currently hold a _____ Certification in the in the state _____
and/or
3. I currently hold a _____ License in the state of _____.
4. I believe the requirements I met to obtain this license/credential meet or exceed those for _____ in Massachusetts.

(Please indicate the license you will be applying for in MA **LADC I** , **LADC II** or **LADC Assistant**)

I have answered yes to the above questions and would like to obtain access to the eLicensing Application for Counselors. I understand that this self-assessment only serves as a request for access to the eLicensing application and has no bearing on whether or not my application will be approved.

Name:

Month and Day of Birth:

Email Address where my user name and password should be sent:

Phone:

ONLY IF YOU ANSWERED YES TO ALL ASSESSMENT QUESTIONS, then:

Email the self-assessment form to lan.Bain@state.ma.us and request for eLicensing Access to you answered "NO" to any of the questions, assess yourself for LADC I, LADC II and LADC Assistant or periodically re-assess for LADC I as you work towards meeting the licensing requirements. Thank you.