

ASSOCIATION OF CHRISTIAN ALCOHOL & DRUG COUNSELORS INSTITUTE ACADC Institute Headquarters

P.O. Box 326, Yucaipa, CA 92399 Office: (909) 795-5655 • Fax: (866) 862.6805 Email: acadc@acadc.org • Website: www.acadc.org

APPLICATION FOR ADMISSION

SECTION 1. Please print your information clearly. First Name Middle Name Last Name Address (Number, Street, Apt, or Suite No.) City State Zip Code Telephone Number (including Area Code) Work Number (including Area Code) E-mail Address Social Security Number Date of Birth (Month-Day-Year) Female Male

ARE YOU REQUIRED TO REGISTER AS A 290 OFFENDER? Yes ☐ No ☐				
HAVE YOU EVER HAD AN AOD CERTIFICATION REVOKED OR SUSPENDED? Yes [] No [] (If yes please explain on back side of this page)				
<u>SECTION 2</u> . ACADC INSTITUTE CREDENTIAL PROGRAMS (Please check the program(s) or course(s) for which you are registering):				
☐ CSAC I - Certified Substance Abuse Counselor CSAC I Exam Fee: \$395 (Includes fee for California Department of Alcohol and Drug program registration for the RAS - ACADC Membership - Test Booklet and CSAC I Certificate)				
□ CSAC II - Certified Substance Abuse Counselor CSAC II Verification of 160 hours of Supervision and 2080 hours of Field Experience - Fee: \$395				
☐ Christian Drug, Alcohol & Addiction Counselor Certificate (CDAAC) 155 hours of classroom or distance learning required for this Certification - Tuition \$2205				
☐ Christian Drug, Alcohol & Addiction Counselor Certificate (CDAAC) (applicants with transcripts meeting requirements must take the CSAC I Exam – the fee for this exam is included in the tuition, must provide proof of field exp. hours) - Tuition \$1185				
□ Combination CSAC I, CSAC II, CDAAC and RAS - Tuition & Fees: \$2995 (CSAC I, II, and CDAAC) Meets the requirements for CA State certification through the Department of Alcohol and Drug Programs. Students are responsible for all fees pertaining to taking the final exam when complete.				
☐ Dual Bachelor Degree and CDAAC Christian Certificate Program - A savings of \$500 over doing these separately - Tuition: \$3695				
□ CDAAC II - Advanced Professional Certification requiring 350 hours of training - Tuition: \$2205				
☐ Master level MDAAC Christian Certificate – (this upgrade requires a professional or ministry degree and a written paper comparing Faith Based and Secular Counselor Competencies) – Certification Fee: \$395				
☐ Continuing Education Course:				
Course Fee: \$10 per CEU Course name or topic				
☐ Board Certified Drug, Alcohol & Addictions Counselor – (Requires a Bachelor of Ministry Degree or higher and a written work on a counseling competency. Certification Fee: \$395				
☐ ACADC Institute College Charter and National Accreditation Education Provider- Charter Fee - \$395 (This fee also covers Continuing Education Provider Accreditation.				
☐ CSAC Renewal - \$75 ☐ CSAC Renewal - \$75 ☐ CDAAC Renewal - \$150				
□ CDAAC II Renewal - \$150 □ MDAAC Renewal - \$150				

RELATED CERTIFICATIONS
☐ Anger Management Instructor - One day workshop - Tuition: \$125 for 3 hour course. \$395 for the 40 hour course to meet county standards.
☐ Domestic Violence Prevention Instructor – One day workshop - Tuition: \$125 for 3 hour course; \$395 for the 40 hour course to meet county standards.
☐ Parenting Instructor - One day workshop - Tuition: \$125
☐ Crisis Interventionist - One day workshop - Tuition: \$125
☐ Addiction Interventionist - One day workshop - Tuition: \$125
□ Codependence Group Instructor - Tuition: \$295
☐ Codependence Counselor - Tuition: \$395 (must already have a professional counseling credential)
ACADC INSTITUTE COLLEGE OF ADDICTIONS STUDIES DEGREE PROGRAMS
☐ Associate of Ministry Degree in Christian Drug, Alcohol & Addiction Counseling - Tuition: \$790
☐ Bachelor of Ministry in Christian Drug, Alcohol & Addiction Counseling - Tuition: \$1200
☐ Master of Ministry in Drug, Alcohol & Addiction Counseling, M. Min., with Licensing accredited by the Association of Christian Alcohol & Drug Counselors Institute - Tuition: \$2500
□ Doctor of Ministry in Drug, Alcohol & Addiction Counseling, D. Min., with Licensing accredited by the Association of Christian Alcohol & Drug Counselors Institute – Tuition: \$3500
ACADC INSTITUTE COLLEGE OF BIBLICAL STUDIES DEGREE PROGRAMS
☐ Bachelor of Ministry in Biblical Studies - Tuition: \$1200
☐ Master of Ministry in Biblical Studies - Tuition: \$2500
□ Doctor of Ministry in Biblical Studies - Tuition: \$3500
☐ Christian Marriage & Family Counselor Certification (B. Min. with License accredited by the Association of Christian Alcohol & Drug Counselors Institute) – Tuition: \$2500
□ Doctor of Ministry in Christian Counseling, D. Min Tuition: \$3500
☐ Doctor of Divinity in Pastoral Counseling, D. Div. – with Ordination granted by the ACADCI College of Biblical Studies - Tuition: \$3500
☐ Transcript Review - \$30

☐ Work Study Program – By appointment and availability – call (909) 446-0375

(Before we can accept your tuition fee and enroll you in a degree program, you must talk to an ACADC Education Counselor at (877) 478-5756 prior to mailing in this application form and tuition)

SECTION 3. Application submission. The following <u>must</u> be submitted with this application:

■ Non-refundable Registration fee of \$395 made payable to A entrance inventory, CSAC I Certificate and registration as requered programs where applicable).	
☐ For those applying for state certification, the Application to	RAS Registration
☐ All transcripts from educational institutions that you would li	ike reviewed for credit
I understand that the certifications and degree programs for whithe authority of the Association of Christian Alcohol & Did Association's ethical standards described in its code of conduprogram requirements, the certification or degree for which acknowledge that all tuition & fees paid go to the work of the Counselors and are non-refundable. I understand that in a responsibility to know and meet all state requirements for cagainst the Association of Christian Alcohol & Drug Counselous educator or employee associated with the Association of Christian Student's signature:	rug Counselors and will be subject to the uct. I understand that upon completion of all this application is made will be granted. I he Association of Christian Alcohol & Drug addition to classroom attendance, it is my certification. I agree to take no legal action telors or any individual minister, counselor, stian Alcohol & Drug Counselors.
Dated on the day of the month of	, 20
I am including a check or money order made payable to ACAD of: \$ Please consult above checklist	

Please make your check or money order out to: ACADC Institute

Return this application with appropriate fees to:

ACADC Institute P.O. Box 326 Yucaipa, CA 92399



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RAS REGISTRATION

SECTION 1 . Please print your information clearly.			
First Name			
Middle Name			
Last Name			
Male Female			
Primary Number (including Area Code)	Secondary Number (including Area Code)		
Street Address (Number, Street, Apt, or Suite No.)			
City			
State	Zip Code		
Last Four Digit Social Security Number			

E-mail Address			
Prior Certification Or License (Please explain)			
Clinical Experience			
Have you a prior certification or licens	ure as an alcohol and drug counselor revoked?		
Yes No			
If you would like a photo ID included o	on the website with your certification, please e-mail to		
	s that with your application. We must receive along with this		
application in order to guarantee we c	an upioad it.		
Signature:	Date:		
	I I		

ASSOCIATION OF CHRISTIAN ALCOHOL AND DRUG COUNSELORS Code of Ethics & Conduct

The following are to be observed by the **Association of Christian Alcohol & Drug Counselors** staff, volunteers, and certified counselors:

- 1) The ACADC CODE OF CONDUCT is bound to the original Greek & Hebrew writings of the Word of God which we know as the Christian Holy Bible.
- 2) I believe that as a Drug & Alcohol Counselor, in order to be safe, proficient, and effective, I must have the Word of God, not only in the intellect, but living in the heart, spirit, mind, will and emotions (2 Corinthians 3:1-6). In this way, I will be spiritually mature and a counselor who is self-governing, able to respect the written Word of God understood and interpreted by the Holy Spirit in the full context of the Old and New Testaments, Psalms and Proverbs, as my code of conduct.
- 3) I also agree to submit to proper governmental authorities and their requirements knowing that God has orchestrated the existence of their authority into my life. Therefore I agree as a Drug & Alcohol Counselor to abide by all regulations placed upon my profession by the California Department of Alcohol and Drug Programs and all other duly appointed authorities governing us (Hebrews 13:17) to the best of my ability.
- 4) I understand that consumption of Alcoholic beverages or mind altering drugs by staff members, counselors, volunteers, Association members and participants is behavior contrary to the values held by ACADC and is not permitted on the premises of any chartered institution or professional activity conducted by an ACADC certificated counselor.
- 5) Romantic relationships or sexual conduct taking place within the duration of a professional relationship between counselors and participants, staff members or volunteers is prohibited.
- 6) All official sessions with participants shall be conducted in a professionally appropriate capacity, and in an approved counseling location.
- 7) Staff members, counselors and volunteers are not to use their position to establish an unwholesome personal relationship with any participants.
- 8) Staff members, counselors and volunteers are prohibited from using their positions to abuse power in ways that might disqualify, obstruct or hinder the professional development of certification applicants.
- 9) Appropriate professional boundaries shall be observed by all counselors, staff and volunteers of the Association of Christian Alcohol & Drug Counselors Institute.
- 10) Any and all claims of misconduct on the part of any individual counselor will be properly investigated and brought before the ACADC Board of Directors who will prescribe appropriate disciplinary measures. After a proper review of the evidence and legal investigation, a hearing by the Board of Directors will take place to determine if the individual counselor will have his or her certification suspended or revoked for cause of misconduct, there must be a two-thirds vote of agreement by the Board of Directors.
- 11) All ACADC registrants and certified AOD counselors shall be prohibited from engaging in non-counseling related social events or business for personal gain with program participants, clients, residents, or their family members or other persons who are significant to them throughout the duration of the counseling relationship.

12) Counselors shall at all times respect client confidentiality, except as otherwise required or permitted by law, including

but not limited to the California Code of Federal Regulations, T	itle 42, Part 2.
I understand t	he significance and importance of the Living Word of God
in my life as it applies to professionalism as a drug & alcoh	ol counselor. I understand it is needed to be an effective
counselor and is able to pierce through to the soul and the spiri	t discerning the thoughts and intents of the heart. (Hebrews
4:12). I will continue to nourish my spirit throughout the days	of my life by keeping God's inspired Word and the person
of Jesus Christ in the forefront of my thoughts and in the center	of my life as a counselor and a person.

AFFIDAVIT OF FULFILLMENT OF 160 HOURS OF SUPERVISED TRAINING AND WORK EXPERIENCE IN COUNSELING SERVICES

I,				declare that I am the
	(Supervisor's	name)		
	(Title)			
of				
	(AOD Certifie	ed Facility)		
	(Supervisor's l	icense and/or certification	on designation)	,
I attest that	(Name of appl	icant)		
has worked under my	direct supervision n	o less than		hours as
				between the dates of
				•
	an	d	,	
(month)	(year)	d(month)	(year)	
My Professional Quali	ifications are (contin	nue on other side of	this page if needed)) :
Supervisor:		Da	ate:	

AFFIDAVIT OF FULFILLMENT OF 2080 HOURS OF AOD COUNSELING FIELD EXPERIENCE

I,				declare that I am the
	(Supervisor's	name)		
	(Title)			
of				·
	(AOD Certifi	ed Facility)		
	(Supervisor's	license and/or certificat	ion designation)	
I attest that	(Name of and	licant)		
	(Name of app	oncant)		
has worked in our org	anization no less th	an		hours as a
				_ between the dates of
(Jo	ob Title)			
	ar	(month)	,	
(month)	(year)	(month)	(year)	
My Professional Qual	ifications are (conti	nue on other side of	this page if needed	1):
Supervisor:			Date:	