

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

1005 Congress, Ste. 460

Austin, TX 78701

Telephone: (512) 708-0629 * Fax: (512) 476-7297

2010 LCDC EXAMINATION REGISTRATION FORM

Listed below are the scheduled examination sites and dates for 2010. The written and oral examination will be available at each site. All documents must be RECEIVED by the deadline dates indicated. Please mark the examination site for which you wish to register.

- MARCH 12-13, 2010 – San Antonio, Texas:** The registration deadline is January 19, 2010.
- JUNE 11-12, 2010 – Houston, Texas:** The registration deadline is April 16, 2010.
- SEPTEMBER 10-11, 2010 – Mesquite, Texas:** The registration deadline is July 16, 2010.
- DECEMBER 10-11, 2010 – Edinburg, Texas:** The registration deadline is October 15, 2010.

Please be advised that TCBAP grants refunds on test registrations per the following provisions: a 100% refund of the examination fee will be provided by TCBAP when written notice is submitted by the applicant to TCBAP 20 calendar days prior to the examination; a 50% refund of the examination fee will be provided by TCBAP when written notice is submitted by the applicant to TCBAP 10 calendar days prior to the examination; examination fee will be non-refundable if the applicant fails to provide written notice to TCBAP less than 10 calendar days prior to the examination; TCBAP will charge a \$25.00 administrative handling fee for each refund/re-schedule request. Those candidates seeking to reschedule their examination(s), after having previously rescheduled an examination, will forfeit all paid fees.

Name

Last Name

First Name

Middle Initial

Address

Number and Street

City/State/Zip

City

State

Zip Code

Work Phone

Area Code and Number

Home Phone

Area Code and Number

Fax Number

Area Code and Number

Social Security No.

Optional

Email

Gender

M/F

D.O.B.

MM/DD/YYYY

Ethnic Origin

- | | | | |
|--------------------------|--------------------------------|--------------------------|------------------|
| <input type="checkbox"/> | Caucasian | <input type="checkbox"/> | Hispanic |
| <input type="checkbox"/> | African American/Black | <input type="checkbox"/> | Native Hawaiian |
| <input type="checkbox"/> | Native American/Alaskan Native | <input type="checkbox"/> | Pacific Islander |
| <input type="checkbox"/> | Asian | <input type="checkbox"/> | Other _____ |

Education Level

- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Bachelor's Degree | <input type="checkbox"/> | Master's Degree |
| <input type="checkbox"/> | High School Diploma/GED | <input type="checkbox"/> | Doctorate |
| <input type="checkbox"/> | Vocational Certification | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Associate's Degree | <input type="checkbox"/> | |

Have you passed the written examination? YES NO
 How many times have you taken/did you take the written examination? _____
 Have you passed the oral examination? YES NO
 How many times have you taken/did you take the oral examination? _____
 Where did you receive your 270 Education Hours? _____
 Where did you perform your 300 Hour Practicum? _____
 When did you complete your education hours? _____
 When did you complete your practicum? _____
 Approximately how many supervised work experience hours have you completed to date? _____

Please indicate below the exam(s) for which you wish to register.

- I AM REGISTERING FOR THE WRITTEN EXAMINATION ONLY*
- I AM REGISTERING FOR THE ORAL EXAMINATION ONLY**
- I AM REGISTERING FOR BOTH THE WRITTEN AND THE ORAL EXAMINATION**

**The written AODA/LCDC exam has a slightly different format than previous versions. The exam will now include a competency component consisting of 13 questions on the exam that relate to a single case study, which will be provided in the exam booklet.*

***Please note that by submitting this application, the applicant acknowledges that the oral exam component of this examination is no longer part of the International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC) standard, and IC&RC does not score or validate oral exam content. As a result, IC&RC does not endorse, certify, guarantee, or warrant the oral exam portion, and assumes no liability in relation to its administration.*

THE ORAL EXAMINATION IS STILL REQUIRED FOR LCDC LICENSURE IN THE STATE OF TEXAS AND IS MANDATED BY TEXAS STATUTE.

**Please use the following checklists to complete your registration packet.
 THESE ITEMS MUST BE SUBMITTED WITH YOUR REGISTRATION APPLICATION
 OR YOU WILL NOT BE SCHEDULED FOR THE EXAM!**

<u>Written Examination Only</u>	<u>Oral Examination Only</u>	<u>Both Written & Oral Examinations</u>
<input type="checkbox"/> Money Order/Cashiers Check for \$155.00 made payable to TCBAP	<input type="checkbox"/> Money Order/Cashier's Check for \$155.00 made payable to TCBAP	<input type="checkbox"/> Money Order/Cashiers Check for \$310.00 made payable to TCBAP
<input type="checkbox"/> Registration Application	<input type="checkbox"/> Registration Application	<input type="checkbox"/> Registration Application
<input type="checkbox"/> Special Accommodations Request (Written Examination), if applicable	<input type="checkbox"/> Special Accommodations Request (Oral Examination), if applicable	<input type="checkbox"/> Special Accommodations Request (Written Examination), if applicable
<input type="checkbox"/> Copy of DSHS counselor intern verification letter/card	<input type="checkbox"/> Case Presentation Checklist signed by supervisor	<input type="checkbox"/> Special Accommodations Request (Oral Examination), if applicable
	<input type="checkbox"/> Copy of DSHS counselor intern verification letter/card	<input type="checkbox"/> Case Presentation Checklist signed by supervisor
		<input type="checkbox"/> Copy of DSHS counselor intern verification letter/card

**SEND YOUR COMPLETED REGISTRATION PACKAGE TO:
 TCBAP
 1005 Congress Avenue, Suite 460
 Austin, TX 78701**

Case Presentation Cover Sheet

Counselor's Name
(please type/print)

Date of Birth

City of Residence

Counselor's Statement

"I hereby certify that I prepared this case presentation and it represents an actual/typical case of mine."

Signature

Date

Demographic Information on Actual/Typical Client

Fictional Name _____

Age at Admission _____ Race _____ Sex _____

Marital Status _____ Employment _____

Referral Source _____

Current Legal Status _____

Admission Date _____ Discharge Date _____

Treatment Setting and Modality _____

Your Supervisor is required to complete and sign the enclosed case presentation checklist for you to return with your case presentation.

PLEASE NOTE THAT CANDIDATES ARE NO LONGER REQUIRED TO SEND A COPY OF THEIR CASE PRESENTATION TO THE TCBAP TESTING BOARD. You are still required to complete a case presentation and have your supervisor review it and complete and sign the enclosed checklist. If you do not currently have a supervisor, please have a past supervisor, instructor, or a licensed professional who has reviewed your case sign the presentation checklist for you.

Directions for Preparing Case Presentation

PLEASE NOTE THAT CANDIDATES ARE NO LONGER REQUIRED TO SEND A COPY OF THEIR CASE PRESENTATION TO THE TCBAP TESTING BOARD. You are still required to complete a case presentation and have your supervisor review it, complete and sign the enclosed checklist. If you do not currently have a supervisor, please have a past supervisor, instructor, or a licensed professional who has reviewed your case sign the presentation checklist for you.
NOTE: Case Presentations will be subject to random audit.

Instructions for completing case presentation

(Remember, it is not necessary to send your case presentation to TCBAP with your test registration form).

1. Your case presentation must be typed. Place your name and date of birth at the top right corner of each page. Use an actual/typical client from your case files, one who has completed treatment or is no longer obtaining services. Use a fictitious name; **do not use initials.**
2. Complete the demographic information on the client requested on the Case Presentation Cover Sheet.
3. Sign Counselor's Statement on the Case Presentation Cover Sheet.
4. Give the completed case presentation to your supervisor for review. Your supervisor will need to complete and sign the attached case presentation checklist.
5. Provide the information for sections A-K. Begin by typing "A. SUBSTANCE ABUSE HISTORY" as subheading and follow with a narrative (story style) on the client's history of substance abuse. Complete all following sections in the same manner.
6. Be sure to keep a copy of your case presentation for future use.

CASE PRESENTATION MUST BE COLLATED WITH DEMOGRAPHIC INFORMATION SHEET FOR EACH COPY.

SUBSTANCE ABUSE HISTORY

1. Substances Used
2. Frequency
3. Progression
4. Severity/Amount Used
5. Onset - when started
6. Primary substance
7. Route of administration
8. Effects - blackouts, tremors, tolerance, DTs, seizures, other medical complications (some of these can be included in the Physical History section)

PSYCHOLOGICAL FUNCTIONING

1. Mental Status - orientation, hallucinations*, delusions*, suicidal*, homicidal*, judgment, insight

*To include both past and present

EDUCATIONAL/VOCATIONAL/FINANCIAL

1. Educational and work history
2. Educational level attained
3. Disciplinary action (work or school)
4. Reasons for termination
5. Current and past financial status

LEGAL HISTORY (Associated with, or not associated with, mood altering chemicals)

1. Charges, arrests, convictions
2. Current status
3. Any pending legal action

SOCIAL HISTORY

1. Parents
2. Siblings/Rank
3. Psychological functioning in family
4. Substance use in family
5. History of social functioning from childhood to present
6. Family functioning - including physical, sexual, and emotional abuse
7. Relationship history
8. Children

1. Both alcohol and drug, non-alcohol and drug problems
2. Past and related medical problems - i.e. disabilities, pregnancy and related issues, STDs, alcohol and drug related problems

TREATMENT HISTORY - Include both alcohol and drug and psychological history

ASSESSMENT

"Identifying and evaluating an individual's strengths, weakness, problems and needs for the development of the treatment plan"

TREATMENT PLAN

"Identifying and ranking problems needing resolution; establishing agreed upon immediate and long term goals; and deciding on a treatment process and the resources to be utilized."

COURSE OF TREATMENT

"Describe the counseling approaches used, your rationale for their use and any revisions you made based on the client's unique problems and responses to treatment."

DISCHARGE SUMMARY

Concise description of the client's overall response to treatment, including alcohol/drug status at discharge and aftercare plans.

Written Case Presentation Reviewer's Checklist for Supervisor's Review

PLEASE NOTE THAT CANDIDATES ARE NO LONGER REQUIRED TO SEND A COPY OF THEIR CASE PRESENTATION TO THE TCBAP TESTING BOARD. You are still required to complete a case presentation and have your supervisor review it, complete and sign the enclosed checklist. If you do not currently have a supervisor, please have a past supervisor, instructor, or a licensed professional who has reviewed your case sign the presentation checklist for you. **NOTE: Case Presentations will be subject to random audit.**

Name of Applicant: _____

Date Reviewed: _____

	Yes	NO	Note
Case presentation is typed	[]	[]	_____
Cover sheet information is complete	[]	[]	_____
Current CP format followed	[]	[]	_____

The following areas include the appropriate information as described in the current CP outline guide.

- A. Substance Abuse History** (6 of 8 must be addressed)
- | | | | |
|--|-----|-----|-------|
| 1. Substances Used | [] | [] | _____ |
| 2. Frequency of Use | [] | [] | _____ |
| 3. Progression of Use | [] | [] | _____ |
| 4. Severity/Amount Used | [] | [] | _____ |
| 5. Onset of Use – When Started | [] | [] | _____ |
| 6. Primary Substance Used | [] | [] | _____ |
| 7. Route of Administration | [] | [] | _____ |
| 8. Effects – blackouts, tremors, tolerance,
DT's, seizures, other medical complications | [] | [] | _____ |
- B. Psychological Functioning** (5 of 7 must be addressed)
- Mental Status
- | | | | |
|---------------------|-----|-----|-------|
| 1. Orientation | [] | [] | _____ |
| 2. Hallucinations | [] | [] | _____ |
| 3. Delusions | [] | [] | _____ |
| 4. Suicidal Issues | [] | [] | _____ |
| 5. Homicidal Issues | [] | [] | _____ |
| 6. Judgment | [] | [] | _____ |
| 7. Insight | [] | [] | _____ |
- C. Education/Vocational/Financial** (3 of 5 must be addressed)
- | | | | |
|---|-----|-----|-------|
| 1. Educational and Work History | [] | [] | _____ |
| 2. Educational Level Attained | [] | [] | _____ |
| 3. Disciplinary Action (work/school) | [] | [] | _____ |
| 4. Reasons for termination | [] | [] | _____ |
| 5. Financial Status (at admission,
during treatment, at discharge) | [] | [] | _____ |
- D. Legal History** (all 3 must be addressed)
- | | | | |
|---|-----|-----|-------|
| 1. Charges, Arrests, Convictions | [] | [] | _____ |
| 2. Current Status (status at discharge) | [] | [] | _____ |
| 3. Any Pending Legal Action | [] | [] | _____ |
- E. Social History** (4 of 6 must be addressed)
- | | | | |
|---|-----|-----|-------|
| 1. Parents | [] | [] | _____ |
| 2. Siblings/Rank | [] | [] | _____ |
| 3. Psychological Functioning in Family | [] | [] | _____ |
| 4. Substance Use in Family | [] | [] | _____ |
| 5. History of Social Functioning from
Childhood to Present (admission/discharge) | [] | [] | _____ |
| 6. Children | [] | [] | _____ |

- F. **Physical History** (1 & 2 must be addressed)
 - 1. Problems (Alcohol/Drug related and non-related) [] [] _____
 - 2. Past and Related Medical Problems i.e. Disabilities, STDs, Pregnancy/Related Issues, Alcohol/Drug Related Problems [] [] _____

- G. **Treatment History** (1 & 2 must be addressed)
 - 1. Alcohol/Drug Related Treatment [] [] _____
 - 2. Psychological Related Treatment [] [] _____

- H. **Assessment** (all 4 must be addressed)
 - 1. Strengths [] [] _____
 - 2. Weaknesses [] [] _____
 - 3. Problems [] [] _____
 - 4. Needs [] [] _____

- I. **Treatment Plan** (all 4 must be addressed)
 - 1. Identify and Rank Problems [] [] _____
 - 2. Immediate Goals [] [] _____
 - 3. Long Term Goals [] [] _____
 - 4. Treatment Process and Resources to be Utilized [] [] _____

- J. **Course of Treatment** (all 3 must be addressed)
 - 1. Counseling Approaches Used [] [] _____
 - 2. Rationale for Using Those Counseling Approaches [] [] _____
 - 3. Revisions Made [] [] _____

- K. **Discharge Summary** (all 3 must be addressed)
 - 1. Client's Overall Response to Treatment [] [] _____
 - 2. Alcohol and Drug Status at Discharge [] [] _____
 - 3. Aftercare Plans [] [] _____

Comments:

I have read this applicant's case presentation and determined it meets the minimum requirements listed above.

Print Supervisor's Name

Supervisor's Signature

*****NOTICE*** By signing this document, you as the supervisor attest that you have reviewed the case presentation and found it to meet the minimum requirements. Case presentations will be randomly audited for accuracy and to assure they are being reviewed!**

Revised 3/08

Special Accommodation Request Form

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ SSN: _____

Accommodations requested for the written examination (check all that apply): Note that those with * require additional documentation.

- Accessible testing site
- Large Print test material
- Spanish Version test material
- Sign Language Interpreter
- Alternative seating: specify _____ *
- Reader as accommodation for visual impairment *
- Scribe as accommodation for visual impairment *
- Reader as accommodation for learning disability *
- Scribe as accommodation for learning disability *
- Extended Time (this may be administered in the main test area) *
- Separate Testing Environment (this does not infer individualized testing environment) *
- Other (please specify): * _____

Accommodations requested for the oral examination (check all that apply):

- Accessible testing site
- Large Print test material
- Spanish language interview
- Sign language interpreter
- Alternative seating: specify _____ *

Comments: _____

Signed: _____ Date: _____

*** Designates accommodation requests require additional documentation
(see next page)**

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (educational professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____
(TEST APPLICANT) (DATE)

in my capacity as a _____
(PROFESSIONAL TITLE)

It is my opinion that because of this applicant's disability, the following reasonable accommodations are appropriate:

Accommodations requested for the written examination (check all that apply):

- Accessible testing site
- Large Print test material
- Spanish Version test material
- Reader as accommodation for visual impairment
- Scribe as accommodation for visual impairment
- Reader as accommodation for learning disability
- Scribe as accommodation for learning disability
- Sign Language Interpreter
- Extended Time (this may be administered in the main test area)
- Separate Testing Area (this does not infer individualized testing environment)
- Other (please specify): _____

Accommodations requested for the oral examination (check all that apply):

- Accessible testing site
- Large Print test material
- Spanish language interview
- Sign language interpreter
- Alternative seating: specify _____

Signed: _____ Date: _____

Title: _____ License No. (if applicable): _____