

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 I **VERIFICATION OF BOARD-APPROVED TRAINING**

In accordance with KRS 309.0841 and 201 KAR 35:050, Section 1(2), an applicant seeking certification as an alcohol and drug counselor associate I shall complete forty (40) classroom hours of board-approved curriculum, twenty (20) hours of which shall have been obtained in the previous two (2) years, 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: _____

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: _____

