



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

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

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CERTIFIED ALCOHOL AND DRUG COUNSELOR AND LICENSED ALCOHOL AND DRUG COUNSELOR VERIFICATION OF CLASSROOM TRAINING

In accordance with 201 KAR 35:050, Section 1(3), an applicant seeking certification as an alcohol and drug counselor and licensure as a licensed alcohol and drug counselor shall complete classroom hours which are specifically related to the knowledge and skills necessary to perform the following alcohol and drug counselor domains:

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

A minimum of ten (10) hours must be accumulated in each of the four domains.

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: _____

ETHICS TRAINING (6) – A minimum of 6 hours shall be interactive, face-to-face ethics training related to counseling. **PRINT OR TYPE**

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

Applicant Name _____

Total Number of Hours: _____

Applicant Name _____

HIV TRAINING (2) – A minimum of two (2) hours of training in transmission, control, treatment and prevention of the human immunodeficiency virus. **PRINT OR TYPE**

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

Total Number of Hours: _____

DOMESTIC VIOLENCE (3) – A minimum of three (3) hours of training specific to domestic violence. **PRINT OR TYPE**

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

Total Number of Hours: _____

ALCOHOL AND DRUG COMPETENCY TRAINING HOURS. All training hours shall specifically be 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: _____

