

Application Instructions - Certified Clinical Supervisor (CCS)

1. Application Form must be signed and dated.
 2. Applicant must live or work at least 51% of the time in Mississippi at time of application.
 3. Applicant must be currently employed in a clinical supervisory position at the time application is submitted to MAAP.
 4. Application must include required supporting documentation, including official transcript(s) (directly from college/university), copies of certificates of attendance for training, and verification of current employment and prior work experience.
 5. Supervised Practical Training (SPT) Verification and Supervisor's Evaluation Form must be given to your supervisor, who has been acting in that capacity for at least six months and holds one of the following credentials: CCS, LPC, LCSW, LMFT, PhD, or MD. (For supervisors without the aforementioned credentials, prior authorization by Certification Board to supervise is required. Written request for authority must be submitted to the Certification Board by supervisor, to include academic credentials, specialty and experience.) You may duplicate this material if you want other supervisors to complete an evaluation. **This form must be mailed by your Supervisor to the Board under separate cover, not as part of your application.**
 6. Personal Reference Forms must be given to three individuals you plan to list on the formal application. They must all be able to attest to your professional skills. **These forms must be returned by the evaluator to the Board under separate cover, not as part of your application.**
 7. Non-refundable application processing fee is \$130 for members; \$190 for non-members.
 8. No application will be reviewed until all materials have been received in the office. MAAP reserves the right to request further information from all your employers and other persons listed on the application. Applicant will be notified by mail of the decision of the Certification Board and written exam instructions once application is approved.
 9. Keep copies of application and supporting documentation for your records. Do not send original certificates!
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Application Checklist

- Completed Application and Portfolio forms including applicant and supervisor signatures
- Resume of Prior Work Experience documented
- Official transcripts mailed directly to MAAP from college/university and copy of your diploma and copy of additional certification status included
- Completed Education Resume including adequate documentation to support minimum of 30 hours education as required
- SPT Verification, Supervisor's Evaluation and Personal Reference forms given to individuals for separate mailing
- Ethical Standards of Certified Professionals affirmation dated and signed
- Application Processing Fee included (\$130 MAAP members; \$190 non-members)
- \$90 Membership Dues (if applicable)

Application for Clinical Supervisor Certification (CCS):

Name: _____ Title: _____
 First MI Last

SSN (Last 4 digits only): _____ E-Mail Address: _____

Home Address: _____
 Number and Street City State Zip

Telephone: (Wk) _____ (Hm) _____ (Cell) _____

Employer: _____

Employer Address: _____
 Number and Street City State Zip

I have given the SPT Verification and Supervisor’s Evaluation Form to my supervisor listed below (must hold either CCS, LPC, LCSW, LMFT, PhD, or MD, OR must attach prior written authorization by Certification Board.) You may duplicate this material if you want other supervisors to complete and evaluation. This form must be mailed by your supervisor to the Board under separate cover, not as part of your application.

Supervisor Name: _____ Title: _____

Telephone Number: _____ Academic Degree(s); Credential(s): _____

Employer (if different than applicant): _____

Employer Address: _____
 Number and Street City State Zip

Please list three (3) individuals, other than supervisors, who know you professionally and can attest to your professional skills. Please provide each individual with a Personal Reference form and ask that they complete and mail it directly to the MAAP office.

1. Name: _____ Telephone: _____
 2. Name: _____ Telephone: _____
 3. Name: _____ Telephone: _____
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I hereby certify that all of the enclosed application material is true, to the best of my knowledge.

Applicant Signature: _____ Date: _____

Please note: The MAAP Certification Board reserves the right to request further information from all employers and other persons listed on the application form. The Board also reserves the option to request or provide an oral interview with the applicant.

Release:

I hereby request that the MAAP Certification Board grant certification to me based on the following assurances and documentation:

1. I subscribe to and commit myself to professional conduct in keeping with the MAAP Ethical Standards of Certified Professionals;
2. I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;
3. I consent to the release of information contained in my certification application and any other pertinent data submitted or collected by MAAP to officers, members and staff of the aforementioned Board;
4. I consent to and authorize MAAP to gather information from their parties regarding continuing education and understand that such communication shall be treated as confidential; and
5. Allegations of ethical misconduct reported to MAAP before, during or after application for certification is made will be investigated by MAAP and could result in the nullification of the application or denial or revocation of certification.

Have you ever received any disciplinary action from another certifying or licensing authority?

_____ No _____ Yes (if yes, please describe on separate sheet)

Applicant Signature: _____ Date: _____

Remarks to Accompany Application:

Remarks may consist of a biographical sketch and/or comments you wish to make to the Certification Board.

I submit the foregoing information and related documents for the exclusive use by MAAP and understand these become the property of the MAAP Board.

Applicant Signature: _____ Date: _____

Statement of Your Personal Philosophy of Clinical Supervision:

This statement should be typewritten and consist of no more than 300 words. It should include your personal philosophy of methods, and approaches relating to clinical supervision, and whatever recognized therapeutic styles you utilize in your practice. Any additional information you feel would be pertinent to your certification please show on the last page of the application packet.

Applicant Signature: _____ Date: _____

Resume of Clinical Supervisor:

For CCS credential, you must document 10,000 hours of alcohol and drug counseling specific work experience and verify 4000 hrs. of clinical supervisory experience in ADC field (may be included in 10,000 hrs.).
A Associate’s degree in behavioral science may substitute for 1000 hours;
A Bachelor’s degree in behavioral science may substitute for 2000 hours;
A Master’s degree in behavioral science may substitute for 4000 hours.

Applicant Name: _____

1. Name of Employer: _____

Employer Address: _____
 Number and Street City State Zip

Employer Phone: _____

2. Name of Immediate Supervisor: _____

3. Name of Administrative Supervisor: _____

4. Job Title: _____

5. Brief Job Description/Duties: _____

6. Dates of Employment: From _____ to _____ for a total of _____ weeks.
 Month/Year Month/Year

7. Average Work Hours Weekly (Exclude Overtime/Vacation Hours): _____ Hrs.

8. Total number of weeks _____ X hours per week = _____ (this is the hours worked in the field)

Please duplicate this page if extra space is needed

Education Resume:

30 hours of education/training specific to clinical supervision with a minimum of six hours in each domain (with the exception of the Treatment Knowledge Domain), which must be listed below and accompanied by supporting documentation such as completion certificate indicating the date, name of course, topic and description, signature of presenter and/or supervisor, and number of hours completed. Sign-in sheets are inadequate forms of supporting documentation. If supporting documentation cannot be included, do not list the education/training source. Total number of hours must conform to the following guidelines: Direct Contact (Conferences, Workshops, and/or Seminars)--Minimum 70% (21 hrs.) must be attained; Employer In-Services--Maximum 15% (4.5 hrs.) is acceptable; Online/Home Study--Maximum 15% (4.5 hrs.) is acceptable.

Applicant Name: _____

Date(s)	Name of Course/Program	Sponsoring Agency	Presenter's Name	Goals/Objectives of Course/Program	No. Hours

Please duplicate this page if extra space is needed

Supervised Practical Training (SPT) Verification:

To: _____
 Name of Supervisor (Please print)

Supervisor, please complete and sign this document to verify that the below-named applicant has received a total of 200 hours of face-to-face clinical supervision relating to the domains as shown. SPT seeks to teach the knowledge and skills of the clinical supervisor. The supervisory personnel who provide timely positive and negative feedback to assist the applicant in this learning process monitor these activities. The supervisor must document a minimum of 10 hours in each of the domains.

Performance Domain	No. of Hours	Agency	SPT Supervisor	Method of Training
I. Counselor Development				
II. Professional & Ethical Standards				
III. Program Development & Quality Assurance				
IV. Performance Evaluation				
V. Administration				
VI. Treatment Knowledge				
Total No. of Hours*				

I hereby certify that the above-named applicant has received a total of 200 hours of supervised practical training as a clinical supervisor, with a minimum of 10 hours in each of the domains as shown.

Supervisor's Signature: _____ Date: _____

Supervisor's Credential (s) and/or License(s): _____

Please duplicate this page if extra space is needed

Evaluation by Supervisor:

The MAAP Certification Board reserves the right to request further information from you concerning this applicant. Please mail this form directly MAAP, 4785 Old Canton Road, Jackson, MS 39211, in lieu of returning it to the applicant.

PART I: QUALIFYING INFORMATION (NOTE: Supervisor must hold either CCS, LPC, LCSW, LMFT, PhD, or MD. (For supervisors without the aforementioned credentials, prior authorization by the MAAP Certification Board to supervise is required. Written request for authority must be submitted to the Board by supervisor, to include academic credentials, licensure, specialty and experience.)

To: _____ Title: _____
Print Name of Supervisor-Evaluator

Re: _____
Print Name of Applicant

This evaluation is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Board. The information you provide will be an essential part of the Board’s evaluation of the competence of this applicant. It is our belief that as current/past supervisor you have a complete and accurate impression of the knowledge and skills of this applicant, which directly relate to the domains and skill elements of the competent alcohol & drug counselor. Careful and truthful reporting is essential. Please complete the evaluation material below and forward it directly to the Board within one week, if possible, to the address shown below. The Board will not proceed with the application process until this form is returned to us. Thank you for your cooperation in this matter.

To: _____ Title: _____
Name of Supervisor -Evaluator, Credentials, Licensure

Agency: _____ Telephone: _____ (Wk)

Address: _____ Email Address: _____

City, State, Zip: _____

Please identify the work setting in which you observed and gained first-hand knowledge of the applicant’s work:

Agency: _____ Location: _____

Select the procedure(s) you have used to supervise and evaluate the applicant:

- One-on-One Supervision
- Case Staffing
- Chart/Record Review
- Case Consultation
- Direct Observation
- other (please describe below)

SUPERVISOR-EVALUATOR’S STATEMENT

I hereby certify that the information contained herein represents my true and accurate evaluation of the applicant to the best of my ability.

Signature: _____ Date: _____
(Include Credentials, Licensure)

PART II: EVALUATION OF APPLICANT’S SKILLS

Supervisor’s Initials: _____

Domain I: Counselor Development	Poor	Fair	Acceptable	Good	Excellent
1. Builds a supportive and individualized supervisory alliance, which includes teaching the purpose of clinical supervision, using it effectively, and respecting professional boundaries.					
2. Maintains a constructive supervisory learning environment that fosters awareness of oneself and others, motivation, self-efficacy, enthusiasm, and two-way feedback					
3. Demonstrates multicultural competencies and help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.					
4. Provides timely and specific feedback to supervisees on their conceptualization of client needs, attitudes towards clients, clinical skills, and overall performance of assigned responsibilities.					
5. Creates a professional development plan with supervisees that include mutually approved goals and objectives for improving job performance, a timeline for expected accomplishments, and measurements of progress and goal attainment.					
6. Implements a variety of direct supervisory activities to teach and strengthen supervisees’ theoretical orientation, professional ethics, clinical skills, and personal wellness.					
7. Helps supervisees recognize, understand, and cope with unique problems of transference and counter transference when working with clients and substance use disorders.					
8. Educates supervisees regarding developments in the addictions and behavioral healthcare fields to ensure best practices in consumer care.					
9. Encourages and helps supervisees develop a personal wellness plan to manage their stress and avoid compassion fatigue and burnout.					
Domain II: Professional & Ethical Standards	Poor	Fair	Acceptable	Good	Excellent
1. Practice only within one’s areas of clinical and supervisory competence.					
2. Ensure that supervisors and supervisees are familiar with and are adherent to relevant professional codes of ethics, client’s rights documents, and laws and regulations that govern both counseling and clinical supervision practices.					
3. Follow due process guidelines when responding to grievances and ensure that supervisees know their rights as employees and understand the organization’s employee grievance procedures.					
4. Pursue personal and professional development by participating in related professional educational activities in order to improve supervisory competence.					
5. Recognize the supervisees’ unique personality, culture, lifestyle, values and attitudes, and other factors to enhance his/her professional development.					
6. Ensure that supervisees inform clients about the limits of confidentiality.					

7. Ensure that supervisees inform clients about supervision practices and obtain documented informed consent from clients as appropriate.					
8. Use and teach supervisees various ethical decision-making models and monitor their use to ensure their ethical treatment of clients.					
9. Understand the risks of dual relationships and potential conflicts of interest and maintain appropriate relationships at all times.					
10. Provide timely consultation and guidance to supervisees in situations that present moral, legal, and/or ethical dilemmas.					
11. Ensure that supervisees maintain complete, accurate, and necessary documentation, including detailed descriptions of critical situations.					
12. Understand the reporting process for ethical violations to the appropriate professional organizations or regulatory authorities.					
13. Intervene immediately and take action as necessary when a supervisee's job performance appears to present problems.					
14. Maintain familiarity with consensus- and evidence-based best practices in the treatment of substance use disorders.					
15. Seek supervision and consultation to evaluate one's personal needs for training and education, receive and discuss feedback on supervisory job performance, and implement a professional development plan.					
16. Develop and maintain a personal wellness plan for physical and mental health.					
Domain III: Program Development & Quality Assurance	Poor	Fair	Acceptable	Good	Excellent
1. Structure and facilitate staff learning about specific consensus and evidence-based treatment interventions, program service design, and recovery models relevant to the organization and the population it serves.					
2. Understand the balance between fidelity and adaptability when implementing new clinical practices.					
3. Advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement, and retention in treatment.					
4. Support the organization's quality assurance plan and comply with all monitoring, documenting, and reporting requirements.					
5. Develop program goals and objectives that are consistent with the organization's quality assurance plan.					
6. Facilitate development and implementation of professional quality improvement guidelines, forms, and instruments to monitor client outcomes and/or upgrade organizational performance.					
7. Advocate for the organization's target population throughout the entire continuum of care as an agent of organizational change.					
8. Build and maintain relationships with referral sources and other community programs to expand, enhance,					

and expedite service delivery.					
9. Identify and assess program needs and develop a plan to improve clinical services and program development.					
Domain IV: Performance Evaluation	Poor	Fair	Acceptable	Good	Excellent
1. Communicate agency expectations about the job duties and competencies, performance indicators, and criteria used to evaluate job performance.					
2. Understand the concept of supervision as a two-way evaluation process with each party providing feedback to the other, including constructive sharing and resolution of disagreements.					
3. Assess supervisees' professional development, cultural competence, and proficiency in the addiction counseling competencies.					
4. Assess supervisees' performance of tasks and/or clinical functioning by interviews, observations, review of case records, use of evaluation tools, and client/family feedback.					
5. Differentiate between counselor development issues and those requiring corrective action (e.g., ethical violations, incompetence).					
6. Assess supervisees' preferred learning style, motivation, and suitability for the work setting.					
7. Institute an ongoing formalized, proactive process that identifies supervisees' training needs, actively involves supervisees in conjointly reviewing goals and objectives, and reinforces performance improvement with positive feedback.					
8. Communicate feedback clearly, including timely written feedback, regarding performance deficits, weak competencies, or harmful activities and ensure that supervisees understand the feedback.					
9. Address and manage relational issues common to evaluation, including anxiety, disagreements, and full discussion of performance problems.					
10. Self-assess for evaluator bias (e.g., leniency, overemphasis on one area of performance, favoritism, stereotyping) and conflict with other supervisory roles.					
11. Adhere to professional standards of ongoing supervisory documentation, including written individual development plans, supervision session notes, written documentation of corrective actions, and written recognition of good performance.					
Domain V: Administration	Poor	Fair	Acceptable	Good	Excellent
1. Ensure that comprehensive orientation is provided to new employees, including areas such as the organization's client population, mission, vision, policies, and procedures.					
2. Develop, evaluate, and monitor clinical policies and procedures using regulatory standards to ensure compliance.					
3. Involve the supervisees in designing and scheduling their activities to maintain clinically effective service delivery.					
4. Participate in the hiring/termination, performance					

recognition, disciplinary action, and other personnel decisions to maintain high standards of clinical care.					
5. Ensure workforce is trained to meet service delivery needs.					
Domain VI: Treatment Knowledge	Poor	Fair	Acceptable	Good	Excellent
1. Have professional experience with and knowledge of the field of addictions, social and behavioral science, and self-help philosophy.					
2. Understand the limitation of addiction treatment in general; its relationship to sustained, long-term recovery; and the specific limitation of the models or design in use by supervisees.					
3. Understand the principles of addiction prevention and treatment.					
4. Understand the addiction process and recovery management.					
5. Understand the limitations of and appropriateness of assessment and evaluation tools utilized in the addiction field.					
6. Understand the use of pharmacological interventions and interactions.					

Personal Reference #1

To: _____
Name of Personal Reference

Re: _____
Name of Applicant

This reference is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Board. Please complete the reference material below and forward it directly to the Board as soon as possible at the address shown below. Your prompt attention to this request would be very much appreciated, as the application will not be processed until the Board receives this recommendation from you. ***Please mail this form directly to MAAP, 4785 Old Canton Road, Jackson, MS 39211, in lieu of returning it to the applicant.***

Name: _____ Title: _____
Agency: _____ Phone Number: _____ (Wk)
Address: _____ (Other)
City, State, Zip: _____ E-Mail Address: _____
How long have you known this applicant? _____ years
How would you best describe your relationship to her/him? Personal or Professional (Circle One)

Based on your knowledge of the above-named applicant, rate his/her skills by circling the number that corresponds to the appropriate rating for each item.

	Poor	Fair	Acceptable	Good	Excellent
Common Sense	1	2	3	4	5
Poise	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Reliability	1	2	3	4	5
Personal/Professional	1	2	3	4	5
Empathy	1	2	3	4	5
Works Well with Others	1	2	3	4	5
Ethical Standards	1	2	3	4	5
Knowledge of Alcohol/Drug Field	1	2	3	4	5
Counseling Effectiveness	1	2	3	4	5
Communication Skills	1	2	3	4	5

Additional Remarks: _____

I hereby certify that the information contained herein represents my true and accurate knowledge of the applicant's skills to the best of my ability.

Signature: _____ Date: _____

The MAAP Certification Board reserves the right to request further information from you concerning this applicant.

Personal Reference #2

To: _____
Name of Personal Reference

Re: _____
Name of Applicant

This reference is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Board. Please complete the reference material below and forward it directly to the Board as soon as possible at the address shown below. Your prompt attention to this request would be very much appreciated, as the application will not be processed until the Board receives this recommendation from you. ***Please mail this form directly to MAAP, 4785 Old Canton Road, Jackson, MS 39211, in lieu of returning it to the applicant.***

Name: _____ Title: _____
Agency: _____ Phone Number: _____ (Wk)
Address: _____ (Other)
City, State, Zip: _____ E-Mail Address: _____
How long have you known this applicant? _____ years
How would you best describe your relationship to her/him? Personal or Professional (Circle One)

Based on your knowledge of the above-named applicant, rate his/her skills by circling the number that corresponds to the appropriate rating for each item.

	Poor	Fair	Acceptable	Good	Excellent
Common Sense	1	2	3	4	5
Poise	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Reliability	1	2	3	4	5
Personal/Professional	1	2	3	4	5
Empathy	1	2	3	4	5
Works Well with Others	1	2	3	4	5
Ethical Standards	1	2	3	4	5
Knowledge of Alcohol/Drug Field	1	2	3	4	5
Counseling Effectiveness	1	2	3	4	5
Communication Skills	1	2	3	4	5

Additional Remarks: _____

I hereby certify that the information contained herein represents my true and accurate knowledge of the applicant's skills to the best of my ability.

Signature: _____ Date: _____

The MAAP Certification Board reserves the right to request further information from you concerning this applicant.

Personal Reference #3

To: _____
Name of Personal Reference

Re: _____
Name of Applicant

This reference is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Board. Please complete the reference material below and forward it directly to the Board as soon as possible at the address shown below. Your prompt attention to this request would be very much appreciated, as the application will not be processed until the Board receives this recommendation from you. ***Please mail this form directly to MAAP, 4785 Old Canton Road, Jackson, MS 39211, in lieu of returning it to the applicant.***

Name: _____ Title: _____
Agency: _____ Phone Number: _____ (Wk)
Address: _____ (Other)
City, State, Zip: _____ E-Mail Address: _____
How long have you known this applicant? _____ years
How would you best describe your relationship to her/him? Personal or Professional (Circle One)

Based on your knowledge of the above-named applicant, rate his/her skills by circling the number that corresponds to the appropriate rating for each item.

	Poor	Fair	Acceptable	Good	Excellent
Common Sense	1	2	3	4	5
Poise	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Reliability	1	2	3	4	5
Personal/Professional	1	2	3	4	5
Empathy	1	2	3	4	5
Works Well with Others	1	2	3	4	5
Ethical Standards	1	2	3	4	5
Knowledge of Alcohol/Drug Field	1	2	3	4	5
Counseling Effectiveness	1	2	3	4	5
Communication Skills	1	2	3	4	5

Additional Remarks: _____

I hereby certify that the information contained herein represents my true and accurate knowledge of the applicant's skills to the best of my ability.

Signature: _____ Date: _____

The MAAP Certification Board reserves the right to request further information from you concerning this applicant.

Mississippi Certified CCS Code of Ethics

1. Code of Ethics:

This code of ethics applies to Alcohol and Other Drugs Substance Abuse Professionals who are credentialed as Certified CCSs (CCS) and applies to their conduct during the performance of their clinical duties as supervisors.

2. Supervision:

A disciplined, structured and defined clinical activity. It has a parallel and linked relationship to education, consultation, administration and research. It is a necessary, significant and meaningful aspect of the delivery of ethical, competent, humane, and appropriate services to clients/consumers.

3. Rules of Conduct:

These ethics constitute the standards a CCS should maintain. These ethics shall be used to aid in resolving any ambiguity, which may arise in the application and interpretation of these rules.

4. Competence:

A CCS shall limit practice to areas of competence in which proficiency has been gained through education or documented experience or through the awarding of a reciprocal professional certification or license. A CCS shall accurately represent areas of competence, education, training, experience and professional affiliations in response to responsible inquiries, including those from appropriate boards, the public, supervisees, and colleagues. A CCS shall aggressively seek out consultation with other professionals when called upon to supervise counseling situations outside their realm of competence. A CCS will refer supervisees to other professionals when they are unable to provide adequate supervisory guidance to the supervisee.

5. Client Welfare and Rights:

The primary obligation of a CCS is to train Substance Abuse counselors to respect the integrity and promote the welfare of their clients. CCS should have supervisees inform and receive permission from clients that they are supervised and that details of their treatment may be discussed or reviewed with a supervisor. Any audio or video taping of a client/consumer's treatment must be authorized in writing. A CCS should make supervisees aware of client's rights, including protecting client's rights to privacy and confidentiality in the counseling relationship and the information resulting from it. Clients should also be informed that their right to privacy and confidentiality will not be violated by the supervisory relationship. Records of the supervisory relationship, including interview notes, test data, correspondence, the electronic storage of these documents, audio and video recordings are to be treated as confidential materials. Written permission for use of these materials outside of the supervisory session must be granted in writing by the client. A CCS is responsible for monitoring the professional actions of their supervisees. A CCS is responsible for the presentation of adequate training for all supervisees in the area of transference, dual relationships, cultural sensitivity and professional deportment.

6. Professional Behavior:

Due to the unique scope of practice a Substance Abuse counselors provide, CCS's must monitor the following behaviors of their staff and themselves:

- a. Public intoxication, defined as any incident of alcohol consumption or use of mood altering substances that result in public display of behavior commonly associated with intoxication.
- b. Arrest for the possession or use of any illegal drug, narcotic or mood altering substance.
- c. The use of intoxicants and/or non-physician prescribed and monitored mood-altering substance when engaged in professional pursuits.
- d. The conducting of intimate, personal, and/or business relationships of any kind with any client or their families.
- e. CCSs who are members of Alcoholics Anonymous, Cocaine Anonymous, Narcotic Anonymous, Al-Anon, etc. shall not become a sponsor to any active, discharged client or family member.
- f. The CCS is in violation of this code and are subject to revocation and/or other appropriate action if they:
 1. Are convicted of any felony
 2. Are convicted of a misdemeanor related to their qualifications or functions
 3. Engaged in conduct that could lead to a conviction of a felony or misdemeanor related to their qualifications and/or function
 4. Are expelled or disciplined from any other professional organization
 5. Have their license or certification revoked, suspended or disciplined by a regulatory body
 6. Shall refuse to seek treatment if deemed impaired
 7. Fail to cooperate in any ethical complaint investigation
- g. The CCS respects the dignity and protects the welfare of participants in research and is aware of regulations and professional standards governing research including informed consent.
- h. The CCS makes financial arrangements with clients, third party payers and supervisees that are understandable and conform to accepted professional practices. Supervisors do not allow the agency and/or supervisees to accept payment for referrals. CCSs disclose any fees to the clients and supervisees at the beginning of services and represent facts truthfully to clients, third party payers and supervisees.
- i. The CCS accurately represents their level of competence, education, training and experience relevant to their role of supervision and clinical experience. The CCS assures that any advertisement and/or promotional material accurately conveys information that is necessary for the public to make an informed choice for selection of services.

7. **Supervisory Role:**

Inherent and integral to the role of supervisor are responsibilities for monitoring of client welfare, insuring compliance with relevant legal and professional standards of service delivery, monitoring clinical performance and professional development of supervisees and evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment, and credentialing purposes.

- a. The CCS must maintain professional decorum and standards. Unprofessional behaviors outlined in #6 above will not be tolerated.
- b. The CCS should pursue professional and personal continuing education activities to maintain their CCS credential and to improve their supervisory skills. Competency in the Four Performance Domains of AOD Clinical Supervision must be maintained.
- c. The CCS shall make their supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession. In the absence of agency or state policy industry standards of ethical behavior should be explained to the supervisee.
- d. The CCS should strive to enable supervisees to be competent, autonomous, professional, judicious, aware of limitations and to become future supervisors if that is an appropriate career goal.
- e. Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees.
- f. Actual work samples via audio, counselor report, video or observation should be part of the regularly scheduled supervision process.
- g. Supervision is maintained through regular face-to-face meetings with the supervisee in group or individual sessions.
- h. The CCS should provide supervisees with ongoing feed back on their performance.
- i. The CCS who has multiple roles (e.g., teacher, CCS, administrator, etc.) with supervisees should avoid any conflict of interest caused by these disparate roles. The supervisee should know the limitations placed on the CCS and the supervisor should share supervision when appropriate.
- j. The CCS should not participate in any form of sexual contact (including sexual harassment and sexual advances) with supervisees. Supervisors should not engage in any form of social contact or interaction, which would compromise the supervisor-supervisee relationship. Dual relationships (including outside consultants, partnerships, nepotism, etc.) with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.
- k. CCS shall not use the supervision process to further personal, religious, political or business interests.
- l. CCS should not endorse any treatment that would harm a client either physically or psychologically.
- m. The CCS should not establish a psychotherapeutic relationship as a substitute for or as an addition to supervision. Personal issues should be addressed in supervision only in terms of the impact on these issues on clients and on professional functioning.
- n. The CCS should never supervise past or current clients who are staff or their families.
- o. The CCS should model appropriate use of supervision themselves for problem solving and practice review.
- p. The CCS must be straightforward with supervisees about observed professional and clinical limitations of the supervisee. These concerns must be clearly documented and shared with the supervisee.

- q. The CCS who is a member of Alcoholics Anonymous, Narcotics Anonymous, Al Anon, etc., should never sponsor a supervisee.
- r. The CCS should not endorse a supervisee for certification or credentialing if the supervisor has documented proof of impairment or professional limitations that would interfere with the performance of counseling duties in a competent and ethical manner. The presence of any such impairment should begin with a process of feedback and remediation whenever possible so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development.
- s. An CCS should incorporate the principles of informed consent and participation; clarity of requirements, expectations; roles and rules; and due process and appeal into the establishment of policies related to progressive discipline.
- t. The CCS must be able to integrate the 12 Core Functions of Substance Abuse Clinical Competency into their theoretical and supervisory approach. A clear understanding of the 46 Global Criteria is essential.
- u. The CCS ensures the professional quality of the program that their supervisees participate in.
- v. The CCS should be an active participant in quality assurance and peer review.
- w. The supervision provided by a CCS must be provided in a professional and consistent manner to all supervisees regardless of age, race, national origin, religion, physical disability, sexual orientation, political affiliation, marital, social or economic status. When a supervisor is unable to provide non-judgmental supervision a referral to an appropriate supervisor with a complete explanation to the supervisee must be made.

AFFIRMATION

NOTE: The Ethical Standards of Certified Clinical Supervisor document and this signature page must be returned in its entirety to the MAAP Certification Board, along with your application.

I, _____ (print name) have read and do affirm the foregoing Ethical Standards of Mississippi Certified Clinical Supervisors.

Applicant Signature

Date: _____



CREDIT / CARD Payments

_____	_____	_____
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Name : _____

Name as it appears on card: _____

Credit Card
No. _____

Expiration Date: _____ / _____ Security No. _____

Billing
Address: _____

Amount Authorized to Charge Card shown above: \$ _____

* By signing below you authorize MAAP to charge this credit card for the amount shown above. You also hereby guarantee payment of the amount shown above.

Signature: _____