

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

**CERTIFIED OPIOID TREATMENT CLINICAL SUPERVISOR
CERTIFICATION PACKET**

Last Update: July 2008

CERTIFIED OPIOID TREATMENT CLINICAL SUPERVISOR (COTCS)

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 Opioid Treatment Clinical Supervisor.

OVERVIEW OF REQUIREMENTS

Supervision is a disciplined, structured and defined clinical activity. It has a 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 patients.

Candidate must hold a Certified Opioid Treatment Clinician (COTC) credential, or equivalent certification and 10,000 hours (5 years) of chemical dependency counseling to apply for the Certified Opioid Treatment Clinician Supervisor (COTCS). The COTC or COTC II Certification must remain active and in good standing to maintain the COTCS Certification.

Candidate must have 30 contact hours of didactic training in clinical supervision to include training in the following performance domains: assessment/evaluation, counselor development, professional responsibility and management/administration.

Candidate must take the NOTCA, Inc. Clinical Supervisor Written and Oral Examinations, unless reciprocal.

Candidate must sign and adhere to the Clinical Supervisor Code of Ethics.

When all standards have been met, submit candidate must submit completed application to NOTCA, Inc. P.O. Box 508, Conley GA 30288. All documentation must be on copies of the forms provided and in the format specified.

Candidate must submit, along with application a \$100.00 non-refundable application fee. An additional \$100.00 non-refundable fee must be received one month prior to taking the Written and Oral Examinations.

Renewal –Recertification is every 4 years. 4.0 hr Forum on Clinical Supervision, plus 20.0 hrs of didactic training SPECIFIC TO CLINICAL SUPERVISION in subjects as it relates to enhancing skills as a clinical supervisor. Renewal fee of \$150.00.

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

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 30 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.
- 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 300 contact hours of face-to-face clinical supervision by a COTCS, CMOTC or CCS.

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:

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 this candidate _____ to _____
(mo/yr) (mo/yr)
10. Approximately how many patients does/did the candidate serve daily? _____
11. Approximately how many substance abuse counselors does/did the 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.

SUPERVISED PRACTICAL EXPERIENCE

Supervised Practical Experience is supervision that teaches addiction treatment counselors. Supervision can be done on an individual or group basis. 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: () _____

Supervisor Practice Area	# of hours	Type of Supervision (Individual or Group)
1. Assessment/Evaluation		
2. Orientation of patients		
3. Referral of clients		
4. Clinical Supervision of substance abuse counselors		
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 300 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 _____

Certified Opioid Treatment Clinical Supervisor Code of Ethics

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

1. Competence:

The COTCS shall limit practice to areas of competence in which proficiency has been gained through education or documented experiences or through the awarding of a reciprocal professional certification or license. He/she 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. He/she shall aggressively seek out consultation with other professionals when called upon to supervise counseling situations outside their realm of competence. He/she will refer supervisees to other professionals when they are unable to provide adequate supervisory guidance to the supervisee.

2. Patient Welfare and Rights:

The primary obligations of a COTCS are to train opioid treatment counselors to respect the integrity and promote the welfare of their patients. The COTCS should have supervisees inform and receive permission from patients 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 patient's treatment must be authorized in writing. The COTCS should make supervisees aware of patient's rights, including protecting patient's rights to privacy and confidentiality in the counseling relationship and the information resulting from it. Patients 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, 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 patient. The COTCS is responsible for monitoring the professional actions of their supervisees. The COTC is responsible for the presentation of adequate training for all supervisees in the area of transference, dual relationships, cultural sensitivity and professional deportment.

3. Profession Behavior:

Due to the unique scope of practice opioid treatment counselors provide, the COTCS 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 of 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 conducting of intimate, personal, and/or business relationships of any kind with any patient 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 patient 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:
 - (1) Are convicted of any felony.
 - (2) Are convicted of a misdemeanor related to their qualifications of functions.
 - (3) Engaged in conduct that could lead to a conviction of a felony or misdemeanor related to their qualifications and/or functions.
 - (4) Are expelled or disciplined from any other professional organization.
 - (5) Have their license or certification revoked, suspended or disciplined by a regulatory body.
 - (6) Shall refuse to seek treatment if deemed impaired.
 - (7) Fail to cooperate in any ethical complaint investigation.
- g. The Clinical Supervisor respects the dignity and protects the welfare of participants in research and is aware of regulations and professional standards governing research including informed consent.
- h. The Clinical Supervisor makes financial arrangements with patients, 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 patients and supervisees at the beginning of services and represent facts truthfully to patients, third party payers and supervisees.
- i. 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.

4. Supervisory Role:

Inherent and integral to the role of supervisor are responsibilities for monitoring of patient 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 will not be tolerated.
- b. The COTCS should pursue professional and personal continuing education activities to maintain their COTCS credential and to improve their supervisory skills. Competency in the Four Performance Domains of Clinical Supervision must be maintained.
- c. The COTCS shall make his/her 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. The COTCS should strive to enable supervisees to be competent, autonomous, professional, judicious, 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. The COTCS should provide supervisees with ongoing feedback on their performance.
- i. The COTCS 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 COTCS and the supervisor should share supervision when appropriate.
- j. The COTCS should not participate in any form of sexual contact (including sexual harassment and sexual advances) with supervisees. Supervisors should not engage in any form of social contact or interaction, which would compromise the supervisor-supervisee relationship. Dual relationships (including outside consultants, partnerships, nepotism, etc.) with supervisees that might impair the supervisor's

- objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.
- k. The COTCS shall not use the supervision process to further personal, religious, political or business interests.
 - l. The COTCS should not endorse any treatment that would harm a patient either physically or psychologically.
 - m. The COTCS 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 patients and on professional functioning.
 - n. The COTCS should never supervise past or current patients who are staff or their families.
 - o. The COTCS should model appropriate use of supervision themselves for problem solving and practice review.
 - p. The COTCS 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. The COTCS who is a member of Alcoholics Anonymous, Narcotics Anonymous, Al Anon, etc., should never sponsor a supervisee.
 - r. The COTCS 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. The COTCS 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. The COTCS must be able to integrate the 12 Core Functions of Substance Abuse Clinical Competency into their theoretical and supervisory approach. A clear understanding of the 46 Global Criteria is essential.

- u. The COTCS ensures the professional quality of the program that their supervisees participation in.
- v. The COTCS should be an active participant in quality assurance and peer review.
- w. The supervision provided by the COTCS must be provided in a professional and consistent manner to all supervisees 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.

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 OPIOID TREATMENT CLINICIAN (COTC) CREDENTIAL.

NATIONAL OPIOID TREATMENT CLINICIANS ASSOCIATION, INC., 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 any of its designated 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 which 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.

Signature

Date Signed

Please return your Application for Certification, and associated application forms to NOTCA, Inc. P.O. Box 508, Conley GA 30288.

FEE SCHEDULE

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

Application for Certification	\$100.00
Certification Application and Manual	Free Online at www.notca.com (\$5.00 if mailed)
Written Examination	\$50.00
Oral Examination	\$50.00
Renewal Fee	\$150.00 (Every Four Years)

APPLICATION FOR CERTIFICATION CHECKLIST

1. 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 you place of employment, or college credits.

- a. 30 clock hours of continuing education specific to opioid treatment clinical supervision.

_____ Two professional letters of reference

_____ Supervisor's/Administrator's Recommendation Form

_____ Supervisor's/Administrator's Statement.

_____ Supervised Practical Experience Form.

_____ Read and sign Code of Ethics.

_____ Non-refundable Application Fee (\$100.00)

_____ Non-refundable Written and Oral Examination Fee (\$100.00) must be paid 30 days prior to initial examination.

2. Please refer to Certification Manual for more information.

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