

Michigan Clinical Supervisor Development Plan - CCS

Read This First - General Information and Instructions

What is a Development Plan and why are you being asked to apply for this?

- You are becoming employed at a licensed program providing clinical supervision services, but you do not yet hold the specialty certification from the Michigan Certification Board for Addiction Professionals (MCBAP) that is required under a State of Michigan funded contract, State licensing, by another payer source or quality assurance source, or employer which requires it.
- An approved MCBAP -registered Development Plan is a time-limited, one-time opportunity to gain employment in these services prior to having completed the needed professional specialty certification. The Plan is an agreement between you and your employer.
- MCBAP certification requires focused preparation and demonstration of competencies in alcohol/drug addiction and related fields, meeting the requirements of certification: formal education, working experience with supervision, and passing of the fitting IC&RC* examination. Since this may take some time, the Development Plan allows you to work while completing the requirements, with a time limit. *IC&RC is International Certification & Reciprocity Consortium – the world’s largest addiction specialty certification standards system. Requirements for all MCBAP certifications are detailed at: www.mcbap.com.
- If you formerly held an earlier (now lapsed) MCBAP credential or had a past MCBAP Development Plan which expired before completion, you may not be eligible for a new Plan, however you may be able to apply for Reinstatement. Contact MCBAP to determine eligibility.
- A registered Development Plan is not recommended unless it is required by your employer and their payment sources as an alternative to full certification.
- **A Development Plan is not required prior to applying for a MCBAP credential.** If you do not complete the full certification process before your Development Plan expires, you may continue to prepare for the MCBAP certification on your own schedule. However, your position with your employer may be affected in the interim.
- If you are working as a temporary or short-term student intern, discuss this with your employer, regional public funding entity, or contact MCBAP before applying for a Development Plan. You may not need to register for a Development Plan at this time.

How long will you have to complete the certification requirements? Are there extensions?

- Development Plans vary in length depending on their level and sometimes on the candidate’s starting point. Development Plans leading to the CCS (Certified Clinical Supervisor) are normally 4 years or less. Clinicians working part time may be given additional time in their Plan.
- The Development Plan is **not** designed to be renewed or extended. Once begun, if the Plan expires before you have completed all the requirements in the application process, and submitted your application, you may have a gap in your professional status which could affect your employment.

Does the Development Plan move with you if you change employers?

- The Development Plan you are applying for is specific to the place of employment sponsoring your Plan. It does not automatically transfer to other programs or employers.

- If you do relocate, you should file an updated Plan application, signed by the new employer, with MCBAP. This will not normally change your overall Development Plan schedule or expiration date.

What are the steps to complete the Development Plan Application?

- The Development plan can only be completed by an individual holding one of the following reciprocal credentials with MCBAP: CAADC, CADC, CCJP, CCDP, or CCDP-D
- The Development Plan should be completed and submitted to MCBAP within 30 days of the start of state-funded clinical supervisor services. Plans submitted later will not be dated to begin more than 30 days prior to receipt at MCBAP. The date the application is signed by the Program Director is usually the key date MCBAP uses.
- Before completing the Development Plan, please read the requirements and instructions for applying for certification found at www.mcbap.com/certifications/. An overview may also be found later in these Development Plan materials. You need to be familiar with the overall requirements of the credential you expect to apply for.
- Information must be typed or printed clearly. A valid email contact address for the applicant is required. Follow-up contact from MCBAP will be sent via email.
- Agency information should include the official name of all agencies at which you are providing services, no acronyms or abbreviations. Please list the primary agency first, and have your supervisor and program director at the primary agency sign the application documents.
- The MCBAP Supervisor Code of Ethics must be read prior to signing the Development Plan Assurances.
- Development Plan application must be submitted **with a copy of the current job description under which required experience will be gained**, or a copy of recent past job description if you believe you have already met the minimum experience standards for the credential in an earlier position.
- Submit a \$75.00 **non-refundable** processing fee, the official job description from experience you plan to use in your future CCS application, required education proof, and completed forms 1-4. **Keep a copy of the Plan for your own files.**
- **Once your Development Plan is approved and registered, if your address, other contact information, name, or employment changes, report these changes to MCBAP.**

Reporting Information Updates:

Notify MCBAP if your name, home address, place of work, email, or other contact information changes after your Development Plan application has been submitted.

Submit a revised/updated form if your employment has changed. If you change agencies this plan is no longer valid until you update it to your new place of work. The revised form needs only to include new information, and appropriate signatures. No additional fee is required for routine personal information updates.

Reporting Status Corrections:

Notify MCBAP if you discover that you filled out an original Plan incorrectly, or have experienced changes in your work situation that require correction of Development Plan completion hours (Form 2). Submit a revised form with a written explanation from a supervisor describing how the original Plan form 2 was incorrect, or what has otherwise changed. Plan period or timeline changes may or may not be given based on MCBAP review of the corrections request. **A \$50 fee is required for a status change correct Plan.** Unless there have been verified breaks or cutbacks in your employment, the effective dates for your Plan will not be changed.

You should thoroughly read the Development Plan application information and forms, and also the full MCBAP credential application forms and instructions for the chosen credential, all found on www.mcbap.com. If more assistance is needed, contact MCBAP. It is important that you know how to estimate hours completed in the various requirements, and understand what education courses or past work experience can be used.

Progress on the Development Plan:

You are responsible for making needed progress within your Development Plan so as to complete the Plan and MCBAP certification requirements within the Plan period. You do not need to notify MCBAP if you choose to move faster or slower than described within the Plan, however, if you do not keep up progress and your Plan expires, you will not be given an extension or a new Plan period. If your employment depends on having a valid Development Plan or completed MCBAP certification and you do not meet the overall deadline, you may put your employment at risk.

A Development Plan does not replace the requirement to submit a complete initial application for the MCBAP credential you seek. You must complete the MCBAP initial certification application, provide full information and documentation, and pay all fees, as required for the certification, once all required elements have been completed and you are ready to apply.

MCBAP contact information:

(517) 347-0891 voice

(517) 347-1288 fax

info@mcbap.com email

PLAN RECOMMENDATIONS - CCS:

Your Plan schedule should take into account what you have already completed and what you have yet to do to meet the CCS credential requirements.

In order to complete the requirements for certification by the time your Development Plan expires, please consider the guidelines listed below. These guidelines are based on a full-time work schedule (32+ hours per week), for a candidate who has not already completed substantial progress towards the credential requirements before they start the Plan. Part time schedules will most likely require a different schedule, and may be longer overall. If you have more hours already completed, you may be able to finish sooner.

Again, please review the requirements, instructions, definitions, and application forms for the MCBAP certification you will be applying for. These can be found on www.mcbap.com/certifications/. An overview can also be found further on in this application material.

Experience Hours - total needed = 10,000

2,000 hours per year providing substance abuse counseling at a licensed substance abuse services provider.

1,000 hours per year providing supervision to SUD counselors.

Education Hours – total needed = 30

It is your responsibility to retain and be able to supply proof of completed education hours.

As many as 7.5 hours per year in the CCS Domains listed in the Application Instructions on mcbap.com

Supervision Hours – total needed = 200

50 hours of direct supervision per year (within your Experience hours)

Please view CCS level IC&RC Domains to be covered: www.mcbap.com

IC&RC Exam - You will need to gain a passing score for the CCS exam.

Scheduling your IC&RC exam date at least **6 months before** the end of the Development Plan is highly recommended. If you fail the IC&RC CCS exam, you must wait 90 days to retest.

A study guide or course can be a useful tool for exam preparation. Links to study guides and practice exams may be found on the MCBAP website, www.mcbap.com, or via the IC&RC website, www.internationalcredentialing.org. MCBAP does not provide exam study courses, but these may sometimes be found from professional education providers listed on our website.

Overview of Requirements for full CCS initial Application
Please use these target requirements as a reference when filling out Form 2

Individuals applying for the CCS credential must currently hold the Certified Alcohol and Drug Counselor (CADC), Certified Advanced Alcohol and Drug Counselor (CAADC), Certified Criminal Justice Professional (CCJP), Certified Co-Occurring Disorders Professional (CCDP) or Certified Co-Occurring Disorders Diplomat (CCDP-D) to be eligible to apply for the Certified Clinical Supervisor (CCS).

Experience –

10,000 hours, full- or part-time clinical counseling experience working with substance use disorder clients at a program licensed by the state of Michigan. Included in this must be 4,000 hours, full- or part-time clinical supervisor experience at a program licensed by the state of Michigan. Refer to “Experience” section in the application instructions for further explanation.

Education - 30 contact hours in clinical supervision with a minimum of four (4) hours of education in each of the following CCS Domains: Counselor Development, Professional & Ethical Standards, Program Development & Quality Assurance, Performance Evaluation and Administration. Refer to “Education” section in the application instructions for further explanation.

Supervision - 200 hours of direct supervision specific to the IC&RC/CCS Performance Domains. Refer to “Supervision” section in the application instructions for further explanation.

Testing – IC&RC/CCS, Clinical Supervisor examination

Code of Ethics- Sign and adhere to the current MCBAP Clinical Supervisor Code of Ethical Standards.

Residency - Must live or work within the State of Michigan fifty-one (51%) percent of the time.

Application - When all requirements have been completed, submit your CCS application to MCBAP for review. All documentation must be on copies of the forms provided and in the format specified in the application forms and instructions. Please note, all requirements must have been completed within the previous ten years of submitting the application.

Initial Certification – Once approved, the initial CCS certification period will be for two (2) years.

Application for Michigan Development Plan Clinical Supervisors

New Plan _____ Update of Information _____

General Information (type or print clearly)

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ Telephone: () _____

City: _____ County: _____ State: _____ Zip: _____

Fax: () _____ Email: _____

Social Security #: (last 4 digits) _____ Date of Birth ___/___/___

Complete the following information regarding your current agency location.

Agency Name: _____ Your Title: _____

Street Address: _____ Telephone: () _____

City/Township: _____ Agency Email address: _____

County: _____ State: _____ Zip: _____ FAX: () _____

***Attach a formal job description for the experience you will be using to meet certification requirements. For most applications, this is the current (new) job description. If you have completed other recent experience, provide a brief description of that past work, dates active, and identify service program by name, address and MiLARA license number.

Typical hours worked per week in substance abuse treatment/prevention _____

How long have you worked as a clinical supervisor? _____

CCS – DEVELOPMENT PLAN – COMPLETION OF MCBAP REQUIREMENTS

Applicant: Compete the following Plan schedule filling in each line accurately and clearly. Read instructions for CCS credential applications, at www.mcbap.com.

Experience Hours 10,000 required

Estimate of Hours Already Completed within the last 7 years _____

Remaining Hours to be completed during Plan Year 1 _____

Remaining Hours to be completed during Plan Year 2 _____

Remaining Hours to be completed during Plan Year 3 _____

Remaining Hours to be completed during Plan Year 4 _____

Direct Supervision Hours 200 required

Estimate of Hours Already Completed within the last 7 years _____

Remaining Hours to be completed during Plan Year 1 _____

Remaining Hours to be completed during Plan Year 2 _____

Remaining Hours to be completed during Plan Year 3 _____

Remaining Hours to be completed during Plan Year 4 _____

Education Hours 30 required

Estimate of Hours Already Completed within the last 7 years _____

Remaining Hours to be completed during Plan Year 1 _____

Remaining Hours to be completed during Plan Year 2 _____

Remaining Hours to be completed during Plan Year 3 _____

Remaining Hours to be completed during Plan Year 4 _____

IC&RC CCS Examination (Recommended at least 6 months before overall target completion date below.)

Already Taken and Passed on (date) _____

Or - Your Planned IC&RC Exam Completion Date _____

Overall Target Date of Completion of ALL MCBAP Credential Requirements*: _____

(*The date by which you plan to have all elements of the full credential completed, and application sent to MCBAP) Maximum time for new, full time professionals is 4 years. Earlier completion is welcomed.

Prior to submitting this Development Plan Application to the Michigan Certification Board for Addiction Professionals (MCBAP) for review, all parties to this agreement: the Applicant, and the Agency Director, must fill out and sign and date their respective section of the assurances. The Development Plan is an agreement and commitment between these parties.

APPLICANT ASSURANCES

- I. I certify that I prepared the enclosed materials and information provided is true and correct.
- II. I acknowledge I have received, read and understand the MCBAP Supervisor Code of Ethics and do agree to its terms. If my Development Plan is suspended or revoked as a result of my breaching the Supervisor Code of Ethics, I understand that my Development Plan will no longer be valid.
- III. I agree to gain the education, supervision and experience necessary to meet the objectives of my Development Plan. I acknowledge that I have read and understand the requirements for the MCBAP credential for which I am preparing.
- IV. I understand that my Development Plan cannot be renewed or extended beyond the time limit allowed.
- V. I understand that all requirements needed to obtain certification must be met, and I must be certified by the time of the Development Plan expiration, in accordance with service contracts under which I may be working.
- VI. I hereby authorize MCBAP the release of my name and information in my development plan for review by the State of Michigan, employers, PIHPs and other entities vested in my professional development.

Applicant's Start Date of Funded Employment

Applicant's Name (type or print clearly)

Applicant's Signature

Date

AGENCY DIRECTOR / ADMINISTRATOR ASSURANCES

- I. I affirm this treatment service agency's responsibility and commitment to assist the above named applicant of this Development Plan in gaining the necessary education, training and supervised experience required for MCBAP certification as a clinical supervisor. This will include but may not be limited to the IC&RC Domains and Job Tasks categories.
- II. I understand the Development Plan is not renewable and the applicant has committed to complete MCBAP certification process by the expiration date of the plan.

Treatment Agency Director/Administrator's Name (type or print clearly)

Treatment Agency Director/Administrator's Signature

Date

**This will be the start date once the plan is reviewed at MCBAP. The MCBAP office must receive this Development Plan within 30 days of signature.*

IDENTIFY the State-designated substance abuse services regional entity or Medicaid Prepaid Inpatient Health Plan (PIHP) for your primary service area. Name of Regional Entity / PIHP:

Note: Some regions may require a copy of the Development Plan, please check with your regional contract manager. It is the applicant agency's responsibility to send copy(ies) of the Development Plan to funding authority(ies) if required.

Please MAIL (do not fax) completed and signed forms with job description supporting past experience if any, ethics-boundaries-confidentiality education proofs, and \$75 payment to:

MCBAP
6639 Centurion Drive, Suite 170
Lansing, MI 48917

Payments to MCBAP may be sent by check or money order via mail; or made via the MCBAP website: www.mcbap.com using a credit, debit, or PayPal account. MCBAP cannot take credit card payments by phone or mail.

(517) 347-0891
info@mcbap.com

Note: Retain copies of Development Plan and documents for your files.

MCBAP OFFICE USE ONLY

Start Date: _____ Submission Date: _____

Expiration Date: _____