

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

**CERTIFIED OPIOID TREATMENT CLINICIAN  
CERTIFICATION PACKET**

Last Update: July 2008

NATIONAL OPIOID TREATMENT CLINICIANS ASSOCIATION, INC.

**APPLICATION FOR CERTIFICATION**

(Must be typed or legibly printed)

**PERSONAL INFORMATION**

1. NAME: \_\_\_\_\_  
(Last) (First) (MI)

---

*PLEASE TYPE OR PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE*

2. ADDRESS: \_\_\_\_\_

---

(City) (State) (Zip)

3. Telephone:  
Work (\_\_\_\_) \_\_\_\_\_; Home (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_; email: \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ 5. Social Security No. \_\_\_\_\_

5. Have you ever been arrested, charged and/or convicted of any felony? Yes \_\_\_ No \_\_\_

6. Do you have any pending felony charges? Yes \_\_\_ No \_\_\_

If yes for 5 or 6 above, please explain the situation and the present status of charge:

---

---

---

---

---

---

**PROFESSIONAL WORK EXPERIENCE**

1. Please list your present employment, and then from previous employment, list only those positions pertinent to your OTP work experience which you feel best fits the description of qualifying experience. Your employment must have been in the provision of direct clinical care. Please provide a Job Description for each position you document.
2. Professional Work Experience: The candidate must demonstrate a minimum of 4000 hours (2 years) full paid time professional experience in the practice of chemical dependency and abuse counseling, *with six months experience in an opioid treatment setting, unless applying for test exemption, outside the State of Georgia, when the requirement is two years experience in an opioid treatment setting.*
3. One-year full time paid employment at 40 hours, where 100% of the time is in counseling and counseling related activities with addiction patients, equals 2000 hours of paid experience. Therefore, two years full time paid experience must be documented to meet this standard.

**AND**

4. If you are applying for the COTC or PROVISIONAL CERTIFICATE, of your two years full time paid experience, you must document at least 6 months experience in an opioid treatment setting;

**-OR-**

5. If you are applying under the Test Exemption (resident outside the State of Georgia or resident of Georgia for less than one year), you must document two (2) complete years, full-time paid experience in an opioid treatment setting.
6. If you are applying under the reciprocal process and is certified by a certification board that meets the requirements of the Georgia Code 43-10A-7(15)(A)-(D) you must document six (6) complete months full-time paid experience in an opioid treatment setting.

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

Business Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Name of Immediate Supervisor: \_\_\_\_\_  
(Must be the name of person completing supervisor's evaluation form)

Title of Your Position : \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

Dates of Employment for this Position: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Your Duties: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Name of Immediate Supervisor: \_\_\_\_\_

(Must be the name of person completing supervisor's evaluation form)

Title of Your Position : \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

Dates of Employment for this Position: \_\_\_\_\_ to \_\_\_\_\_

(Month/Year)

(Month/Year)

Your Duties: \_\_\_\_\_

\_\_\_\_\_  
Previous Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Name of Immediate Supervisor: \_\_\_\_\_

(Must be the name of person completing supervisor's evaluation form)

Title of Your Position: \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

Dates of Employment for this Position: \_\_\_\_\_ to \_\_\_\_\_

(Month/Year)

(Month/Year)

Your Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**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 work 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.) Make copies of this form for additional positions or places of employment.**

**ACADEMIC PREPARATION / EDUCATION**

ACADEMIC PREPARATION: The candidate, at the minimum, must demonstrate attainment of a high school diploma or general educational equivalency diploma (GED). Please complete the following:

	Name & Location	Dates Attended	Degree Awarded
High School			
GED			
College			
Post Graduate			
Graduate			
Other			

To verify college education, please provide a copy of your transcript and diploma (if you have graduated), or have one mailed directly to us.

## CONTINUING EDUCATION VERIFICATION

1. The candidate must demonstrate a minimum of 280 clock hours of continuing education, of which 50 hours must be specific to opioid treatment.
2. The following continuing education hours are required for initial certification and test exemption:

* Clinic Operations in Opioid Treatment	5 hours
* Narcotic Treatment Federal/State Regulatory Guidelines –	5 hours
* Pharmacology in Opioid Treatment –	5 hours
* Medical/Psychiatric Issues of Opioid Treatment Patients	10 hours
* Professional and Ethical Responsibilities –	10 hours
* Screening –	5 hours
* Intake –	5 hours
* Orientation –	5 hours
* Assessment –	5 hours
* Case Management –	10 hours
* Confidentiality in Alcohol and Drug Treatment –	5 hours
* Crisis Intervention –	5 hours
* Patient and Family Education –	5 hours
* Referral –	5 hours
* Consultation –	5 hours
* Prevention of Violence/Management of Unsafe Behavior –	5 hours
* Opioid Treatment –	25 hours
* Community Education	5 hours
* Customer Service	5 hours
* Domestic Violence	5 hours
* Child Abuse and Neglect	5 hours
* Chemical Dependency/Process of Addiction –	10 hours
* Infectious Diseases –	10 hours
* Cultural Competency –	10 hours
* Treatment Planning –	10 hours
* Report and Record Keeping –	10 hours
* Theories and Practice –	40 hours
* Basic Counseling Education –	50 hours

---

Total	280 Continuing Education Hours
-------	--------------------------------

3. If you are applying under the reciprocal process, you must demonstrate continuing education in the following areas:

• Clinical Operations in Opioid Treatment	5 hours
• Narcotic Treatment Federal and State Regulatory Guidelines	5 hours
• Pharmacology in Opioid Treatment	5 hours

• Medical/Psychiatric Issues of Opioid Dependent Patients	10 hours
• Treatment Planning	10 hours
• Opioid Treatment Specific	25 hours
<b>Total</b>	<b>60 Continuing Education Hours</b>

4. 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 counseling field. No more than 30% of educational hours, (or 84 hours) can be in-service or staff development hours delivered internal at your place of employment.
5. Educational hours (other than college hours) must have been accomplished within the past five years at the time of application.
6. Please attach a certificate of attendance for each educational event listed below.
7. For calculation purposes five (5) quarter hours equals 40 clock hours; Three (3) semester hours equals thirty (30) clock hours; One (1) CEU equals ten (10) clock 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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

Please make copies of continuing education form if needed.

## **PROFESSIONAL LETTERS OF REFERENCE**

1. As a candidate will provide two (2) letters of reference regarding your professional qualifications.
2. Letters of Reference must be from someone who is familiar with your professional work experience such as peers, colleagues, employer, supervisor, etc.
3. Letters of Reference from family members will not be accepted.
4. Letters of Reference should be sent directly to NOTCA, Inc. at the following address:

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

**SUPERVISOR RECOMMENDATION**

The candidate must have completed 300 hours of supervised practical experience that teaches opioid treatment, chemical dependency and substance abuse counseling.

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

Experience that is documented as supervised, must pertain to experience in which the candidate was employed full time in the capacity to delivering direct clinical services. Such tasks may include screening, intake, orientation, assessment, treatment planning, case management, counseling, crisis intervention, client, family or community education, documentation, or case consultation. Therefore, responsibilities such as marketing, employee assistance, supervisory, or others not of the nature of direct clinical services would not be applicable toward eligibility.

An acceptable certifying board must certify the supervisor, for no less than two years. The board's requirements must also meet or exceed the Georgia Code 43-10A-7(15) for Clinical Supervisor.

Candidate's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Dear Supervisor:

I am in the process of seeking certification from the National Opioid Treatment Clinicians Association, Inc. I am asking for your input as my supervisor to verify my standard of care, professional performance and work experience. I hereby authorize your 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 evaluate the competency of the candidate as a counselor in regard to the following practice areas. **PLEASE CIRCLE THE NUMBER WHICH BEST EVALUATES THE CANDIDATE.**

1=Does Not Perform	2=Poor	3=Average	4=Above Average	5=Excellent
--------------------	--------	-----------	-----------------	-------------

1. Clinical Evaluation:					
1a. Screening	1	2	3	4	5
1b. Intake	1	2	3	4	5
2. Treatment Planning	1	2	3	4	5
3. Referral Services	1	2	3	4	5
4. Service Coordination	1	2	3	4	5
5. Counseling					
5a. Individual Counseling	1	2	3	4	5
5b. Group Counseling	1	2	3	4	5
5c. Family Counseling	1	2	3	4	5
6. Patient, Family and Community Education	1	2	3	4	5
7. Documentation	1	2	3	4	5
8. Professional and Ethical Responsibility	1	2	3	4	5

1=Does Not Perform	2=Poor	3=Average	4=Above Average	5=Excellent
--------------------	--------	-----------	-----------------	-------------

Please rate the following interpersonal skills in regard to client relationship based upon your observations:

1. Respect for patient	1	2	3	4	5
2. Care and concern for patient	1	2	3	4	5
3. Genuineness with patient	1	2	3	4	5
4. Empathy with patient	1	2	3	4	5
5. Judgement with patient	1	2	3	4	5
6. Flexibility with patient	1	2	3	4	5

7. Capacity for appropriate confrontation with client 1      2      3      4      5

1=Does Not Perform	2=Poor	3=Average	4=Above Average	5=Excellent
--------------------	--------	-----------	-----------------	-------------

8. Spontaneity with patient      1      2      3      4      5

10. Sense of immediacy      1      2      3      4      5

11. Concreteness      1      2      3      4      5

12. Ability to set appropriate boundaries      1      2      3      4      5

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 of 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 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 STATEMENT**

1. Name of Program/Agency: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Business Telephone Number: (\_\_\_\_) \_\_\_\_\_
4. Where did you receive your training in counseling? \_\_\_\_\_
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 and/or certifications you hold: \_\_\_\_\_
8. What function of managerial oversight are you involved in at your place of employment?
  - a. Clinical supervision of counselors, only.
  - b. Administrative responsibilities, only.
  - c. Both clinical and supervisory responsibilities
9. Total amount of time you have supervised this candidate \_\_\_\_\_ to \_\_\_\_\_  
(Month/Yr) (Month/Yr)
10. What is the candidate's caseload in:  
Individual counseling: \_\_\_\_\_; Group Counseling \_\_\_\_\_  
Other? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What is the average numbers of hours per week the candidate works in:

Direct opioid treatment/clinical services with patients: \_\_\_\_\_

Indirect services with patients: \_\_\_\_\_

Describe indirect services: \_\_\_\_\_

---

12. Please make any comments or provide additional information you feel may be pertinent to the evaluation of this candidate: \_\_\_\_\_

---

---

13.  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 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.

---

(Supervisors Signature and Title)

(Date)

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

**SUPERVISED PRACTICAL EXPERIENCE**

Supervised Practical Experience is supervision that teaches opioid treatment and counseling. Supervision can be done on an individual or group basis. *The fact that a candidate is under the direct supervision for administrative oversight is not, in itself, enough to satisfy this requirement.* Supervision should include activities designed to promote education in a 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 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 Practice Area. Once you have completed this form, please return it directly 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: (\_\_\_\_) \_\_\_\_\_

Practice Area	# of	Type of Supervision
	hours	(Individual or Group)

Practice Area	# of hours	Type of Supervision (Individual or Group)
<b>1. Clinical Evaluation</b>		
<b>a. Screening</b> – the process by which the counselor, patient and available significant others determine whether the person served may appropriately receive opioid treatment.		
<b>b. Evaluation</b> – an ongoing process through which the counselor collaborates with the patient and others to gather and interpret information necessary for planning treatment and evaluating patient progress.		
<b>c. Orientation</b> – the process that informs the patient of exactly what is to occur as services are delivered, and involves the person served regarding the program services.		
<b>d. Eligibility</b> - eligibility for admission to the appropriate level of care should be based upon the clinical evaluation process, and include strengths, needs, abilities and preferences of the patient. Eligibility determination must be made to prevent individuals from being enrolled in more than one opioid treatment program.		
<b>2. Treatment Planning</b> – a collaborative process through which the counselor and patient develop desired treatment goals and identify objectives for achieving them. The treatment plan is developed from the assessment and interpretive summary.		

<p><b>3. Referral</b> – the process of facilitating the patient’s utilization of available community support systems and resources to meet needs identified in clinical evaluation and / or treatment planning.</p>		
<p><b>4. Service Coordination</b> – the administrative, clinical, and evaluative activities that bring the continuum of resources together to focus on issues and needs identified in the treatment plan.</p>		
<p><b>5. Counseling</b> – an ongoing process that facilitates the patient’s progress toward mutually determined treatment goals and objectives</p>		
<p><b>a. Individual Counseling</b> – one-on-one counselor/patient clinical interaction to assess one’s issues, and facilitate appropriate changes</p>		
<p><b>b. Group Counseling</b> – the involvement of patients within a collective group setting for the purpose of assessing one’s issues and facilitating change.</p>		
<p><b>c. Family Counseling</b> - the involvement of the family to explore family dynamics and facilitate change.</p>		
<p><b>6. Patient, Family and Community Education</b> – the process of providing patients, families, significant others and community groups with information regarding the impact of use/addiction to substances, as well as prevention, treatment and recovery resources.</p>		
<p><b>a. Testing, Counseling, and Education Regarding Communicable Diseases</b> – the provision of counseling groups with a special focus on AIDS, HIV, STD’s, giving particular emphasis to prevention, and preventative measures</p>		
<p><b>7. Specific Populations</b> – sensitivity to ensure the inclusion of the unique needs of specific populations are addressed, while adapting structures and services to adapt to the characteristics of the patients served.</p>		
<p><b>8. Documentation</b> – recording of the comprehensive treatment episode, including screening and intake process, assessment, treatment plans, clinical reports, clinical progress notes, discharge summaries, and other patient related information.</p>		
<p><b>9. Professional and Ethical Responsibility</b> – the obligations of the COTC to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.</p>		
<p><b>10. Clinic / Administrative Operations</b> – the routine and intermittent practices and procedures unique to specific opioid treatment facilities.</p>		

<b>TOTAL HOURS DOCUMENTED</b> <b>(must be a minimum of 300 hours)</b>		
--	--	--

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**

**I \_\_\_\_\_ attest that I have been certified for no less than two years by an acceptable certifying board. The board's requirements meet or exceed the Georgia Code 43-10A-7(15) for Clinical Supervisor. Included with this form is a copy of my resume with a five-year history of my professional experiences. I am aware that the NOTCA, Inc. Board of Examiners will use my documents to determine if I am a qualified supervisor with appropriate clinical expertise.**

**This form must not be included with application. It must be mailed in a separate envelop to: NOTCA, Inc., P.O. Box 508, Conley GA 30288.**

## **National Opioid Treatment Clinicians Association, Inc.**

### **Certified Opioid Treatment Clinician Code of Ethics**

Professional ethics are at the core of a Certified Opioid Treatment Clinician. The profession has an obligation to articulate its ethical principles, and ethical standards. The COTC Code of Ethics sets forth these principles and standards to guide the COTC's conduct. The Code offers a set of principles and standards to guide decision making and conduct when ethical issues arise. The Code also sets forth ethical principles and ethical standards by which the actions of the COTC can be judged.

#### **Confidential Information**

The use of confidential information obtained as a consequence of employment with an agency must be limited to the proper conduct of the agency's business. All information about the patients is confidential and must never be disclosed to outsiders without the written consent of the patient. The Certified Opioid Treatment Clinician should not use, or permit others to use, confidential information for the purpose of furthering a private interest or as a means of making a profit.

#### **Responsibility to Patients**

This principal refers to practices and procedures of individual and/or group counseling relationships.

1. The Certified Opioid Treatment Clinician's primary obligation is to respect the integrity and promote the welfare of the patient, whether the patient is assisted individually or in a group relationship. In a group setting, the Certified Opioid Treatment Clinician (COTC) is also responsible for taking reasonable precautions to protect individuals from physical and/or psychological trauma resulting from interaction within the group.
2. The COTC relationship and information resulting **must** be kept confidential, consistent with the obligations of the COTC as a professional person. In a group counseling setting the COTC must set a norm of confidentiality regarding all group participants' disclosures.
3. If a patient is already in a counseling relationship with another professional person, the COTC must contact that professional after obtaining proper releases for the exchange of relevant information regarding the patient in question.
4. When the patient's condition indicates that there is clear and imminent danger to the patient or others, the COTC must inform responsible authorities after (Duty to Warn) consultation with his/her supervisor. The assumption of responsibility for the patient's behavior must be taken only after deliberation. The patient must be involved in the resumption of responsibility as quickly as possible.
5. The solicitation or acceptance of commissions, fees, or anything of monetary value on the part of a COTC from patient, suppliers, or any other source as compensation for services routinely rendered to patients is not sanctioned.
6. Records of counseling relationship, including interview notes, test data, correspondence, progress notes, and other documents, are to be considered professional information for use in counseling and they are considered a part of the patient's records.
7. Use of data derived from a counseling relationship for purposes of COTC training shall be confined to content that can be disguised to ensure full protection of the identity of the patient.
8. The COTC will not engage in personal relationships with patients.

9. The COTC should take reasonable steps to avoid abandoning patients who are still in need of services. The COTC should withdraw services precipitously under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. The COTC should assist in making appropriate arrangements for continuation of services when necessary.
10. The COTC in fee-for-service settings may terminate services to patients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the patient, if the patient does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the patient.
11. The COTC should not terminate services to pursue a social, financial, or sexual relationship with a patient.
12. The COTC who anticipates the termination or interruption of services to a patient should notify patient promptly and seek the transfer, referral, or continuation of services in relation to the patient's needs and preference.
13. The COTC who is leaving an employment setting should inform patients of appropriate options for the continuation of services and of the benefits and risks of the options.

### **Ethical Conflicts**

- If the COTC determines an inability to be of professional assistance to the patient, or perceives an ethical conflict, the COTC must bring this situation and its concerns to his/her supervisor. The supervisor will determine the most appropriate action to be taken.
- If the COTC has relatives, close friends, and/or business acquaintances he/she will excuse his/herself from taking an active part in the treatment plan of such relatives, acquaintances and friends. This is necessary to ensure objectivity in the service to such individuals.
- The COTC should not engage in dual or multiple relationships with patients or former patients where there is a risk of exploitation or potential harm to the patient. In instances when dual or multiple relationships are unavoidable, the COTC should take steps to protect the patient and is responsible for setting clear, appropriate, and culturally sensitive boundaries.

### **Cultural Competence and Social Diversity**

- The COTC should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- The COTC should have a knowledge base of his/her patient's culture and be able to demonstrate competence in the provision of services that are sensitive to the patient's culture and to differences among people and culture groups.
- The COTC should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

### **Responsibility to Colleagues**

The Certified Opioid Treatment Clinician should treat colleagues with respect, courtesy, fairness and good faith.

1. The COTC should cooperate with colleagues to promote professional interests and concerns.
2. The COTC should respect ethical confidences shared by colleagues in the course of their professional relationships and transactions.

3. The COTC should create and maintain conditions of practice that facilitate ethical and competent professional performance by colleagues.
4. If the COTC has knowledge of unethical practices on the part of another colleague he/she should report such practices to the employer, NOTCA, Inc. Ethics Board, Licensing and regulatory bodies, and/or other professional organizations.
5. The COTC who replaces or is replaced by a colleague in a professional practice should act with consideration for the interest, character, and reputation of that counselor.
6. The COTC should extend to colleagues of other professions the same respect and cooperation that is extended their counselor colleagues.
7. The COTC should not use the work place for proselytizing for religious, political or economic purposes.
8. The COTC who functions as a supervisor or educator should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.
9. The COTC who has direct knowledge of a colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.
10. A COTC who believe that a colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, NOTCA, Inc. Ethics Board, licensing and regulatory bodies, and other professional organizations.

### **Supervision and Consultation**

- The COTC who provides supervision or consultation should have the necessary knowledge and skills to supervise or consult appropriately and should do so only within his/her areas of knowledge and competence.
- The COTC who provides supervision or consultation is responsible for setting clear, appropriate, and culturally sensitive boundaries.
- The COTC should not engage in any dual or multiple relationships with supervisees in when there is a risk of exploitation of or potential harm to the supervisee.
- The COTC who provides supervision should evaluate supervisees' performance in a manner that is fair and respectful.
- COTC administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff they are responsible. Continuing education and staff development should address current knowledge and emerging developments related the organization's practice and ethics.

### **Responsibility to Employer**

The Certified Opioid Treatment Clinician should adhere to commitments made to his/her employer.

1. The COTC should work to improve employer's policies and procedures, and the efficiency and

effectiveness of its services.

2. The COTC, when serving in the capacity of a supervisor, should act to prevent and eliminate discrimination at his/her employment agency in work assignments and its employment policies and practices.
3. The COTC should use with scrupulous regard, and only for the purpose for which they are intended, the resources of his/her employment agency.

### **Business Transactions**

- The Certified Opioid Treatment Clinician should avoid representing his/her agency in any transaction with any person, firm, corporation, or organization with which the employee, or any member of the employee's family, has any material connection or in which he owns a substantial interest. Any such conflict needs to be brought to the attention of his/her supervisor.
- All transactions with outside suppliers should be conducted on a business-like basis in the best interest of the employment agency. Business should be governed by a customer-business relationship and not by personal friendship.

### **Marketing Ethics**

- The National Opioid Treatment Clinicians Association, Inc., in addition to supporting and obeying laws and legal regulations pertaining to marketing and advertising extend and broaden the application of high ethical standards. Specifically, the COTC will not knowingly make marketing claims or create advertising that contains: false or misleading statements or exaggerations; testimonials that do not reflect the real opinion of the individual(s) involved; price claims that are misleading; claims insufficiently supported or that distort the true meaning of practicable application of statements made by professional or scientific authority; statements, suggestions or graphics offensive to public decency or minority segments of the population.
- The National Opioid Treatment Clinicians Association, Inc. recognizes that there are areas that are subject to honestly different interpretations and judgment. Nevertheless, the COTC must agree not to use advertising that is in poor or questionable taste or that is deliberately insensitive.
- These principles are based on the belief that sound and ethical practice is good business. Confidence and respect are indispensable to the success of the COTC and his/her relationship with patients and the public at large is dependent upon good faith.

### **Professional Competence and Integrity**

The Certified Opioid Treatment Clinician must be dedicated to maintaining high standards of professional competence and integrity and must do the following:

1. The COTC who is convicted of felonies; are convicted of misdemeanors (related to their qualification or functions); engage in conduct which could lead to conviction of felonies or misdemeanors related to their qualifications or Code Of Ethics; are expelled from other professional organizations; or have other license or certifications suspended or revoked, must report such activities or actions immediately to the National Opioid Treatment Clinicians Association, Inc. Ethics Board, P. O. Box 508, Decatur, Georgia 30031-0097.
2. The COTC will seek appropriate professional assistance for his/her own personal problems or conflicts that are likely to impair their work performance or their clinical judgment.
3. The COTC will not engage in sexual relationships with patients.
4. The COTC will not engage in verbal, emotional or behavioral harassment of patients, trainees or

colleagues.

5. The COTC will not attempt to diagnose, treat or advise on problems outside recognized boundaries of their competence.
6. The COTC will attempt to prevent the distortion or misuses of their clinical findings.
7. The COTC will be aware that because of his/her ability to influence and alter the lives of others, he/she must exercise special care when making public his/her professional recommendations and opinions through testimony or other public statements.
8. In recognition of the fact that the relationship between counselor/clinician and patient is one which the utmost discretion, good judgment and ethical behavior is of paramount importance, certain restrictions as to the scope of that relationship need to be carefully and strictly outlined and adhered to. This needs to be done in order to ensure the relationship's integrity and therapeutic soundness, therefore, activities such as in kind payment for services (i.e., a patient offering free meals at his/her restaurant to the COTC in exchange for counseling services), and financial transactions between the COTC and patient such as lending/borrowing money, entering into loan agreements, formation of social relationships secondary to the ongoing therapeutic relationship, or the sponsoring of active patients are all considered to be unethical and are not to be engaged in by the COTC. Similarly if the COTC becomes aware of a colleague engaging in such activities, it is his/her responsibility to bring such issues and concerns to the organization leadership immediately.

### **Responsibility to the Profession**

The Certified Opioid Treatment Clinician **must** respect the rights and responsibilities of professional colleagues, and participate in activities that advance the goal of the profession.

1. The COTC must remain accountable to the standards of the profession when acting as members of employees of organizations.
2. The COTC should recognize a responsibility to participate in activities that contribute to a better community and society.
3. The COTC should be concerned with developing laws and regulations pertaining to his/her field that serve the public interest, and with altering such laws and regulations that are not in the public interest.
4. The COTC should recognize the need for continuing education and should be open to new procedures and changes in expectations and values over time.
5. The COTC should recognize that personal problems and conflicts may interfere with professional effectiveness. Accordingly, he/she should refrain from undertaking any activity in which his/her personal problems are likely to lead to inadequate performance or harm to a patient or colleague. If engaged in such activity when he/she becomes aware of his/her personal problems, it is the COTC's obligation to bring this to the attention of his/her immediate supervisor so that a determination can be made as to whether he/she should suspend, terminate or limit the scope of his/her professional activity.

### **Candor with Management, Auditors, and Counsel**

The Certified Opioid Treatment Clinician is expected to maintain complete and open communication with management regarding organization matters. The COTC will not deliberately conceal information or mislead management, auditors, or counsel.

### **Implementation of the Code of Ethics**

Questions of judgment may arise in connection with the Code of Ethics. If any doubt exists regarding the propriety

of an action or activity, the COTC should seek advice and written approval from the National Opioid Treatment Clinicians Association, Inc. Ethics Board. The COTC is expected to promptly report the existence of any of his/her relationships, interest, or actions, which might violate or appear to violate the Code of Ethics.

**Violations of the Code of Ethics**

Any suspected violations of the Code of Ethics should be referred to the National Opioid Treatment Clinicians Association, Inc. Ethics Board. Violations of the Code of Ethics may be grounds for disciplinary action, up to and including suspension or revocation of certification. In situations where infractions of the Code may have violated federal or state law, such infractions will be disclosed as appropriate, and reported to enforcement agencies as required.

Your signature on this document indicates that you have read this Code of Ethics and will adhere to its principles.

---

Signature of Candidate

---

Date

---

Please print your full name on this line

**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, 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. at

National Opioid Treatment Clinicians Association, 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.

Application for Certification	\$100.00
Certification Application and Manual	Free Online at <a href="http://www.NOTCAa.com">www.NOTCAa.com</a> (\$5.00 if mailed)
Written Examination	\$50.00
Oral Examination	\$50.00
Provisional Certificate	\$100.00 (Additional fee will not be charged for official COTC certification)
Renewal Fee	\$100.00 (Every Two 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 your place of employment, or college credits.

a. 280 clock hours of continuing education.

b. 50 hours must be specific to opioid treatment for initial certification and test exemption. Please see detailed education requirements.

c. 60 hours are required for the reciprocal process. Please see detailed educational requirements.

d. Documentation of in-service training can be included, but must be limited to 30% of the total 280 hours, or 84 hours maximum.

\_\_\_\_\_ Two professional letters of reference

\_\_\_\_\_ Supervisor's Recommendation Form

\_\_\_\_\_ Supervisor'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.**