

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 FOR FIRST 12 MONTHS** **AFTER INITIAL CERTIFICATION AS ASSOCIATE I**

In accordance with KRS 309.0841(2) and 201 KAR 35:050, Section 1(2)(b), during the first twelve (12) months after an initial certificate has been issued, a certified alcohol and drug counselor associate I shall complete at least thirty (30) additional classroom hours of board-approved curriculum 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 Initial 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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