



Application Instructions - Intern Counselor (IC) Certificate

Not a reciprocal credential

1. Application Form must be signed and dated.
2. Applicant must live or work at least 51% of the time in Mississippi at the time of application.
3. High School Diploma or GED.
4. Application must include required supporting documentation, including official transcript(s) (directly from college/university), copies of certificates of attendance for training.
5. 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.**
6. Non-refundable application processing fee is \$90 membership dues and \$130 application processing fee. Total to accompany Application is \$220. You may contact the office for a prorated membership dues amount.
7. 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.
8. Keep copies of application and supporting documentation for your records. Do not send original certificates!

Application Checklist

- Completed Application and Portfolio forms
- Official transcripts mailed directly to MAAP from college/university; a copy of your diploma and copy of additional certification status included
- Completed Education Resume including adequate documentation to support minimum of 186 hrs. Education, to include 6 hrs of MAAP approved Ethics and 6 hrs. in HIV/AIDS training
- Personal Reference forms given to individuals for separate mailing
- Ethical Standards of Certified Professionals dated and signed (Return entire document)
- Application Processing Fee \$130 MAAP members
- \$90 Membership Dues

Application for Intern Counselor Certificate:

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

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: _____

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 an Intern Counselor Certificate 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 certificate. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certificate;
3. I consent to the release of information contained in my 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 Intern Counselor Certificate is made will be investigated by MAAP and could result in the nullification of the application or denial or revocation of certificate.

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: _____

Education Resume:

For IC Certificate, High School Diploma or GED plus 186 hours of education/training must be listed below, to include 6 hrs. Ethics (Ethics training will only be accepted by completion of MAAP provided Ethics six hour (6) training course for addiction credentials), and 6 hrs. HIV/AIDS, and must be accompanied by supporting documentation such as a 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 (MACT, Conferences, Workshops, and/or Seminars)--MINIMUM 70% (130 hrs.) must be attained; Employer In-Services--MAXIMUM 15% (28 hrs.) is acceptable; Online/Home Study--MAXIMUM 15% (28 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

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 an Intern Counselor Certificate 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 an Intern Counselor Certificate 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 an Intern Counselor Certificate 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.

Ethical Standards of Certified Professionals

(Return this entire document)

The Mississippi Association of Addiction Professionals is comprised of Certified Professionals who, as responsible health care professionals, believe in the dignity and worth of human beings. In the practice of their profession, they assert that the ethical principles of autonomy, beneficence and justice should guide their professional conduct. Certified Professionals dedicate themselves to promote the best interests of their society, of their clients, of their profession, and of their colleagues.

The following codes of ethics set forth the minimum standards of behavior which all Certified Professionals are expected to honor. As a testament to their dedication, applicants must confirm their commitment by signing and returning an affirmation clause as part of their initial application as well as upon each subsequent recertification application.

SPECIFIC PRINCIPLES:

Principle 1--Responsibility to Clients: In their commitment to advancing the welfare of individuals and their families, Certified Professionals should value objectivity and integrity. They should accept the consequences of their work and make every effort to insure that their services are used appropriately.

- A. Certified Professionals should not discriminate against or refuse professional services to anyone on the basis of age, race, religion, national origin, disability, gender, or sexual orientation.
- B. Certified Professionals should avoid exploiting the trust and dependency of their clients and make every effort to avoid dual relationships with clients that would impair professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, business or sexual relationships with clients.
- C. Certified Professionals should not use their professional relationship with clients to further their own interests.
- D. Certified Professionals should continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. They should assist persons in obtaining other therapeutic services if they are unable or unwilling, for appropriate reasons, to see a person who has requested professional help. They should not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

Principle 2--Confidentiality: Certified Professionals have a primary objective to respect the confidentiality of client information. They should reveal information to others only with the written consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, Certified Professionals should inform clients of the legal limits of confidentiality.

- A. Certified Professionals should not disclose client confidences to anyone, except: (1) as mandated by law; (2) to prevent a clear and immediate danger to a person or persons; (3) where the Certified Professional is a defendant in a civil, criminal or disciplinary action arising from the therapy (in which case client confidences may only be disclosed in the course of the action); or (4) if there is a waiver previously obtained in writing, and then such information may only be revealed in accordance with the terms of the waiver.
- B. Certified Professionals should use clinical materials in teaching, writing, and public presentations only if a written waiver has been received or when appropriate steps have been taken to protect client identity.
- C. Certified Professionals should store or dispose of client records in ways that maintain confidentiality.

Principle 3--Professional Competence and Integrity: The maintenance of high standards of professional competence and integrity are responsibilities shared by all Certified Professionals. They should recognize the boundaries of competence and the limitations of techniques and only provide services, use techniques, or offer opinions as professionals meeting recognized standards. Throughout their careers, Certified Professionals should maintain knowledge of professional information related to the services they render.

- A. Certified Professionals should accurately represent their competence, education, training and experience.
- B. Certified Professionals, as supervisors, should perform duties based on careful preparation so that supervision is accurate, up-to-date and scholarly.

- C. Certified Professionals should recognize the need for, and obligation to professional growth through continuing education. They should be open to new procedures and should be sensitive to differences between groups of people and changes in expectations and values over time.
- D. Certified Professionals should have an understanding of counseling or educational measurement, validation problems, and other test research where they have the responsibility for decisions involving individuals or policies based on test results. Test users should know and understand the literature relevant to the tests used and testing problems with which they deal.
- E. Certified Professionals should not attempt to diagnose, treat, or advise problems outside the recognized boundaries of their competence.
- F. Certified Professionals should seek appropriate professional assistance for their own personal problems or conflicts that are likely to impair their work performances and their clinical judgment.
- G. Certified Professionals should not engage in sexual or other harassment of clients, students, employees, supervisors, trainees or colleagues.
- H. Certified Professionals should be aware that because of their ability to influence and alter the lives of others, they must exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

Principle 4--Professional Behavior: Due to the unique scope of practice that Certified Professionals provide, Certified Professionals shall be responsible for personal and professional conduct with particular attention to the use of alcohol and other mood altering drugs and issues of emotional, physical, and sexual abuse. Certified Professionals must monitor the following behaviors of themselves, their colleagues, and their staff:

- A. Conviction for the possession or use of any illegal drug, narcotic or mood altering substance.
- B. The use of intoxicants and/or non-physician prescribed and monitored mood-altering substance when engaged in professional pursuits.
- C. The conducting of intimate, personal and/or business relationships of any kind with any patient or their families. This applies to all clients. A Certified Professional should consult with an objective peer when this issue is raised.
- D. Certified Professionals respect the dignity and protect the welfare of participants in research and are aware of federal and state laws, regulations and professional standards governing the conduct of research, including informed consent.
- E. Certified Professionals make financial arrangements with clients, third party payers and supervisees that are understandable and conform to accepted professional practices. Certified Professionals do not offer or accept payment for referrals. Certified Professionals will disclose their fees to clients and supervisees at the beginning of services and represent facts truthfully to clients, third party payers and supervisees regarding services rendered.
- F. Certified Professionals accurately represent their competence, education, training and experience relevant to their practice as a Certified Professional. A Certified Professional assures that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services.
- G. A Certified Professional is in violation of this code if they:
 1. Are convicted of any felony
 2. Engage in conduct which could lead to conviction of a felony or misdemeanor, or are convicted of a misdemeanor related to their qualifications or function.
 3. Are expelled from or disciplined by other professional organizations
 4. Have their certification suspended, revoked, or otherwise disciplined by regulatory bodies
 5. Refuse to seek treatment for alcohol/drug abuse, mental/emotional problems, or physical health problems that interfere with professional functioning
 6. Failure to cooperate at any point of an ethical complaint investigation.

Principle 5--Responsibility to Students, Employees and Supervisees: Certified Professionals should not exploit the trust and dependency of students, employees and supervisees.

- A. Certified Professionals should be cognizant of their potentially influential position with respect to students, employees and supervisees and should avoid exploiting the trust and dependency of such persons. They should make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation.
- B. Certified Professionals should not permit students, employees, or supervisees to perform or to represent themselves as competent to perform professional services beyond their training, level of experience, and competence.

Principle 6--Responsibility to the Profession: Certified Professionals should act with due regard to the needs and feelings of their colleagues in the field of addictions and other professions. They should respect the prerogatives and obligations of the institutions or organizations with which they are associated.

- A. Certified Professionals should understand the areas of competence of related professions and make full use of other professional, technical, and administrative resources, which best serve the interests of clients.
- B. Certified Professionals should remain accountable to the standards of the profession when acting as members or employees of organizations.
- C. Certified Professionals as writers and researchers should: (1) assign publication credit to those who have contributed to a publication in proportion to their contributions; (2) cite appropriately reasonable precautions to insure that the materials are accurately and factually promoted and advertised; and (4) be adequately informed of and abide by relevant laws and regulations regarding the conduct of research with human participants.
- D. Certified Professionals should recognize a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.
- E. Certified Professionals should be concerned with developing laws and regulations pertaining to the field of addiction that serve the public interest, and with altering such laws and regulations that are not in the public interest. They also should encourage public participation in the designing and delivery of services and in the regulation of practitioners.
- F. Certified Professionals who have first-hand knowledge of an ethical violation should attempt to rectify the situation and failing an informal solution, should bring such unethical activities to the Certification Board.

Principle 7--Fees: Certified Professionals should charge fees only where they are licensed to do so. In such cases they should make financial arrangements with clients that conform to accepted professional practices and that are reasonably understandable.

- A. Certified Professionals should not offer or accept payment for referrals.
- B. Certified Professionals should not charge excessive fees for services.
- C. Certified Professionals should disclose their fee structure to clients at the onset of treatment.

Principle 8--Advertising: Certified Professionals should engage in appropriate informational activities, including those that enable lay persons to choose professionals on an informed basis.

- A. Certified Professionals should accurately represent their competence, education, training, and experience relevant to their practice as an addiction professional.
- B. Certified Professionals should claim as evidence of educational qualifications only those degrees from regionally-accredited institutions or from institutions accredited by states which licenses or certify addictions professionals.
- C. Certified Professionals should not use a name which could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name and do not represent themselves out as being partners or associates of a firm if they are not.
- D. Certified Professionals should assure that advertisements and publications, whether in directories, announcement cards, newspapers, or on radio or television, are formulated to convey information that is necessary for the public to make an appropriate selection.
- E. Certified Professionals should not use any professional identification (such as a professional card, office sign, letterhead, or telephone or association directory listing), if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.
- F. Certified Professionals should correct, wherever possible, false, misleading or inaccurate information and representations made by others concerning the addictions professionals' qualifications, services or products.

Principle 9--Responsibility to the Board: A Certified Professional shall cooperate in any investigation conducted pursuant to this code of ethical conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:

- A. The willful misrepresentation of facts before the disciplining authority or its authorized representative;
- B. The use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed;

- C. Refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the Certified Professional’s credential until the ethical complaint is resolved.
- D. Filing a complaint or provide information to the Board, which he/she knows or should have known, is false or misleading.

Principle 10--Suspension/Revocation of Certification: Certification may be denied, suspended or revoked by the Certification Board by independent action or upon recommendation of the Board of Directors of MAAP upon the presentation to the Certification Board of evidence satisfactorily documenting violation of the Ethical Standards of Certified Professionals. The Board is authorized to refuse to grant or renew, or may suspend a certificate on the following grounds:

- A. Conviction of a felony under the laws of the United States;
- B. Conviction of any crime, an essential element of which is dishonesty, deceit or fraud;
- C. Fraud or deceit in obtaining a credential as a Certified Professional;
- D. Dishonesty, fraud or gross negligence in the practice of a Certified Professional; or
- E. Violation of any rule of professional ethics and professional conduct adopted by MAAP or its agents.

Grievance and Appeals

If an applicant is denied certification, questions the results of the application and portfolio review, questions examination results, or is subject to an action by MAAP or its agents that is deemed unjustified, the application has the right to an inquiry and appeals process.

- A. **Inquiry:** If an applicant (complainant) deems that an action taken by MAAP or its agents is unjustified (e.g., denial of certification), he/she is entitled to a written summary from MAAP or its agents that explains the reasons for the action. If the complainant does not agree with the MAAP decision, he/she may request an appeal.
- B. **Appeal:**
 - i. The applicant (complainant) may appeal the decision of MAAP within thirty (30) days of receipt of the summary notice of denial or any other action deemed unjustified by sending a certified letter to the President of the Board at the MAAP office. The President or designated Board member reviews the written appeal and appoints a three-member Hearing Committee of certified counselors to hold an oral hearing with the complainant within thirty (30) days of receipt of the certified letter.
 - ii. The complainant will be informed of the results of the hearing by certified mail. These results are considered final unless the complainant requests a further hearing by the Board.
 - iii. The Hearing Committee will report the results of the hearing to the Certification Board at its next meeting. If the Board has received an objection to the decision, it will review the entire matter.
 - iv. The Certification Board will review the findings of the Hearing Committee and objections of the complainant. It will notify the complainant of its final decision by certified mail within thirty (30) days of the meeting.

AFFIRMATION

NOTE: The Ethical Standards of Certified Professionals 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 Certified Professionals.

Applicant Signature

Date: _____



CREDIT / CARD Payments

Visa	MC	Discover
------	----	----------

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: _____