

**NATIONAL OPIOID TREATMENT CLINICIANS
ASSOCIATION, INC.**

**CERTIFIED MASTER OPIOID TREATMENT
CLINICIAN**

CERTIFICATION PACKET

Last Update: July 2008

**NATIONAL OPIOID TREATMENT CLINICIANS ASSOCIATION, INC.
CERTIFIED MASTER OPIOID TREATMENT CLINICIAN**

Opioid treatment settings are often comprised of minimum staff with one person serving dual roles as the program administrator and clinical supervisor. The CMOTC is designed specifically for that clinician. It prepares the clinician to serve in the dual roles by providing the individual with specialized trainings necessary for a clinical supervisor as well as knowledge required for effective administration. The prerequisite of a master's degree or higher, from an accredited university establishes the foundation for this individual. The specialized trainings provided by NOTCA, Inc. provide evidenced-based knowledge necessary for effective opioid treatment.

Most clinical directors were at one time counselors, and the transition from treatment to management is not always a smooth one. The skills that served the counselor well (empathy, patience) may not be those an administrator will rely on primarily. Skills that are necessary for an administrator-mentoring, teaching, accounting, evaluation, leadership – often are not required at the supervisory level either (Gallon, 2002). Administrators face the additional problem of there being little guidance available. Coupled with the lack of information on making the transition from counselor to clinical director is the problem of high turnover in the administrative rank. With nearly a third of programs experiencing some type of administrative change each year, laying out guidelines and procedures for administrators is essential (SAMHSA/CSAT, 2006).

In 1992, a role delineation study was conducted by Columbia Assessment Services for the purpose of defining standards that would form the basis for credentialing. The study resulted in the identification of four performance domains along with a series of tasks performed by supervisors for each of the domains. Knowledge and skills required to perform each task were then identified. These knowledge and skill areas make up the scope of practice that clinical supervisors of alcohol and drug counselors are tested on to demonstrate competence (ICRC, 1992).

A common set of standards was adopted by a number of state certification and licensure boards as a direct result of the role delineation study. These standards, along with specific training and experience in the field of opioid treatment are recommended as a baseline for the voluntary development of the Certified Master Opioid Treatment Clinician.

Requirements:

- The candidate must have a current and valid state certification/licensure in alcoholism and/or drug abuse counseling or 20,000 (10 years) of paid fulltime/part-time employment.
- The candidate must provide verification of a Masters degree in one of the human services from an accredited institution of higher learning.
- The candidate must provide verification of five years of counseling experience as an alcohol and drug counselor or 10 years, if not currently licensed or certified.

- The candidate must provide verification of three years or 6,000 hours of supervisory experience in the alcohol and drug field. Note: At least one of these years must be specific to opioid treatment. These three years may be included in the five years of counseling experience and must include the provision of 200 contact hours of face-to-face clinical supervision with substance abuse counselors.
- The candidate must provide verification of 120 hours of didactic training. No more than 30% of educational hours (or 36 hours) can be in-service or staff development hours delivered internal at your place of employment. The following training requirements must be met:

(a)	Theories, Roles and Modalities of Clinical Supervision	30 hours
(b)	Leadership/Management	5 hours
(c)	Community Education	5 hours
(d)	Medical/Psychiatric Issues of Opioid Dependent Patients	5 hours
(e)	Clinical Operations/Opioid Treatment	10 hours
(f)	Pharmacology in Opioid Treatment	5 hours
(g)	Professional and Ethical Responsibilities	10 hours
(h)	Prevention of Violence/Management of Unsafe Behavior	5 hours
(i)	Planning and Developing Programs	5 hours
(j)	Performance Evaluation	5 hours
(k)	Performance Improvement and Outcomes Monitoring	5 hours
(l)	Customer Service	5 hours
(m)	Cultural Competency	5 hours
(n)	Federal and State Regulatory Guidelines	5 hours

Specific training must have taken place in the most recent five (5) years, immediately prior to application.

- The candidate must sign and date the statement indicating that he/she has read the NOTCA, Inc. Code of Ethics and subscribes to it.
- The candidate must provide three professional letters of reference. One reference must be from the latest work experience supervisor and two must be from professionals who have had the opportunity to observe his/her skills and competencies.
- The candidate must provide payment of non-refundable application fee of \$150.00 and \$50.00 for the Written Examination.

Instructions:

1. Complete each section of this application.
2. Sign and date the application.
3. Mail the application form, along with the required photocopies of appropriate state license, training verification, and the appropriate fee, to:

National Opioid Treatment Clinicians Association, Inc.

P.O. Box 508
Conley, GA 30288

NATIONAL OPIOID TREATMENT CLINICIANS ASSOCIATION, INC.
PERSONAL DATA
(Please Print)

Name: _____

(Please indicate how you would like your name to appear on certificate)

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Employer: _____

Payment:

Amount Enclosed: _____ Check: _____ Money Order: _____

LICENSURE/CERTIFICATION

Current State License/Certification (Please indicate each state):

Issuing State/Authority	Expiration Date	Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL EXPERIENCE

Please list your present employment, and then from previous employment, list only those positions pertinent to your Substance Abuse/Opioid Treatment work experience, which you feel best fits the description of qualifying experience. Your employment must have been in the provision of direct clinical care/Clinical Supervision. Please provide a Job Description for each position you document. You may attach additional pages as needed.

Employer: _____

Business Address: _____

Job Title: _____

Position held from (month/year) _____ to (month/year) _____

Supervisor: _____

Telephone Number: _____

Brief job description: _____

Employer: _____

Address: _____

Job Title: _____

Position held from (month/year) _____ to (month/year) _____

Supervisor: _____

Telephone Number: _____

Brief job description: _____

Please attach Job Description for each position listed, even if work is within the same agency. An official job description is required for each position listed under professional experience. It must include dates of employment, number of hours, work status (full or part time), specific job duties and responsibilities, and a percentage of time spent in each area of responsibility. Job descriptions will bear the signature of the employment authority (supervisor, human resources representative, etc.).

CONTINUING EDUCATION VERIFICATION

- The candidate must demonstrate a minimum of 100 hours of required didactic training. Please review detailed list of required training.
- Educational hours can be calculated as training events external to your place of employment, in-service or staff development internal to your place of employment, or college courses with content applicable and specifically relevant to the behavior science. No more than 30% of educational hours (or 30 hours) can be in-service or staff development hours delivered internal at your place of employment.
- Please attach a certificate of attendance for each educational event listed below.
- For calculation purposes 5 quarter hours equals 40 clock hours; 3 semester hours equals 30 clock hours; one CEU equals 10 hours; and one CME equals 10 hours.

Date of Training: _____ Number of clock hours: _____

Title of Education: _____

Sponsor of Education: _____

Location: _____

Date of Training: _____ Number of clock hours: _____

Title of Education: _____

Sponsor of Education: _____

Location: _____

Date of Training: _____ Number of clock hours: _____

Title of Education: _____

Sponsor of Education: _____

Location: _____

Date of Training: _____ Number of clock hours: _____

Title of Education: _____

Sponsor of Education: _____

Location: _____

Date of Training: _____ Number of clock hours: _____

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Date of Training: _____ Number of clock hours: _____

Title of Education: _____

Sponsor of Education: _____

Location: _____

Date of Training: _____ Number of clock hours: _____

Title of Education: _____

Sponsor of Education: _____

Location: _____

Training Hours Summary:

Please include copies of all training events (college transcripts, conference/seminar attendance certificates, CME's, CEU's, etc.).

_____ Graduate Level Hours

_____ Undergraduate Hours

_____ Certificates of Training

_____ Other

_____ Total

PROFESSIONAL LETTERS OF REFERENCE

- The candidate will provide three (3) letters of references regarding his/her professional qualifications.
- One letter of reference must be from the latest work experience supervisor.
- Two letters of reference must be from professionals who have had the opportunity to observe the applicant's skills and competencies.
- Letters of reference from family members will not be accepted.
- Letters of reference should be send directly to NOTCA, Inc. at the following address:

**National Opioid Treatment Clinicians Association, Inc.
P.O. Box 508
Conley, GA 30288**

SUPERVISOR/ADMINISTRATOR RECOMMENDATION

The candidate must have completed three years or 6,000 hours of supervised experience in the alcohol and drug field. At least one of these years must be specific to Opioid treatment. These three years may be included in the 5 or 10 years of counseling experience and must include the provision of 200 contact hours of face-to-face clinical supervision with substance abuse counselors.

The observation from the supervisor/administrator, combined with the additional information requested in this packet will be used in determining eligibility. Therefore, it is essential for the supervisor/administrator to carefully, accurately, and truthfully report his/her observation.

The experience that is documented as supervised pertains to experience in which the candidate was employed fulltime or part time in the capacity of delivering direct clinical services/Clinical Supervision.

Candidate's Name: _____ Social Security #: _____

Dear Supervisor/Administrator:

I am in the process of seeking certification from the National Opioid Treatment Clinicians Association, Inc. as a Certified Master Opioid Treatment Clinician and am asking for your input as my supervisor to verify my standard of care, professional performance and work experience. I hereby authorize you to release to NOTCA, Inc. the information requested on this form.

Candidate's Signature: _____

The following to be completed by supervisor:

Candidate's Position Title: _____

Dates that you have supervised candidate for this position _____ to _____
(Month/Year) (Month/Year)

If candidate whom you supervise has held additional positions in the agency, list title, and dates supervised:

Title, Dates Supervised: _____

Title, Dates Supervised: _____

Title, Dates Supervised: _____

Business/Agency Address for this position: _____

Please make additional copies of this form if necessary.

Please provide a detailed letter indicating your evaluation of the following:

- **Candidate's clinical practice skills.**
- **Interpersonal skills in regard to patient relationships, based upon your observation.**
- **Interpersonal skills in regard to relationships with other staff members.**
- **Candidate's supervisory skills.**

Listed below are several areas upon which certification may be denied or revoked. Please read each statement carefully. To your knowledge, has the candidate been involved in any of the following:

1. Employment fraud or deception in applying for certification? Yes__ No__
2. Conviction of a felony? (Satisfactory resolution of stated felony will be taken into consideration) Yes__ No__
3. Practice of counseling/supervision under a false or assumed name, credential or the impersonation of another counselor of a like or different name? Yes__ No__
4. Habitual abuse of any mood altering chemical substance not prescribed and taken under the direct supervision of a qualified physician to such an extent as to interfere consistently with the competent performance of candidate's duties? Yes__ No__
5. Providing those clinical services covered by licensure/credentialing for which the counselor is not licensed/credentialed? Yes__ No__
6. Gross, flagrant, repetitive negligence or wrongful actions in the performance of candidate's duties? Yes__ No__
7. Failure to adhere to professional code of conduct/ethics? Yes__ No__

Comments: _____

SUPERVISOR’S/ADMINISTRATOR’S STATEMENT

1. Name of Program/Agency: _____
2. Address: _____
3. Business Telephone Number: () _____
4. Where did you receive your training in counseling/supervision/administration?

5. How long have you been employed in the opioid treatment field? _____
6. How long have you been employed in the addiction field? _____
7. Professional license/certification you hold: _____
8. What function of managerial oversight are you involved in at your place of employment?
 - Clinical supervision counselors, only.
 - Administrative responsibilities, only.
 - Both clinical and supervisory responsibilities.
9. Total amount of time you have supervised/employed this candidate _____ to
_____ (mo/yr) (mo/yr)
10. Approximately how many patients does/did the candidate serve daily? _____
11. Approximately how many counselors does/did this candidate supervise? _____
12. What is the average number of hours per week the candidate works/worked in:
 - Direct opioid treatment/clinical services with patients: _____
 - Indirect services with patients: _____
 - Supervision of counselors: _____

Additional Comments: _____

_____ Yes, I recommend this candidate for certification by NOTCA, Inc..

_____ I have some reservations in recommending this candidate.

_____ No, I do not recommend this candidate for certification by NOTCA, Inc.

I hereby certify by my signature that I have been in a position to observe and have first hand knowledge of this candidate, _____ who is employed at: _____ and that the above material is, to the best of my knowledge, true.

Supervisor's/Administrator's Signature and Title

Date

Please return your Supervisory Practical Experience form and Supervisor's/Administrator's Statement directly to National Opioid Treatment Clinicians Association, Inc., P.O. Box 508, Conley GA 30288.

SUPERVISORY PRACTICAL EXPERIENCE

Supervisory Practical Experience is supervision that teaches addiction treatment counselors. Supervision can be done on an individual or group basis. The fact that a candidate provided supervision as an administrator is not, in itself, enough to satisfy this requirement. Supervision should include activities designed to promote education in specific clinical functions. Such activities are monitored by the supervisor who provides timely positive and negative feedback, to assist in the professional development and growth of the supervisee.

Please indicate the type of and amount of time candidate spent in supervision of a particular practice area. This is not to be confused with the amount of time the candidate performs job responsibilities in the counseling practice area. Once you have completed this form, please return it directly to us at:

National Opioid Treatment Clinicians Association, Inc.
P.O. Box 508, Conley GA 30288

Candidate's Name: _____

Supervisor (Please print or type): _____

Agency: _____ Business Phone: () _____

Supervisory Practice Area	# of hours	Type of Supervision (Individual or Group)
1. Assessment/Evaluation		
2. Orientation of clients		
3. Referral of clients		
4. Education Regarding Communicable Diseases		
5. Working with Special Populations		
6. Documentation		
7. Professional and Ethical Responsibility		
8. Clinic/Administrative Operations		
9. Treatment Planning		
10. Service Coordination		
11. Counseling		
12. Client, Family, and Community Education		
TOTAL HOURS DOCUMENTED (Must be a minimum of 200 face-to-face contact hours)		

I have completed the above information requested, and I have performed at a minimum the type and hours of supervision noted above.

 Supervisor's Signature

 Date

ETHICS/PRINCIPLES OF CONDUCT

I Do Affirm That:

I will respect the integrity and welfare of the person with whom I am working.

I will embrace objectivity and integrity, and continuously strive to maintain the highest standard in the services offered.

As a primary obligation, I will adopt the practice of protecting the privacy of patients, and shall not disclose confidential information without prior and proper consent.

I will embrace that professional practice is built upon accepted standards of competence that promote the best interests of the client, the professional, and society at large. I recognize the need for continued professional growth through academic preparation and continued education.

I will inform current and prospective patients of the importance of the clinical relationship, and ensure continuous clarity of professional boundaries.

I will uphold legal, moral and ethical codes and principles that pertain to professional conduct.

I will not discriminate against patients or professionals.

I will respect limits of my present learning and knowledge in public statements concerning substance use, abuse and addiction.

I will assign appropriate credit to those who have contributed to published material and for which one's work is based upon specific publications.

I will treat colleagues with respect, courtesy and fairness, and afford the same professional courtesy to professionals of different specialties.

I will establish financial arrangements in accordance with professional standards while safeguarding the interest of the client, the counselor and the profession.

I will advocate on public policy and legislation to afford opportunity, and impact public rules, regulations and laws, for all persons whose life is affected by the disease of alcoholism and other drug addiction. I will adopt an individual and professional stance of promoting the welfare and well being of all persons.

I have read and agree to abide by NOTCA, Inc. Code of Ethics.

Candidate Signature

Date

OATHS AND ASSURANCES

I CERTIFY THAT ALL INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO AUTHORIZE ANY NECESSARY INVESTIGATION AND THE RELEASE OF DOCUMENTATION AND OTHER PERSONAL INFORMATION RELATIVE TO MY CERTIFICATION. I AM AWARE THAT FALSIFICATION OF ANY OR PART OF THIS APPLICATION WILL NULLIFY THE APPLICATION PROCESS, AND MAY RESULT IN DENIAL OR REVOCATION OF THE CERTIFIED MASTER OPIOID TREATMENT CLINICIAN (CMOTC) CREDENTIAL.

NATIONAL OPIOID TREATMENT CLINICIANS ASSOCIATION, INC. (NOTCA) or its designated representatives reserve the right to request further information from all employers and other persons listed on the application forms. NOTCA, Inc. reserves the right to request a personal interview with the candidate. Any information used to evaluate the professional competence of the candidate is strictly confidential, and is not available to anyone outside the application process without the specific and written consent of the candidate.

I give NOTCA, Inc. or its representatives my permission to investigate my background as it relates to statements contained within the application documents. All information contained is believed by me to be accurate and true, according to the best of my knowledge and belief at the time of submission of this application.

I consent to the release of information contained in my application to NOTCA, Inc.

I agree to hold NOTCA, Inc. and any of its officers or designated representative free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties that they may take in conjunction with application, re-application, and/or the failure of NOTCA, Inc. to issue certification.

By affixing my signature below, I certify my complete understanding of these statements and my intention to be fully bound.

Candidate Signature

Date

Please return your Application for Certification, and associated application forms to:

**National Opioid Treatment Clinicians Association, Inc.
P.O. Box 508, Conley GA 30288**

FEE SCHEDULE

This Fee Schedule refers to fees payable to National Opioid Treatment Clinicians Association, Inc. Fees will be reviewed and changed at the discretion of NOTCA, Inc. in cooperation with the Executive Board of Directors.

Certification Application	\$150.00
Written Examination	\$50.00
Annual Dues	\$150.00

Certification must be renewed every two years.

APPLICATION FOR CERTIFICATION CHECKLIST

It is the responsibility of the candidate to submit a complete application. Please check the following items to insure your application packet is complete.

- ___ Submit Application for Certification
- ___ Professional Work Experience
- ___ Include a Job Description for each job listed under Professional Work Experience.
- ___ Include verification of academic education.
- ___ Include verification of continuing education.
Such documents may include proof of attendance at workshops, seminars, or training events outside your place of employment.
- ___ Three professional letters of reference.
- ___ Supervisor's/Administrator's Recommendation Form
- ___ Supervisor's/Administrator's Statement
- ___ Supervisory Practical Experience Form.
- ___ Read and signed Ethics/Principles of Conduct.
- ___ Read and signed Oaths and Assurances.
- ___ Non-refundable Application fee of \$150.00 and Non-refundable Written Examination fee of \$50.00. Written Examination fee should be paid at least 30 days prior to the actual examination.

Please do not send application in a bound document protector. Like items need only be paper-clipped together, and mailed to National Opioid Treatment Clinicians, Inc., P.O. Box 508, Conley GA 30288.