

THE TEXAS CERTIFICATION BOARD



Texas Certification Board

presents

The Texas System for Certification of

**CERTIFIED CRIMINAL JUSTICE ADDICTIONS
PROFESSIONAL**

APPLICANT STATUS (CCJP-A)

APPLICATION PACKAGE

Revised July 2020

TEXAS CERTIFICATION BOARD

401 Ranch Road 620 South, Suite 310
Austin, TX 78734

Tel: (512) 708-0629
Fax: (888) 506-8123
Email: admin@tcbap.org
Website: www.tcbap.org

TCB Certified Criminal Justice Addictions Professional Applicant Status Application

IMPORTANT INFORMATION REGARDING THE CCJP-A

This application is for Certified Criminal Justice Addictions Professional Applicant (CCJP-A) status ONLY. If you wish to apply for the full CCJP, please use the appropriate application.

After collaborating with criminal justice professionals throughout Texas and around the country, TCB requested and received permission in 2005 from the International Certification & Reciprocity Consortium to offer the CCJP certification for Criminal Justice Professionals who also work in and around the field of substance abuse.

TCB offers the CCJP-Applicant status for individuals working towards obtaining the full CCJP. A CCJP-A status may be issued to an individual who has met the educational and practicum requirements for the Texas CCJP, but has not yet passed the two required exams and may still be working on direct service/work experience hours. The CCJP-A applicant status will be issued for a period of five (5) years, in which time you must meet the requirements for and pass both the IC&RC ADC Exam as well as the supplemental IC&RC CCJP exam for the full Texas CCJP. To learn more about the full CCJP and its requirements see the chart and information on page 5 of this application. You can also visit www.tcbap.org for the complete CCJP application.

NOTE: The CCJP-A credential can be renewed **one time** for a period of three years, provided you meet all re-certification requirements. More information on renewal can be found on page 4 of this application.

Pursuant to Texas Administrative Code Chapter 140, Rule 140.401, an individual having a Certified Criminal Justice Professional Applicant status issued by the Texas Certification Board or a Certified Criminal Justice Addictions Professional by the International Certification and Reciprocity Consortium providing chemical dependency counseling through a program or in a facility that receives funding from the Texas Department of Criminal Justice is exempt from LCDC licensure requirements when they offer or provide chemical dependency counseling services within the scope of their authorized duties and scope of practice.

CCJP-A MINIMUM REQUIREMENTS

The chart below details the *minimum* requirements for certification as a CCJP-A based on hours of direct supervision (practicum) and education. Please note that requirements vary based on highest level of completed formal education in a Human Services/Behavioral Sciences field from an accredited college or university. You must also provide documentation of formal education as listed in the checklist of enclosures on page 7. More details about these requirements can be found on Page 3 & 4 of this application.

Degree*	Hours of Direct Supervision (Practicum)	Hours of Education**
Doctoral Degree or AAC	N/A	60+
Master's Degree or CCS, MAC, NASW	80	100+
Bachelor's degree or ADC or LCDC	100	150+
Associate's Degree	150	200+
HS Diploma/GED	200	270+

Time Limit: All requirements must have been met within the past 10 years. Experience and or hours prior to that time period will not be accepted.

*Degree must be in a Human Services/Behavioral Sciences field from an accredited college or university.

**Education is defined as the specific educational requirements of this credential, as outlined under *Hours of Education* Section below.

HOURS OF EDUCATION

Hours of education should include the four core skill functions listed below as they relate to both adults and juveniles. Please note that at least **six (6) hours should be in criminal justice ethics. A minimum of ten hours in each core skill function is required and you must complete the total of number of hours outlined in the chart above (for example 270+ hours for HS Diploma/GED, 200+ hours for Associate's Degree, etc.)**

CORE SKILL FUNCTIONS

- Dynamics of Addiction and Criminal Behavior
- The Criminal Justice System and Processes
- Screening, Assessment, and Treatment Planning
- Case Management and Counseling

For further explanations of the core skill functions domains please visit www.tcbap.org

DOCUMENTATION OF EDUCATION HOURS

Education hours must be documented by copies of CEU certificates from approved continuing education providers or official transcripts submitted with this application.

HOURS OF DIRECT SUPERVISION

The applicant must submit documentation of on-the-job direct supervision (practicum) in the four (4) core skill areas of the CCJP credential, listed below. **No single core skill function is to be performed for fewer than ten (10) hours and you must complete the total of the number of hours outlined in the chart on page 3 (for example 200 hours for HS Diploma/GED, 150 hours for Associate's Degree, etc).**

*Realizing that supervision may take place in a variety of settings, TCB determined not to place limiting criteria on qualifications of a supervisor. Rather, it was determined that supervision should be as broadly defined as in the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration's **Technical Assistance Publication number 21**. TAP 21 defines supervision/clinical supervision as: the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance.*

CORE SKILL FUNCTIONS

- Dynamics of Addiction and Criminal Behavior
- The Criminal Justice System and Processes
- Screening, Assessment, and Treatment Planning
- Case Management and Counseling

For further explanations of the core skill functions domains please visit www.tcbap.org

DOCUMENTATION OF HOURS OF DIRECT SUPERVISION (PRACTICUM)

Please document hours of direct supervision (practicum) by completing the form provided on Page 13 of this application packet, and closely follow the guidelines on pages 14-15.

RESIDENCY

All persons who apply for the CCJP certification through the Texas Certification Board should be a resident of Texas. At least fifty percent (51%) of the applicant's work should be done in the State of Texas. Exceptions to the residency requirement will be considered on an individual basis by petition to the Texas Certification Board.

RE-CERTIFICATION

The CCJP-A credential can be renewed **one time** for a period of three years. The re-certification requirement is 270 hours of continuing education in the Certified Criminal Justice Addictions Professional (CCJP) four performance domains and documentation of passing score on the IC&RC ADC Exam as well as at least one attempt at the supplemental IC&RC CCJP exam. Documentation of education hours must be provided in the form of official transcripts or continuing education certificates from approved providers. Hours must be earned since your last application for CCJP-A. For complete renewal requirements, please see the renewal application for the CCJP-A located at www.tcbap.org.

INFORMATION ON OBTAINING THE FULL CCJP

Upon submission and approval of this application, you will be granted the Certified Criminal Justice Addictions Professional Applicant Status (CCJP-A). This status will show that you have met the educational and practicum requirements for the Texas CCJP, but have not submitted work experience hours or documentation of passing scores on both the IC&RC ADC Exam, as well as, the supplemental IC&RC CCJP exam. Please note that these requirements must be completed before you can obtain your full CCJP. The IC&RC ADC Exam as well as the supplemental IC&RC CCJP exam will be given by TCB on demand via computer-based testing. For information on testing/testing procedures visit our website at www.tcbap.org.

Requirements for the full CCJP are below. Please note that the Texas full CCJP must be renewed every two years. Both the full CCJP application and the full CCJP renewal requirements can be viewed on our website, www.tcbap.org.

NOTE: THE CHART BELOW SHOWS REQUIREMENTS FOR THE FULL CCJP. FOR APPLICANT STATUS (CCJP-A), ONLY THE HOURS OF DIRECT SUPERVISION (PRACTICUM) AND HOURS OF EDUCATION ARE REQUIRED.

FULL CCJP MINIMUM REQUIREMENTS

Degree*	Direct Services/ Work Experience	Hours of Direct Supervision (Practicum)	Hours of Education**	Exams
Doctoral Degree or AAC	1,000 hrs	N/A	60+	Successful completion of the International IC&RC ADC Exam & Supplemental CCJP Exam
Master's Degree or CCS, MAC, NASW	2,000 hrs	80	100+	Successful completion of the International IC&RC ADC Exam & Supplemental CCJP Exam
Bachelor's degree or ADC or LCDC	4,000 hrs	100	150+	Successful completion of the International IC&RC ADC Exam & Supplemental CCJP Exam
Associate's Degree	5,000 hrs	150	200+	Successful completion of the International IC&RC ADC Exam & Supplemental CCJP Exam
HS Diploma/ GED	6,000 hrs	200	270+	Successful completion of the International IC&RC ADC Exam & Supplemental CCJP Exam

TIME LIMIT: All requirements must have been met within the past 10 years. Experience and/or education hours prior to that time period will not be accepted.

*Degree must be in a Human Services/Behavioral Sciences field from an accredited College or University

**Education is defined as the specific educational requirements of this credential, as outlined under Hours of Education Section on page

CCJP-A APPLICANT STATUS APPLICATION

<hr/> Last Name	<hr/> First Name	<hr/> Middle Name	
<hr/> Street Address			
<hr/> City	<hr/> State	<hr/> Zip Code	<hr/> County
<hr/> Home Telephone	<hr/> Home Fax	<hr/> Home Email Address	
<hr/> Date of Birth ___/___/_____		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
I would like for my mail to be sent to <input type="checkbox"/> Home OR <input type="checkbox"/> Work			

EMPLOYMENT INFORMATION			
<hr/> Current Employer			
<hr/> Employer's Mailing Address			
<hr/> City	<hr/> State	<hr/> Zip Code	<hr/> County
<hr/> Work Telephone	<hr/> Work Fax	<hr/> Work Email Address	
EMPLOYMENT SETTING			
Institutional Setting:	<input type="checkbox"/> Corrections, State Institutional (prisons)	<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile
	<input type="checkbox"/> Corrections, County/City Inst. (detention)	<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile
Community Setting:	<input type="checkbox"/> Community Corrections (Probation, Parole, etc.)	<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile
	<input type="checkbox"/> Court Mandated (Drug Court, Pretrial/Diversion)	<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile
Treatment Setting:		<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile
Other: _____		<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile

HIGHEST EDUCATION LEVEL COMPLETED		
(DEGREE MUST BE IN A HUMAN SERVICES/BEHAVIORAL SCIENCES FIELD FROM AN ACCREDITED COLLEGE OR UNIVERSITY)		
<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Vocational Certification	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor of Arts/Sciences	<input type="checkbox"/> Master of Arts/Sciences	<input type="checkbox"/> Doctorate

Other Certifications/Licenses	<input type="checkbox"/> LPC	<input type="checkbox"/> LMSE	<input type="checkbox"/> AAC	<input type="checkbox"/> ASOTP	<input type="checkbox"/> RSOTP
	<input type="checkbox"/> LCDC	<input type="checkbox"/> LMFT	<input type="checkbox"/> ADC	<input type="checkbox"/> Other _____	

Have you ever undergone a disciplinary action for violation of any Code of Ethics? YES NO
(If you marked yes, you must attach a letter of explanation)

I hereby attest to the fact that I, the applicant, am a treatment professional providing services in a setting which provides either counseling, service coordination, behavior management, or behavior shaping to drug-involved adult or juvenile offenders. Further, all answers are correct to the best of my knowledge. I authorize any educational institution or, other body having knowledge of my academic status, to release information to the TCB regarding my academic status.

Applicant Signature _____
Date

CCJP-A REQUIREMENTS

The application requirements for certification of a CCJP-A shall include academic achievement, and formal training, including the following:

1. Documentation of required training/education hours commensurate with highest completed level of formal education (see Minimum Requirements on page 3). Documentation should be in the form of copies of CEU certificates from approved continuing education providers or official transcripts.
2. Documentation of required direct supervision (practicum) hours commensurate with highest completed level of formal education (see Minimum Requirements on page 3). Documentation should be provided on practicum form (see page 13).
3. Sign and agree to comply with the ethical standards as set forth in the Texas System of Certification for Certified Criminal Justice Professionals (see page 8-9).
4. Sign and agree to comply with TCB Assurances and Releases (see page 10).
5. You **MUST** pass the IC&RC ADC Exam as well as attempt the supplemental IC&RC CCJP exam within the first 2 years of holding a CCJP-A. Exam forms can be found on our website, www.tcbap.org.

If there are problems with your application materials, you will be notified via e-mail. TCB reserves the right to request further information from employers and other persons listed on the application forms.

CERTIFICATION CHECKLIST & PAYMENT

REQUIRED ENCLOSURE CHECKLIST

- Certification Application
- Signed Assurance and Release
- Signed Code of Ethics
- Direct Supervision (Practicum) Documentation Form
- Documentation of High School Diploma/GED or highest completed degree via **transcript**
- Documentation of continuing education hours as required for your degree/certification level, refer to chart on page 3. *Documentation **MUST** be submitted in the form of photocopies of CEU certificates from approved providers or through official transcripts.*

CCJP-A FEES

— Original Application Fee\$75

PAYMENT INFORMATION

- I have enclosed a cashier's check or money order payable to TCB
 - I authorize TCB to charge my credit card in the amount of \$ _____
 - VISA MASTERCARD AMERICAN EXPRESS DISCOVER
- CARD NO. _____ EXP. DATE _____ CVV _____
- CARDHOLDER NAME _____
- CARDHOLDER SIGNATURE _____

By signing this form, I understand that my credit card billing statement will show charges from TCB or TAAP.

Make a photocopy of your entire completed application including all attachments - this is for your records. Send the original copy of the application and copies of all other documents to TCB at the address listed below.

Please send completed application with payment to:

TCB
 401 Ranch Road 620 South, Suite 310
 Austin, TX 78734

CCJP-A CODE OF ETHICAL BEHAVIOR

The Texas Certification Board (TCB) is comprised of substance use disorder (SUD) prevention and treatment professionals and peer recovery support specialist who, as responsible healthcare 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 must guide their professional and societal expectations, obligations and conduct. As professionals dedicated to the prevention, treatment and recovery of service recipients with substance use disorders and their families, they believe that they can effectively prevent and treat its individual and familial manifestations. SUD professionals dedicate themselves to the promotion of the best interests of service recipients, colleagues, the profession and society.

It is expected that, in the management of, or delivery of services to, individuals with criminal justice involvement, service recipients of CCJP and CCJP-A will:

Principle 1: Nondiscrimination

The applicant or SUD professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, pregnancy, religion, national origin, socio-economic status, political belief, citizenship, military service or affiliation, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.

The SUD professional shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with service recipients with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. The SUD professional should comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Principle 2: General Respect and Caring

- A. Perform duties with the attitude that change can occur, and accept responsibility for facilitating that change.
- B. Demonstrate appropriate respect for the dignity, worth, knowledge, insight, experience, and areas of expertise of others.
- C. Accept responsibility for the consequences of their actions.
- D. Make every reasonable effort to ensure that personal knowledge about client's psychological state is not misused, intentionally or unintentionally, to harm others.
- E. Encourage others, if appropriate, to relate with integrity, to respect the dignity of persons, and to expect respect for their own dignity.
- F. Assume overall responsibility for the scientific and professional activities of assistants, students, supervisees, and employees with regard to respect for the dignity of persons, all of whom, however, incur similar obligations.

Principle 3: Conflict of Interest

Avoid relationships (e.g. with students, employees, or service recipients) and other situations which might present a conflict of interest or which might reduce their ability to be objective and unbiased in their determinations of what might be in the best interests of others.

- A. SUD professionals should adhere to the same principles of professionalism outlined in the Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:

- B. SUD professionals are discouraged from interacting with current or past direct service recipients on personal social networking sites. It is recommended that SUD professionals establish a professional social networking site for this purpose.
 - 1. SUD professionals should not affiliate with their own direct service recipients on personal social media sites.
 - 2. SUD professionals use professional and ethical judgment when including photos and/or comments online or in-service materials.
 - 3. SUD professionals should not provide their personal contact information to direct service recipients, i.e. home/personal cell phone number, personal email, social media accounts, etc. nor engage in communication with direct service recipients through these mediums except in cases of agency/professional business
- C. It is the responsibility of the SUD Professional to ensure, to the best of his or her ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
- D. D. SUD professionals should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the SUD profession, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal website.
- E. Employees should be aware that employers may reserve the right to edit, modify, delete, or review **organizational** Internet communications and that writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, the SUD professional should delete inaccurate information or other's posts that violate the privacy and confidentiality of service recipient or that are of an unprofessional nature.
- F. SUD professionals should refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.

Principle 4: Do No Harm

- A. If making a referral to a colleague or other professional, maintain appropriate contact, support, and responsibility until other service begins.
- B. Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death, as allowed by Texas law.

Principle 5: Confidentiality

The SUD professional must embrace, as a primary obligation, the duty of protecting the privacy of service recipient and must not disclose confidential information acquired in teaching, practice or investigation.

- A. The SUD professional must inform the service recipient and obtain agreement in areas likely to affect the service recipient's participation including, but not limited to, the recording of an interview, the use of interview material for training purposes and the observation of an interview by another person.

- B. The SUD professional must make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
- C. The SUD professional must **report** information received in confidence only when there is a clear and present danger to the service recipient or to other persons within the organization, and then only to appropriate professional workers, public authorities immediately, or no more than twenty-four (24) hours of information received.
- D. The SUD professional must discuss the information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes clearly concerned with the case. Written and oral reports must present only data germane to the purpose of the evaluation and every effort must be made to avoid undue invasion of privacy.
- E. The SUD professional must use clinical and other material in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

Principle 6: Informed Consent

- A. Seek as full and active participation as possible from others in decisions, which affect them.
- B. Practice within the guidelines and standards of Federal and state regulations regarding informed consent and human subject's protocols.

Principle 7: Competence and Self-Knowledge

- A. Espouse objectivity and integrity, and maintain the highest standards in the services offered.
- B. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
- C. Accurately represent their own and their associates' qualifications, education, experience, competence, and affiliations, in all spoken, written, or printed communications, being careful not to use descriptions or information which could be misinterpreted.
- D. Take immediate steps to obtain consultation or to refer a client to a colleague or other appropriate professional, whichever is more likely to result in providing the client with competent service, if it becomes apparent that a client's problems are beyond their competence.
- E. Keep themselves up to date with relevant knowledge, research methods, and techniques, through the reading of relevant literature, peer consultation, and continuing education activities, in order that their service or research activities and conclusions will benefit and not harm others.
- F. Develop and utilize strategies to maintain one's own physical and mental health.

Principle 8: Reliance on the Discipline

Seek consultation from colleagues and/or appropriate groups and committees, and give due regard to their advice in arriving at a responsible decision, if faced with difficult situations.

Resolving Ethical Issues

- A. TCB SUD professionals shall take appropriate action when they possess information that raises doubts as to whether another professional is acting in an ethical manner.
- B. TCB SUD professionals shall not initiate, participate in, or encourage the filing of ethics complaints that are frivolous or intend to harm a professional rather than to protect service recipients or the public.

- C. TCB SUD professionals shall cooperate with investigations, proceedings, and requirements of a TCB ethics investigation or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.

Applicant Signature

Date

ASSURANCES & RELEASES AGREEMENT

TCB may request further information from all persons listed on the certification application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

"I give my permission for the TCB and staff to investigate my background as it relates to information contained in this application for certification as a Certified Criminal Justice Professional. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification."

"I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the TCB, to officers, members, and staff of the aforementioned board."

"I further agree to hold the TCB, its officers, board members, employees, and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of TCB to issue certification."

"I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying."

"I understand that The TCB may refer complaints outside its jurisdiction, or also within the jurisdiction of another licensing program within the TCB or of another agency, to the appropriate program or agency for action, as permitted by law."

Applicant Signature

Date

PROCEDURE FOR ETHICAL COMPLAINTS

TCB has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCB CCJP-A or an applicant to the certification system. This provides a procedure and a forum by which such a professional or applicant may make a good- faith dispute and respond to such complaints. This system is used to adjudicate complaints, which, have been found to be irresolvable through other means. Prior to employing the process, persons are encouraged to attempt to resolve the situation through other means, i.e., personally with the CCJP-A professional or through the CCJP-A professional's supervisor/employing agency. If these means fail or do not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.

Ethic complaints can be submitted online at www.tcbap.org or mailed to:

TCB Ethics Committee
401 Ranch Road 620 South, Suite 310
Austin, TX 78734

FORMAL EDUCATION

List below all formal education (high school, college, university) you have received. Note: Degree must be in a Human Services/Behavioral Sciences field from an accredited college or university. All post-secondary education must come from an accredited college or university.

NOTE: YOU MUST ALSO PROVIDE DOCUMENTATION OF FORMAL EDUCATION THROUGH OFFICIAL TRANSCRIPT.

FORMAL EDUCATION	NAME OF SCHOOL LOCATION OF SCHOOL	GRADUATION YEAR	DEGREE
HIGH SCHOOL			
COLLEGE OF UNIVERSITY (UNDERGRADUATE)			
COLLEGE OF UNIVERSITY (GRADUATE)			
COLLEGE OF UNIVERSITY (POST- GRADUATE)			

HOURS OF DIRECT SUPERVISION (PRACTICUM) FORM

INSTRUCTIONS FOR COMPLETION

Supervisors should complete this form and are also required to keep time sheets/documentation verifying supervised practical experience for a minimum of five years after completion. A weekly time sheet can be found on Page 16 of this application and at www.tcbap.org. This form is not intended to document applicant's total number of hours worked, but rather the hours of face-to-face supervision you have provided the applicant. This document must be returned to the applicant to be included in CCJP-A application packet. A minimum of 10 hours is required in each of the four domains listed below, but the total number of hours must meet the minimum hours outlined in the chart on page 3 (for example 200 hours for HS Diploma/GED).

Applicant Last Name

First Name

Middle Name

"I hereby attest to the fact that the applicant is a criminal justice professional providing services in a setting which provides either counseling, service coordination, behavior management, or behavior shaping to drug-involved adult or juvenile offenders, and that I have provided the applicant face-to-face supervision for the number of hours noted below. I will keep weekly time sheets/documentation verifying supervised practical experience on file for a minimum of five years after completion and I will provide time sheets/documentation to TCB should they be requested."

Dynamics of Addiction and Criminal Behavior _____ (minimum of 10 hours)
The Criminal Justice System and Processes _____ (minimum of 10 hours)
Screening, Assessment, and Treatment Planning _____ (minimum of 10 hours)
Case Management and Counseling _____ (minimum of 10 hours)

TOTAL # of face-to-face supervision hours I have provided the applicant _____.
(Refer to minimum requirements on page 3 for the minimum number of hours of supervision needed.)

For further explanations of the core skill functions domains please visit www.tcbap.org.

Supervisor Signature

_____/_____/_____
Date

PRINTED First Name

PRINTED Last Name

Credentials

Supervisor's Employer

_____-_____-_____
Supervisor's Work Phone Number

Supervisor's E-Mail

Employer's Mailing Address

City

State

Zip Code

TEXAS CERTIFICATION BOARD

Guidelines for Verifying and Documenting Hours of Direct Supervision (Practicum)

The applicant's supervisor/agency must keep documentation of the on-the-job supervision (practicum) in the four core skill areas of the CCJP credential listed below. No single core skill function is to be performed for fewer than ten (10) hours and you must complete a total of the number of hours outlined in the chart on page 2 (for example 200 hours for HS Diploma/GED, 150 hours for Associate's Degree, etc).

- I. Dynamics of Addiction and Criminal Behavior
- II. The Criminal Justice System and Processes
- III. Screening, Assessment, and Treatment Planning
- IV. Case Management and Counseling

Documentation of Hours of Direct Supervision (Practicum)

Practicum Supervisor/Practicum Agencies must keep verification of their practicum students hours utilizing the CCJP Supervised Practical Experience Timesheet Documentation Form and the CCJP Supervised Practicum Fieldwork (SPF) Weekly Documentation Form. These documents must be kept on file for a minimum of five years after the practicum has been completed, and must be provided to TCB if requested.

The CCJP Supervised Practical Experience Timesheet Documentation Form should only reflect hours that were worked in tasks related to the core functions and must be signed and dated.

There should be an SPF Weekly Documentation Form that corresponds to each CCJP Supervised Practical Experience Timesheet Documentation Form.

Instructions for Completing the SPF Weekly Documentation Form:

SECTION 1:

Name of the Practicum student;

Dates of supervision - refers to the dates of the week that the supervision occurred for the core functions identified on the form;

Total hours this week, and cumulative hours, cumulative hours are the hours that were earned for the current week and previous weeks to date;

Name of the Supervisor/QCC - the individual actually supervising/verifying the task performed by the practicum student;

Name of the agency/site in which the tasks are being performed.

SECTION 2:

This section identifies the core functions in which the practicum student is required to perform. Only those tasks that are being worked on during the week identified should be reflected. For each Core function selected, each task performed within that core function should be documented in the Skills Demonstrated within the Identified Functions column of the form, (i.e. group facilitation, observed assessments, etc.)

SECTION 3:

Identify any goal(s) established during the previous week, and note any progress made towards that goal.

Identify any goals for the next week, and note any training activities/readings assigned to the practicum student.

The form must be closed out each week with signatures and dates from the Practicum student and the Supervisor/QCC that they have supervised and verified the fieldwork conducted.

The Supervisor/entity will be required to keep a copy of the practicum documentation for five years after the practicum hours have been completed.

Acceptable Documentation for a Practicum Conducted at College/University:

- An official college transcript (no photocopies) showing the completed practicum course with a letter from the school's department chair/coordinator stating the practicum was completed in the field of chemical dependency;
- A copy of the classroom certificate (only if completed through continuing education at a college or university) with a letter from the department chair/coordinator stating the practicum was completed in the field of chemical dependency;

An official college transcript showing an approved degree which will waive the practicum requirements.

CCJP-A SUPERVISED PRACTICAL EXPERIENCE TIMESHEET DOCUMENTATION FORM

This is the time sheet that should be used to document the CCJP-A supervised practical experience. Applicants ARE NOT required to return this form to TCB with their application, but practicum supervisors/agencies are required to keep this documentation on file for at least five years from the date of completion, and this documentation must be provided to TCB upon request.

For an excel version of this spreadsheet with formulas to help tabulate totals visit www.tcbap.org.

Student Name: _____

Supervisor Name: _____

Week Beginning: _____ **Week Ending:** _____

Core Skill Function	M	T	W	TH	F	Sat	Sun	Current Week Total	Cumulative total Last Week	Cumulative Total
Dynamics of Addiction & Criminal Behavior										
The Criminal Justice System and Processes										
Screening, Assessment, and Treatment Planning										
Case Management and Counseling										
DAILY TOTAL HOURS										

Practicum Student Signature _____

Supervisor Signature _____

**CCJP-A SUPERVISED PRACTICUM FIELDWORK
WEEKLY DOCUMENTATION FORM**

SECTION ONE

Name of Practicum Student: _____

Date of Supervision: From: _____ To: _____

Total Hours This Week: _____ Cumulative Hours: _____

Name of Supervisor/QCC: _____

Name of Agency/Site: _____

SECTION TWO

Check	Core Functions	Skills Demonstrated With The Identified Function
<input type="checkbox"/>	Dynamics of Addiction & Criminal Behavior	
<input type="checkbox"/>	The Criminal Justice System and Processes	
<input type="checkbox"/>	Screening Assessment, and Treatment Planning	
<input type="checkbox"/>	Case Management and Counseling	

SECTION THREE

Previous Week Goal(s)	
Progress towards Previous Week Goal(s)	
Goal(s) for Next Week	
Plan (Training Activities/Readings)	

Practicum Student Signature _____ **Date** _____

Supervisor/QCC Signature _____ **Date** _____

Certified Criminal Justice Professional Applicant

SUPERVISED WORK EXPERIENCE DOCUMENTATION FORM

Texas Certification Board

401 Ranch Road 620 South, Suite 310

Austin, TX 78734

SUPERVISOR: Please complete form, give a copy to Applicant, and mail original to TCB.

PLEASE TYPE OR PRINT

Applicant Name: _____
(Last) (First) (Middle)

Certification Number: _____ Date of Birth: _____

CCJP Applicant Registration Effective Date: _____ Expiration Date: _____

WORK EXPERIENCE INFORMATION

Company Name: _____ Telephone #: _____

Work Address: _____ City, State ZIP _____

Dates of Service From: _____ To: _____ Hours per week: _____

Total clock hours in CCJP domains for period claimed above, excluding holidays, etc. _____

WORK SETTING INFORMATION

Institutional Setting: Corrections, State Institutional (prisons) Adult Juvenile

Corrections, County / City Inst. (detention) Adult Juvenile

Community Setting: Community Corrections (Probation, Parole, etc.) Adult Juvenile

Court Mandated (Drug Court, Pretrial/Diversion) Adult Juvenile

Treatment Setting: Adult Juvenile

Other: _____ Adult Juvenile

QUALIFIED CREDENTIALLED PROFESSIONAL INFORMATION

As the Qualified Credentialed Professional (QCP), did you provide direct supervision to the Applicant?

Yes No If no, who? _____
Name Credentials & Number

Do you have any reservations about the Applicant being granted certification as a certified criminal justice professional?

Yes No If yes, please explain: _____

Other comments: _____

By signing below, I affirm that the information provided on this form is true and accurate. I understand that I may be subjected to disciplinary actions if I provide false or misleading information.

Print name: _____ Credentials & Number(s) _____

Signature: _____ Date: _____

PROGRAM DIRECTOR, ASSISTANT PROGRAM DIRECTOR, or ADMINISTRATOR INFORMATION

I attest the above named Applicant completed these hours at our facility. Program Director Assistant Program Director
 Administrator

Signature _____ Credentials & Number(s) _____ Date _____