

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

CERTIFIED OPIOID TREATMENT NURSE

CERTIFICATION PACKET

Last Update: July 2008

National Opioid Treatment Clinicians Association, Inc.
Certified Opioid Treatment Nurse

Nursing Experience:

- The candidate must have been a practicing licensed nurse for at least three years.
- The candidate must have completed at least two years (4,000 hours) of experience in Chemical Dependency within the past five years, with a minimum of six months experience in an opioid treatment setting.
- The candidate must demonstrate a minimum of 120 clock hours of continuing education, of which 30 hours must be specific in opioid treatment.
 - (a) Of the above mentioned, 120 hours, no more than 40% (or 48 hours) can be interagency staff development.
 - (b) The remaining 60% (or 72 hours) will comprise of training received through professional development training events outside of the agency of employment.
 - (c) Thirty (30) hours of training must be specific to opioid treatment and must include content in:
 - Pharmacy Procedures
 - Medical Issues of Opioid Treatment Patients
 - Federal and State Regulations
 - Professional and Ethical Responsibilities
 - Prevention of Violence/Management of Unsafe Behavior
 - Confidentiality in Alcohol and Drug Treatment
 - Cultural Competency
 - Customer Service

Attendance at continuing education/training must have taken place in the most recent five (5) years, immediately prior to application.

- The candidate must have completed 220 hours of supervised practical experience that teaches opioid and other chemical dependency and abuse treatment.
- The candidate must have his/her supervisor complete the requested forms documenting verifying the supervisor's observations as to the candidate's delivery of direct clinical services. The Supervisor's Statement verifies the supervisor's background and offers a recommendation for certification.
- The candidate must be competent in the fifteen specific nursing areas that are consistent with the American Nursing Association Professional Practice Standards of Addiction Nursing.
- The candidate must have a passing score on the national examination for the COTN.

- Candidate must submit a signed and dated statement that he/she has read the NOTCA, Inc. Code of Ethics and subscribes to it.
- Candidate must provide three professional references with an acceptable score on each one. One letter must be from the latest work experience supervision and two must be from professionals who have had the opportunity to observe the candidate's skills and competencies.
- Payment of non-refundable application fee (\$100.00).

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: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Employer: _____

Payment:

Amount Enclosed: _____ Check: _____ Money Order: _____

LICENSURE

Current State License (Please indicate each state):

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

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 120 clock hours of continuing education of which 50 hours must be specific to opioid treatment.
- Training must include training in the following areas: Pharmacy Procedures, Medical Issues of Opioid Treatment Patients, Federal and State Regulations, Professional and Ethical Responsibilities, Prevention of Violence/Management of Unsafe Behavior, Confidentiality, Cultural Competency, and Customer Service.
- 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 medical field. No more than 40% of educational hours (or 48 hours) can be in-service or staff development hours delivered internal at your place of employment.
- Educational hours must have been accomplished within the past five years at the time of application.
- Please attach a certificate of attendance for each educational event listed below.
- 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; and one CME equals ten (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.), up to 120 contact hours with no less than 30 hours being opioid treatment specific.

_____ Graduate Level Hours

_____ Undergraduate Hours

_____ Certificate 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 RECOMMENDATION

The candidate must have completed 220 hours of supervised practical experience that teaches opioid treatment, chemical dependency and substance abuse treatment.

The observation 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 observation.

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

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 Opioid Treatment Nurse 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/client relationships, based upon your observation.**
- **Interpersonal skills in regard to relationships with other staff members.**

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 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 nurse 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 nursing/medicine procedures? _____

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 you hold: _____
8. What function of managerial oversight are you involved in at your place of employment?
 - Clinical supervision of nurses, 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. 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: _____

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 Signature and Title

Date

Please return your Supervisor Practical Experience form and Supervisor'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 nurses. Supervision can be done on an individual or group basis. The fact that a candidate is under the direct supervision of administrative oversight 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 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 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: () _____

Practice Area	# of hours	Type of Supervision (Individual or Group)
1. Nursing Assessment		
2. Orientation of patients		
3. Referral of patients		
4. Education Regarding Communicable Diseases		
5. Working with Special Populations		
6. Documentation		
7. Professional and Ethical Responsibility		
8. Clinic/Administrative Operations		
TOTAL HOURS DOCUMENTED (Must be a minimum of 220 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 adhere to the four fundamental responsibilities of nursing, that is, to promote health, to prevent illness, to restore health, and to alleviate suffering.

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 patient, 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 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 OPIOID TREATMENT NURSE (COTN) 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 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	\$100.00
Written Examination	\$50.00
Renewal Fee	\$100.00

Certification should 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 Recommendation Form
- ___ Supervisor's Statement
- ___ Supervised Practical Experience Form.
- ___ Read and signed Ethics/Principles of Conduct.
- ___ Read and signed Oaths and Assurances
- ___ Non-refundable Application Fee (\$100.00).
- ___ Non-refundable Written Examination Fee (\$50.00). Written Examination fee must be paid 30 days prior to exam.

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 Association, Inc., P.O. Box 508, Conley GA 30288.