

Colorado Education Equivalency Review

For Addiction Counselor 2019 Application

**This application form is interactive.
Download the form to your computer to fill it out.**



CENTER FOR
CREDENTIALING
& EDUCATION™

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The Center for Credentialing & Education, Inc. (CCE®) values diversity.
There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation or national origin.

CCE and NBCC are registered trade and service marks of the National Board for Certified Counselors, Inc.

The Center for Credentialing & Education, Inc. (CCE), on behalf of the state of Colorado, performs the education equivalency review for licensed addiction counselor candidates. Any correspondence outside of the education equivalency review should be directed to the state of Colorado at 303-894-7800.

CCE's review is based on Colorado Rule 14 [Licensure by Examination (CRS 12-43-804)]. Colorado State Board of Addiction Counselor Examiners Rules are available online at https://www.colorado.gov/pacific/dora/Addiction_Counselor.

Applications will be held open for one year from the date of initial review. Please note that CCE cannot return or duplicate an application. Prior to submitting your application to CCE, please make a copy of it for your records.

HOW TO CONTACT CCE

Telephone (toll-free): 888-817-8283

Telephone Hours: 8:30 a.m. to 5 p.m. Eastern time; 6:30 a.m. to 3 p.m. Mountain time (Monday–Friday)

E-mail: cce@cce-global.org

Fax: 336-482-2852

Send written correspondence to: CCE • 3 Terrace Way • Greensboro, NC 27403-3660

Reviews are conducted in order of receipt and completed within six weeks. Failure to include all required items listed on page 3 will result in the need for additional reviews. Each subsequent review takes six weeks from the date of document receipt.

In order to protect candidates from miscommunication or misinformation, CCE asks applicants to submit in writing any questions regarding their education review. Questions can be sent via e-mail, postal mail or fax. CCE responds to all questions in the order they are received.

As an applicant for licensure education review, you have the right to appeal the findings on the education review completed by CCE. Please be aware that all applications for education equivalency review in Colorado are reviewed by CCE, which is the contracted agent for the Colorado State Board of Addiction Counselor Examiners, and the credential review is based on the Colorado Code of Law, Section 12-43-804 and Rule 14: Colorado Board of Addiction Counselor Examiners Rules. These requirements must be met in full.

Education Equivalency for Addiction Counselor Certification

When an applicant submits college courses on an application to the Center for Credentialing & Education (CCE) in lieu of one of the required training classes, it is the applicant's responsibility to demonstrate how their college course is equivalent to the Office of Behavioral Health (OBH) approved core competencies for that class. Anyone wishing to use college equivalents must submit the following to CCE:

1. An official transcript from an accredited college or university in a sealed envelope. The courses must be in a behavioral health science or field. Each college class being offered as the equivalent of a CAC required class must have a grade of C or above.
2. A cover letter with an attached syllabus and a written description about why the college class is equivalent to the CAC required class.
3. A college course must offer college credits that are equivalent or greater than the number of clock hours required for the OBH training class.

College equivalency hours:

One semester credit hour = 15 clock hours
Two semester credit hours = 30 clock hours
Three semester credit hours = 45 clock hours
One quarter credit hour = 8.5 hours
Two quarter credit hours = 17 hours
Three quarter credit hours = 25.5 clock hours

CAC required classes that must be taken (no college course equivalency)

Client Record Management, 14 hrs.
Infectious Diseases in Addiction Treatment, 14 hrs.
Pharmacology I, 14 hrs.
Pharmacology II, 14 hrs.
Trauma Informed Care for Diverse Populations, 14 hrs.
Clinical Supervision I, 21 hrs.
Clinical Supervision II, 14 hrs.

CAC required classes that may have college equivalency (see core competencies posted on the OBH website)

Addiction Counseling Skills, 21 hrs.
Principles of Addiction Treatment, 21 hrs.
Culturally Informed Treatment, 14 hrs.
Professional Ethics I: Ethics and Jurisprudence, 14 hrs.
Professional Ethics 1 1 , 14 hrs.
Motivational Interviewing, 21 hrs.
Cognitive-Behavioral Therapy, 14 hrs.
Clinical Assessment and Treatment Planning, 14 hrs.
Co-Occurring Disorders, 14 hrs.
Group Counseling Skills, 21 hrs.
Advanced Motivational Interviewing, 14 hrs.
Professional Practice, 7 hrs.

FORM A—COMPLETED CAC TRAINING/ EDUCATION

(If you hold a Clinical Master’s or Doctorate degree, do not use this form. Use FORM B)

APPLICANT: It is your responsibility to ensure that you have completed the required coursework below or have educational equivalency for your level. Refer to the CAC Handbook for Addiction Counselors, available at www.cce-global.org/BusinessLicensureServices/StateLicensure.

- > Complete this form to document all courses for the level for which you are applying.
- > If you already hold a certification for previous level(s), you do not need to document those courses.
- > Submit a copy of your certificate(s) for all courses you document on this form.

Applicant Last Name:	First:	Middle:	Suffix:
Address:	City:	State:	ZIP:

Training/Courses	Training Date(s)	Trainer Name (print)
CAC LEVEL I		
Addiction Counseling Skills		
Client Records Management		
Principles of Addiction Treatment		
Professional Ethics I (Ethics and Jurisprudence)		
Culturally Informed Treatment		
Infectious Diseases in Addiction Treatment		
Pharmacology I		
CAC LEVEL II		
Document completion of all CAC Level II courses below. If you do not already hold CAC Level I certification, also document CAC Level I courses above.		
Professional Ethics II		
Motivational Interviewing		
Cognitive Behavioral Therapy		
Group Counseling Skills		
Pharmacology II		
Clinical Assessment & Treatment Planning		
Co-occurring Disorders		
Trauma Informed Care for Diverse Populations		
CAC LEVEL III		
Document completion of all CAC Level III courses below. If you do not already hold CAC Level I and/or II certification, also document CAC Level I and/or II courses above.		
Clinical Supervision I		
Advanced Motivational Interviewing		
Clinical Supervision II		
Professional Practice		

FORM B—COMPLETED CAC TRAINING/EDUCATION

Clinical Master’s or Doctorate Degree Applicants

APPLICANT: It is your responsibility to ensure that you have completed the required coursework below or have educational equivalency for your level. Refer to the CAC Handbook for Addiction Counselors, available at www.cce-global.org/BusinessLicensureServices/StateLicensure.

- > Document all courses completed on this form.
- > Submit a copy of your certificate(s).

Applicant Last Name:	First:	Middle:	Suffix:
Address:	City:	State:	ZIP:

Training/Courses	Training Date(s)	Trainer Name (print)
CAC LEVEL II		
Principles of Addiction Treatment		
Infectious Diseases in Addiction Treatment		
Pharmacology I		
Pharmacology II		
Motivational Interviewing		
Group Counseling Skills		
Professional Ethics II		
CAC LEVEL III		
Document completion of all CAC Level II courses above, plus the following :		
Advanced Motivational Interviewing		
Clinical Supervision I		
Clinical Supervision II		



Colorado Education Equivalency Payment Voucher

PLEASE NOTE

- All fees must be paid in U.S. dollars.
- All fees are nonrefundable and nontransferable.
- Review results will be sent six weeks after application receipt.
- You will be notified in writing of your status and informed if further information is needed.
- Please make check or money order payable to CCE.

METHOD OF PAYMENT

Applicant's Name: _____

Telephone: DAY: _____ EVENING: _____

- Enclosed is a check or money order payable to CCE in the amount of \$100.
- Please charge the credit card listed below in the amount of \$100.

Card Type: VISA MasterCard American Express

Name on Card: _____

Account Number:

Card Security Code (from back of card):

Expiration Date: /

Cardholder Signature: _____ Date (mm/dd/yyyy): _____

SUBMIT YOUR APPLICATION AND PAYMENT

- Mail: CCE; P.O. Box 63223; Charlotte, NC 28263-3223
- Fax: 336-482-2852