

Applicant Name \_\_\_\_\_



# KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero St, 2 SC 32, Frankfort, Kentucky 40601

Phone (502) 782-8814 ~ <http://adc.ky.gov>

## CERTIFIED ALCOHOL AND DRUG COUNSELOR ASSOCIATE II VERIFICATION OF BOARD-APPROVED CURRICULUM

In accordance with KRS 309.0842(2) and 201 KAR 35:050, Section 1(3)(a), an applicant seeking certification as a certified alcohol and drug counselors associate II shall have seventy (70) hours of approved classroom hours of board-approved curriculum of which twenty (20) hours shall have been obtained in the previous two (2) years and shall be in addition to the classroom hours required in KRS 309.0841 for a certified alcohol and drug counselor associate I, that includes:

1. Screening assessment and engagement;
2. Treatment planning, collaboration, and referral;
3. Counseling; and
4. Professional and ethical responsibilities

I certify, under penalty of perjury, that I have had training or education in each of the four domains related to the practice of alcohol and drug counseling.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Associate I Certification: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

**ALCOHOL AND DRUG COMPETENCY TRAINING HOURS** All training hours shall specifically related to the knowledge and skills necessary to perform the four alcohol and drug counselor domains: 1. Screening assessment and engagement; 2. Treatment planning, collaboration, and referral; 3. Counseling; and 4. Professional and ethical responsibilities.

### PRINT OR TYPE

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

**Total Number of Hours:** \_\_\_\_\_

Applicant Name \_\_\_\_\_

**ALCOHOL AND DRUG COMPETENCY TRAINING HOURS** (Make as many copies of this page as needed. Number each page.)

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**Total Number of Hours on This Page:** \_\_\_\_\_

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