

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>

## VERIFICATION OF CLASSROOM TRAINING

\_\_\_\_\_LCADCA

\_\_\_\_\_LCADC

In accordance with 201 KAR 35:050, Section 1 (5), an applicant seeking licensure as a licensed clinical alcohol and drug counselor or licensed clinical alcohol and drug counselor associate shall complete 180 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

I certify, under the penalty of perjury, that I have had training or education in each of these 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 counseling domains: 1. Screening assessment and engagement; 2. Treatment planning, collaboration, and referral; 3. Counseling; 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:** \_\_\_\_\_



