

# THE TEXAS CERTIFICATION BOARD



## Texas Certification Board

*presents*

The Texas System for Certification of

**CERTIFIED CRIMINAL JUSTICE  
ADDICTIONS PROFESSIONAL**

**(CCJP)**

### **APPLICATION PACKAGE**

Revised July 2019

**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](mailto:admin@tcbap.org)  
Website: [www.tcbap.org](http://www.tcbap.org)

**TCB Certified Criminal Justice Addictions Professional Application**

# THE CERTIFIED CRIMINAL JUSTICE ADDICTIONS PROFESSIONAL (CCJP)

After collaborating with criminal justice professionals around the state and around the country, TCB has requested and received permission 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. We recognize that the LCDC does not always speak directly to the needs of the criminal justice system, so we have worked with those professionals to develop a credential that better meets their unique needs. It is our hope that this certification will allow employers and those they serve to recognize those professionals whose expertise includes the unique blend of substance abuse issues and those related more specifically to criminal justice.

*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.*

**The chart below details the minimum requirements for certification based on work experience, supervised experience, and education.**

## CCJP MINIMUM REQUIREMENTS

Degree*	Direct Services/ Work Experience	Hours of Direct Supervision (Practicum)	Hours of Education**	Exams
Doctoral Degree or AADC	1,000 hrs	N/A	60+	Successful completion of: <ul style="list-style-type: none"> <li>IC&amp;RC ADC Exam</li> <li>Supplemental CCJP Exam</li> </ul>
Master's Degree or CCS, MAC, NASW	2,000 hrs	80	100+	Successful completion of: <ul style="list-style-type: none"> <li>IC&amp;RC ADC Exam</li> <li>Supplemental CCJP Exam</li> </ul>
Bachelor's degree or ADC or LCDC	4,000 hrs	100	150+	Successful completion of: <ul style="list-style-type: none"> <li>IC&amp;RC ADC Exam</li> <li>Supplemental CCJP Exam</li> </ul>
Associate's Degree	5,000 hrs	150	200+	Successful completion of: <ul style="list-style-type: none"> <li>IC&amp;RC ADC Exam</li> <li>Supplemental CCJP Exam</li> </ul>
HS Diploma/ GED	6,000 hrs	200	270+	Successful completion of: <ul style="list-style-type: none"> <li>IC&amp;RC ADC Exam</li> <li>Supplemental CCJP Exam</li> </ul>

**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 3.

## HOURS OF EDUCATION

The chart on the previous page details the total number of education hours required for your level of education/certification level. Please note that at least **six (6) hours should be in criminal justice ethics**. Hours of education should include these 4 core skill functions as they relate to both adults and juveniles (**a minimum of ten hours is required in each core skill function**):

### 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](http://www.tcbap.org)

## HOURS OF DIRECT SUPERVISION

The applicant must submit documentation of on-the-job direct 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).**

*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](http://www.tcbap.org)

### DOCUMENTATION OF HOURS OF DIRECT SUPERVISION (PRACTICUM)

Please document hours of direct supervision (practicum) by completing the form provided on Page 15 of this application packet, and closely follow using the guidelines on pages 16-17.

## REQUIRED EXAMS

It is required that you provide documentation of passing scores on the following exams:

- IC&RC ADC Exam
- IC&RC Supplemental CCJP Exam

The IC&RC ADC Exam and 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](http://www.tcbap.org).

## DIRECT SERVICES/WORK EXPERIENCE

All work experience should be direct services in criminal justice/addiction services in the CCJP performance domains. For the number of hours required, refer to the chart on page 2 of this application.

### 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](http://www.tcbap.org)*

## 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 re-certification requirement is 40 hours of continuing education that must be earned every two years in the Certified Criminal Justice Addictions Professional (CCJP) four performance domains. Documentation of hours must be provided in the form of official transcripts or continuing education certificates from an approved provider. Visit [www.tcbap.org](http://www.tcbap.org) for renewal application and full list of requirements.

# INFORMATION ON RECIPROCITY

Texas has membership in the International Certification & Reciprocity Consortium (IC&RC). The IC&RC membership includes over 70 boards, both national and international. This list includes 62 boards in the United States and international boards from Canada, Sweden, Bermuda, Germany, Singapore, Puerto Rico, Malaysia, Indonesia, and Great Britain.

## **HOW RECIPROCITY FUNCTIONS**

Each certifying body belonging to the IC&RC agrees to use the minimum standards established for reciprocity-eligible credentials. For example, if an IC&RC member board offers a reciprocal level certification, then the IC&RC minimum standards must be used. In turn, each IC&RC member board agrees to accept the reciprocity-eligible certification(s) of the other member boards if they offer that credential.

## **THE RELATIONSHIP OF THE CERTIFIED CRIMINAL JUSTICE PROFESSIONAL (CCJP) TO RECIPROCITY**

Minimum standards for the criminal justice certification have been established by the IC&RC. These minimum standards are for the Certified Criminal Justice Professional (CCJP). However, not all IC&RC member boards have developed a reciprocity-eligible CCJP credential. Individuals holding the CCJP who apply for reciprocity to another IC&RC member board will receive the equivalent of the CCJP if a reciprocity-eligible credential is available through that board.

## **APPLYING FOR RECIPROCITY**

If you are moving to another IC&RC member board's jurisdiction, please contact TCB at 512-708-0629 to inquire about reciprocity.

# CCJP APPLICATION

_____		_____		_____	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>			
_____					
<b>Street Address</b>					
_____					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>		
_____					
<b>Home Telephone</b>			<b>Home Email Address</b>		
_____					
<b>Date of Birth</b> ____/____/____				<b>SEX:</b> <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

_____			
<b>Current Employer</b>			
_____			
<b>Employer's Mailing Address</b>			
_____			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
_____			
<b>Work Telephone</b>		<b>Work Email Address</b>	
_____			

## EMPLOYMENT SETTING

<b>Institutional Setting:</b>	<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
<b>Community Setting:</b>	<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
<b>Treatment Setting:</b>		<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile
<b>Other:</b> _____		<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"/> MA, MS, M.Ed.	<input type="checkbox"/> Doctorate

<b>Other Certifications/Licenses</b>	<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 REQUIREMENTS

The application requirements for certification for a CCJP shall include academic achievement, work experience and formal training, including the following:

1. Documentation of required training/education hours commensurate with highest completed level of level of formal education. (See Minimum Requirements on page 2)
2. Documentation of required work experience hours commensurate with highest completed level of formal education. (See Minimum Requirements on page 2)
3. Documentation of required supervised practical experience hours commensurate with highest completed level of formal education. (See Minimum Requirements on page 2)
4. Documentation of Employment with attached job description(s). (See pages 13-14)
5. Verification of passing score on the IC&RC International ADC Exam and the IC&RC Supplemental CCJP Exam.
6. Sign and agree to comply with the ethical standards as set forth in the Texas System of Certification for Certified Criminal Justice Professionals. (See pages 8-9)
7. Sign and agree to comply with TCB Assurance and Release Form.

This credential will have reciprocity with other ICRC/AODA member boards.

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 Assurances and Release
- Signed Code of Ethics
- Documentation of Employment including attached job description(s)
- Documentation of Passing Score on the ICRC ADC Exam
- Documentation of Passing Score on the ICRC Supplemental CCJP Exam
- Work Experience/Supervised Practical Experience Documentation (CCJP-A Holders may already have this on file)
- Documentation of High School Diploma/GED or highest completed degree via transcript
- Documentation of Continuing Education Hours (as required for your degree level).
- International Certificate Application, optional (\$10.00 fee required)

## CCJP FEES

- Original Application Fee .....\$140
- IC&RC Certificate Fee (optional).....\$10

## 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 \_\_\_\_\_

ZIP CODE \_\_\_\_\_ 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:

Texas Certification Board  
 401 Ranch Road 620 South, Suite 310  
 Austin, TX 78734

# CCJP 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. 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.

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**Applicant Signature**

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**Date**

## **ASSURANCE & RELEASE 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."

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**Applicant Signature**

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**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 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 professional or through the CCJP 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](http://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)			

# EMPLOYMENT

IMPORTANT: To determine the eligibility of current and previous employment, the following must apply and be clearly documented by the applicant. **You must be a criminal justice professional providing services in a setting, which provides counseling, service coordination, behavior management, or behavior shaping to drug involved adult or juvenile offenders.**

\_\_\_\_\_  
Applicant Last Name

\_\_\_\_\_  
Applicant First Name

\_\_\_\_\_  
Middle Name

List your most recent work experience first. **BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR CURRENT JOB ON COMPANY LETTERHEAD.** The applicant and the supervisor must sign the most current job description.

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Current Job Title

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employer Phone Number

Extension

Employer Fax

\_\_\_\_\_  
Employer's Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Employment Began

to CURRENT DAY

Total # of hours Per Week: \_\_\_\_\_

**REQUIRED: ATTACH A JOB DESCRIPTION SIGNED BY YOU AND YOUR SUPERVISOR ON COMPANY LETTERHEAD.**

\_\_\_\_\_  
Previous Employer

\_\_\_\_\_  
Previous Job Title

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Employer Phone Number

\_\_\_\_\_  
Extension

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Employer Fax

Employer Phone Number

Extension

Employer Fax

\_\_\_\_\_  
Employer's Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Employment Began

to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date Employment Ended

\_\_\_\_\_  
Total # of hours Per Week

Your Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
Previous Employer

\_\_\_\_\_  
Previous Job Title

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Employer Phone Number

\_\_\_\_\_  
Extension

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Employer Fax

Employer Phone Number

Extension

Employer Fax

\_\_\_\_\_  
Employer's Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Employment Began

to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date Employment Ended

\_\_\_\_\_  
Total # of hours Per Week

Your Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 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 18 of this application and at [www.tcbap.org](http://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 application packet. A minimum of ten (10) hours is required in each of the four domains listed below, but the total number of hours must be the minimum outlined in the chart on page 2 (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 section on page 2 for the minimum number of hours of supervision needed.)

For further explanations of the core skill functions domains please visit [www.tcbap.org](http://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 SUPERVISED PRACTICAL EXPERIENCE TIMESHEET DOCUMENTATION FORM

This is the timesheet that should be used to document the CCJP 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](http://www.tcbap.org).

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Week Beginning:** \_\_\_\_\_ **Week Ending:** \_\_\_\_\_

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

**Practicum Student Signature** \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_

**CCJP 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**

<b>Check</b>	<b>Core Functions</b>	<b>Skills Demonstrated With The Identified Function</b>
<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** \_\_\_\_\_