

**CALIFORNIA CERTIFICATION BOARD OF ALCOHOL & DRUG COUNSELORS (CCBADC)
Applicants Written Case Presentation Checklist**

Name of Applicant: _____

	Yes	NO	Notes
Case presentation is typed	[]	[]	_____
Cover sheet information is complete, Signed by applicant & supervisor	[]	[]	_____
Current CPM format (below) is followed	[]	[]	_____

The following areas include the information as described in the current certification manual.

- A. **Substance Abuse History** (6 of 8 must be addressed)
 - 1. Substances Used [] [] _____
 - 2. Frequency of Use [] [] _____
 - 3. Progression of Use [] [] _____
 - 4. Severity/Amount Used [] [] _____
 - 5. Onset of Use – When Started [] [] _____
 - 6. Primary Substance Used [] [] _____
 - 7. Route of Administration [] [] _____
 - 8. Effects – blackouts, tremors, tolerance, DT's, seizures, other medical complications [] [] _____

- B. **Psychological Functioning** (5 of 7 must be addressed)
 - Mental Status
 - 1. Orientation [] [] _____
 - 2. Hallucinations [] [] _____
 - 3. Delusions [] [] _____
 - 4. Suicidal Issues [] [] _____
 - 5. Homicidal Issues [] [] _____
 - 6. Judgment [] [] _____
 - 7. Insight [] [] _____

- C. **Education/Vocational/Financial** (3 of 5 must be addressed)
 - 1. Educational and Work History [] [] _____
 - 2. Educational Level Attained [] [] _____
 - 3. Disciplinary Action (work/school) [] [] _____
 - 4. Reasons for termination [] [] _____
 - 5. Financial Status (at admission, during treatment, at discharge) [] [] _____

- D. **Legal History** (all 3 must be addressed)
 - 1. Charges, Arrests, Convictions [] [] _____
 - 2. Current Status (status at discharge) [] [] _____
 - 3. Any Pending Legal Action [] [] _____

- E. **Social History** (4 of 6 must be addressed)
 - 1. Parents [] [] _____
 - 2. Siblings/Rank [] [] _____
 - 3. Psychological Functioning in Family [] [] _____
 - 4. Substance Use in Family [] [] _____
 - 5. History of Social Functioning from Childhood to Present (admission/discharge) [] [] _____
 - 6. Children [] [] _____

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

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

Name of Applicant: _____ Date of Review: _____

	Yes	No	Note
H. Assessment (all 4 must be addressed)			
1. Strengths	[]	[]	_____
2. Weaknesses	[]	[]	_____
3. Problems	[]	[]	_____
4. Needs	[]	[]	_____
I. Treatment Plan (all 4 must be addressed)			
1. Identify and Rank Problems	[]	[]	_____
2. Immediate Goals	[]	[]	_____
3. Long Term Goals	[]	[]	_____
4. Treatment Process and Resources to be Utilized	[]	[]	_____
J. Course of Treatment (all 3 must be addressed)			
1. Counseling Approaches Used	[]	[]	_____
2. Rationale for Using Those Counseling Approaches	[]	[]	_____
3. Revisions Made	[]	[]	_____
K. Discharge Summary (all 3 must be addressed)			
1. Client's Overall Response to Treatment	[]	[]	_____
2. Alcohol and Drug Status at Discharge	[]	[]	_____
3. Aftercare Plans	[]	[]	_____

Any discrepancies indicated below must be corrected. Corrections to the written case presentation must be received by the CCBADC administrative office at least 14 days prior to the scheduled testing date for review. Applicants will not be allowed to sit for the oral exam until their written case presentation has been accepted. This form, signed by the applicant and the supervisor, must be returned with the corrected written case.

If corrections are required, return new check list with supervisor's signature.

Print Applicant's Name

Applicant's Signature

Print Supervisor's Name

Supervisor's Signature

FOR CCBADC OFFICE USE ONLY

Date Reviewed: _____ [] First Review [] Second Review [] _____
Review

[] ACCEPTED [] RETURN FOR CORRECTIONS (See Below) Reviewer's initials _____

Corrections Required:

