

WEST VIRGINIA CERTIFICATION BOARD
FOR ADDICTION AND PREVENTION PROFESSIONALS
436 12th Street, Suite C
DUNBAR, WV 25064
(304) 768-2942
(304) 768-1562 FAX

**APPLICATION FOR ALCOHOL & DRUG COUNSELOR (ADC) CREDENTIAL
THE ENTIRE APPLICATION MUST BE TYPED AND THE ORIGINAL AND ONE
COPY MUST BE SUBMITTED.**

Guidelines and Procedures for Completing
The Certification Process

Please carefully read the Counselor Certification Manual and these application materials in their entirety **BEFORE** you complete any portion of the application. It is the responsibility of the applicant to meet all deadlines. **TIMELY SUBMISSION OF ALL FEES AND MATERIALS** is of utmost importance. Fees are non-refundable.

Payment of fees is best made by Paypal, Postal Money Order or Cashier's Check, since personal checks that are returned for insufficient funds will cause you to be assessed a penalty fee of \$20 beyond the bank charge for such.

THIS APPLICATION PACKET CONTAINS:

1. Certification Procedures and Guidelines (Page 2)
2. Application (Pages 3 - 15)
3. Demographic Data Form (Page 4) You must **submit a photocopy of a government-issued photo ID** with this application. **This same photo ID must be brought to the testing center and you will not be admitted to test unless the name by which you were pre-registered by WVCBAPP matches the name on the ID.** Some individuals find questions of age or race to be offensive. This information is requested so that the Board can respond to national surveys by NAADAC and IC&RC. Leave blank race or age questions which offend you. Complete all other demographic data questions.
4. Fee Schedule (Page 3)
5. Notary Page (Page 15) All applications must be notarized.
6. Submission check list (Page 16). Be sure to use the check list to assure that your application is complete.
7. Optional workforce survey.

**The WVCBAPP Code of Ethics is located in
Appendix B of the Certification Manual.**

**WEST VIRGINIA CERTIFICATION BOARD
FOR ADDICTION AND PREVENTION PROFESSIONALS**

ALCOHOL & DRUG COUNSELOR CERTIFICATION PROCEDURES AND GUIDELINES

1. Application/portfolio must be received and complete before your test will be scheduled.

2. Notification of the Results of the Application/Portfolio Review

Applicants will be notified by the WVCBAPP regarding the status of the application, missing or deficient items, and approval to sit for the test, etc., in a timely manner. The application packet and documentation of qualification must be complete in order for the applicant to be eligible to take the IC&RC ADC test.

3. Exam

The IC&RC ADC Computer Based Test (CBT) date will be arranged once the application/portfolio is received and has been reviewed and found to be complete. The test is computer based and can be scheduled for almost any day of the year.

WEST VIRGINIA CERTIFICATION BOARD
FOR ADDICTION AND PREVENTION PROFESSIONALS
APPLICATION FOR ALCOHOL & DRUG COUNSELOR CERTIFICATION

**THE ENTIRE APPLICATION MUST BE TYPED
AND AN ORIGINAL AND ONE COPY SUBMITTED**

A. FEE:

I understand that the application process requires pre-payment of the **NON-REFUNDABLE** application fee. I have enclosed a check, postal money order or cashier's check, or paid by Paypal online at www.wvcbapp.org. I wish to be considered as an applicant for certification as:

() Alcohol and Drug Counselor (ADC) \$75.00
(IC&RC/AODA Reciprocal Credential)

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

PRINT YOUR NAME HERE

**WEST VIRGINIA CERTIFICATION BOARD
FOR ADDICTION AND PREVENTION PROFESSIONALS
APPLICATION FOR ADDICTION COUNSELOR CERTIFICATION**

B. DEMOGRAPHIC DATA — Complete all items legibly: An email address is mandatory. You must submit a photocopy of a government-issued photo ID with this application. This same photo ID must be brought to the testing center and you will not be admitted to test unless the name by which you were pre-registered by WVCBAPP matches the name on the ID.

DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____
 LAST MIDDLE FIRST Maiden or Nickname

PREFERRED ADDRESS: _____
 STREET, P.O. BOX APT. NUMBER/SUITE

 CITY STATE ZIP CODE

ALTERNATE ADDRESS: _____
 STREET, P.O. BOX APT. NUMBER/SUITE

 CITY STATE ZIP CODE

WORK PHONE: _____ HOME PHONE: _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____

BUSINESS NAME OR AGENCY: _____

COUNTY OF BUSINESS OR AGENCY: _____

GENDER: () FEMALE () MALE BIRTH DATE: _____

RACE: _____
(OPTIONAL. USED FOR STATISTICAL PURPOSES ONLY)

ARE YOU IN PRIVATE PRACTICE? () YES () NO

HIGHEST ACADEMIC DEGREE: _____ FIELD OF STUDY: _____

LICENSES: () SOCIAL WORK () COUNSELING () MEDICINE
 () PSYCHOLOGY () NURSING
 () OTHER _____

FIRST YEAR OF EMPLOYMENT IN THE ADDICTION FIELD: _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D.? () YES () NO

WEST VIRGINIA CERTIFICATION BOARD
FOR ADDICTION AND PREVENTION PROFESSIONALS
APPLICATION FOR ALCOHOL & DRUG COUNSELOR

PHOTOCOPY THIS PAGE AS NEEDED TO DOCUMENT ALL OF YOUR ADDICTION-SPECIFIC WORK EXPERIENCES. THE ADC CREDENTIAL REQUIRES 36 MONTHS OF ADDICTION SPECIFIC WORK EXPERIENCE

C. QUALIFYING WORK EXPERIENCE: ADDICTION - SPECIFIC

Please refer to the Certification Manual for specific criteria for each level of certification and definition of terms. The point of this portion of the application is to provide accurate information regarding the amount of time you have spent doing **addiction-specific work**.

List your most recent employment first. Select **ONLY** those work experiences which you feel **BEST** fit the description of **QUALIFYING WORK EXPERIENCE** as defined in the Certification Manual. "Full-time Equivalent Work" means that you spent at least 35 hours per week in work-related activities. One **MAY NOT** earn more than one year's (2000hours) experience in one 12-month period.

1. **WORK EXPERIENCE SPECIFIC TO ADDICTION:**

If addiction-specific work experience represents only a portion or percentage of a full-time job, report **ONLY** the addiction-related work in this category. You may report the remaining portion under general work experience (later in the application) if applicable. Example: You have a full-time job that is 20% administrative, 20% addiction counseling, and 60% counseling other populations. **Only the addiction counseling should be reported here.** The other 80% can be reported under "General Work Experience". Please read the Certification Manual definition carefully before filling out this part.

EMPLOYER/AGENCY: _____
YOUR JOB TITLE

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____

Was this a () Paid or () Volunteer Position?

BRIEFLY DESCRIBE JOB DUTIES: _____

DATES: Beginning ____/____/____ Ending ____/____/____
Month day year month day year (Enter a date. Don't enter "present")

Was this a full-time addiction-specific job? (At least 35 hours/week) () Yes () No
If not full-time addiction-specific, how many addiction-specific hours a week did you work? _____

For Board Use:
A. # of months: _____
B. % of full-time (35/week = 100%, 7/week = 20%, etc.)

C. Actual months worked (# Months x % of full-time)
D. # months of addiction specific work _____

WEST VIRGINIA CERTIFICATION BOARD
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APPLICATION FOR ALCOHOL & DRUG COUNSELOR

ATTACH ADDITIONAL SHEETS IF NECESSARY
See Counselor Certification Manual for Definitions

3. GENERAL WORK EXPERIENCE

This phrase is used to mean supervised employment or supervised volunteer work (not addiction specific) which demonstrates the ability to work with people within a therapeutic framework. Other types of work which involve person to person contact may be considered.

Photocopy this page if needed to document additional GENERAL work experience.

EMPLOYER/AGENCY: _____
YOUR JOB TITLE

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____
() Paid Position () Volunteer Position

BRIEFLY DESCRIBE JOB DUTIES: _____

DATES: Beginning ____/____/____ Ending ____/____/____
Month day year month day year (Enter a date. Don't enter "present")

Was this a full-time job? (At least 35 hours/week) () Yes () No
If not fulltime, how many hours a week did you work? _____

For Board Use:
A. # of months: _____
B. % of full-time (35/week = 100%, 7/week = 20%, etc.)

C. Actual months worked (# Months x % of full-time)
D. # months of addiction specific work _____

WEST VIRGINIA CERTIFICATION BOARD
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APPLICATION FOR ALCOHOL & DRUG COUNSELOR

D. SUPERVISED PRACTICAL EXPERIENCE - SPE

(A college practicum/internship may be used but is not required - see Certification Manual)

The SUPERVISED PRACTICAL EXPERIENCE consists of work during which the applicant receives no less than 50 percent of the supervision hours required from an *ADC-S, AADC, or AADC-S*. An **ADC** who does **NOT** have the **CS credential** may not supervise the SPE. Others whom may perform supervision must be licensed or credentialed in a human service field. The amount of supervision required varies, depending on how much education you have:

<u>AMOUNT OF EDUCATION</u>	<u>AMOUNT OF SUPERVISION REQUIRED</u>
High School Diploma or Jurisdictional Equivalent	300 Hours of Supervision
Associate's Degree in a Related Field	250 Hours of Supervision
Bachelor's Degree in a Related Field	200 Hours of Supervision
Master's Degree or Higher in a Related Field	100 Hours of Supervision

YOU MUST DOCUMENT THE FOLLOWING:

1. Beginning and ending dates of the work experience
2. Number of hours completed and the credentials of the supervisor (ADC-S, AADC-S, AADC)
3. Defined Learning Goals.

Those goals must give evidence that the practicum covered at least ten (10) hours of experience in each of the four Domains. The goals must be specific to the knowledge areas of addiction, listed under “performance domains: tasks and knowledge” in the Certification Manual. The intent of this section of the application is that you communicate what you were learning during the SPE. These learning goals may be developed by the applicant alone, or with the help of the supervisor. The form must be signed by both. Letters of reference from the work supervisor do not replace the documentation of the Supervised Practical Experience, which must be presented according to the format on the forms provided.

4. Methods (specific things you did) during the practicum in each Domain.

You must document **TASKS AND BEHAVIORS THAT YOU PERFORMED**. Do not indicate topics that you and your supervisor discussed, books you read or classes you took. The intent of this section of the application is that you communicate the professional behaviors and activities that you performed during your SPE.

THE ATTACHED SAMPLE GRID MAY BE USED AS AN OUTLINE FOR THE SUPERVISED PRACTICAL EXPERIENCE DOCUMENTATION OR YOU MAY ORGANIZE YOUR OWN FORM. BUT IT MUST DOCUMENT GOALS & METHODS IN EACH OF THE 4 DOMAINS

YOU MAY LIST AS MANY GOALS AND METHODS AS YOU WISH,
BUT AT A MINIMUM LIST TWO GOALS FOR EACH DOMAIN AND TWO METHODS FOR EACH GOAL.

YOU MAY PHOTOCOPY THE ATTACHED FORMS OR RE-TYPE OR RE-DESIGN THEM TO ACCOMMODATE YOUR NEEDS FOR DOCUMENTING YOUR SUPERVISED PRACTICAL EXPERIENCE.

PLEASE NOTE: There are **THREE** ways of completing and documenting a supervised practical experience:

-

- **1. PROSPECTIVE**

Before actually beginning the SPE, you meet with your supervisor and write up the SPE outline, specifying what your goals are for each Domain or Core Functions, and what you will do (Methods) to achieve these goals. Then you do your Supervised Practical Experience, completing the tasks (methods) for each Domain. You document your supervision sessions on the Supervision Log on the following page.

2. CURRENT

You may already be working under supervision and may have completed some of your SPE, but perhaps have not written out the outline yet. Complete the Goals portion of the SPE outline and then document professional activities you have already completed, and additional activities that you will complete, which fit with those goals, in the Methods section of the outline. You document your supervision sessions on the Supervision Log on the following page.

3. RETROSPECTIVE

In the past you worked under supervision and completed a variety of tasks in all of the four Domains. Complete the outline by writing up goals (that detail the things you learned to do) and describing those professional activities (Methods) you completed in order to meet those goals. If you use the “retrospective” method of completing your SPE, you must have it signed **by the individual who supervised you at the time of that employment.** That individual must be an AADC-S, AADC, or ADC-S. Your present clinical supervisor can only sign off on this if he/she had direct knowledge of your work during the time that you did it. If you document a SPE retrospectively you do not have to complete the supervision log, but you should note on it, in BIG letters, “This SPE was documented retrospectively.”

D. SUPERVISED PRACTICAL EXPERIENCE, contd.

SUPERVISED PRACTICAL EXPERIENCE DOCUMENTATION FORM

NAME: _____ SPE SUPERVISOR: _____
 (ADC-S, AADC, or AADC-S)

DATE OF CERTIFICATION AND CERTIFICATION NUMBER OF THE SPE SUPERVISOR: _____

LOCATION/AGENCY: _____

DATES OF SPE: FROM ____/____/____ TO ____/____/____ (Give a date. Don't put "present")

**SAMPLE GRID FOR DOCUMENTING THE
 SUPERVISED PRACTICAL EXPERIENCE**
(Complete for all Domains)

<u>DOMAIN</u>	<u>GOALS</u>	<u>METHODS</u>
1. SCREENING, ASSESSMENT AND ENGAGEMENT	1.	A.
		B.
	2.	A.
		B.
2. TREATMENT PLANNING, COLLABORATION & REFERRAL	1.	A.
		B.
	2.	A.
		B.
3. COUNSELING	1.	A.
		B.
	2.	A.
		B.
(Complete for all 4 domains)		B.

FOR SUPERVISOR TO COMPLETE:

Did the applicant have at least 10 hours in each of the four Domains? () Yes () No

PERFORMANCE EVALUATION, COMMENTS AND RECOMMENDATIONS: _____

 SPE SUPERVISOR SIGN HERE
 (Indicate your credentials)

 APPLICANT SIGN HERE

 SPE SUPERVISOR PRINT NAME HERE
 And Indicate your Credential(s)

 DATE

(Must be an ADC-S, AADC, or AADC-S)

**SUPERVISED PRACTICAL EXPERIENCE
SUPERVISION LOG**

(This page may be reproduced if additional pages are needed)
(Instructions for completing this form are on the previous page.)

APPLICANT: _____ TOTAL NUMBER HOURS SUPERVISION: _____
SUPERVISOR _____

(Must be ADC-S, AADC-S, AADC). Please indicate your credentials

The Supervision Log is to be completed using the form provided. It may be copied if more than one page is needed to document the SPE.

- 1) The applicant's name and supervisor's name should be printed at the top.
- 2) The "Date of Supervision" should be completed by writing the date on which supervision took place.
- 3) The "Time & Place of Supervision" column should be completed listing the time of day and physical location where the supervision took place.
- 4) The "Total Hours Worked" column should be completed by filling in the total number of hours worked under supervision since the last supervisory session. The first time the log is filled in you should indicate the total number of hours worked under supervision, since supervision began.
- 5) The "Goals & Methods" column should be completed by recording the Domain and numbers of the goals and methods as spelled out on the Supervised Practical Experience Goal & Method Form. For example: Intake, Goal 2, Methods B&C.
- 6) The applicant and supervisor should each initial in the last column.
- 7) The applicant and supervisor should sign at the bottom of the page, where indicated.

DATE OF SUPERVISION	TIME & PLACE OF SUPERVISION	Amount of Time	GOALS & METHODS (Refer to SPE Goal & Method Form)	INITIALS OF APPLICANT & SUPERVISOR

Signature of Applicant

Signature of Supervisor

Date Signed

**WEST VIRGINIA CERTIFICATION BOARD
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See the Certification Manual for definitions. Attach additional pages if necessary

3. ACCREDITED DEGREE WORK: (Accredited means the school is regionally accredited and listed on the website of the U.S. Department of Education.)

Attach transcripts for all degree work listed. One 3-hour college semester course = 45 contact hours.

You may only list hours for which you received a passing grade.

College/University Name and Address	Degree	Date	Hours Earned

TOTAL # SEMESTER HOURS EARNED: _____

FOR CERTIFICATION BOARD USE ONLY:

TOTAL # ADDICTION HOURS: _____

TOTAL # HOURS GENERAL TRAINING: _____

MINIMUM 6 HOURS TRAINING IN ADDICTION ETHICS: () YES () NO

F. RESUME

Please attach a complete, typewritten resume.

**WEST VIRGINIA CERTIFICATION BOARD
FOR ADDICTION AND PREVENTION PROFESSIONALS**

G. CERTIFICATION OF TRUTH

**1. APPLICANT
MUST BE NOTARIZED**

I hereby certify that the statements contained in this application and supporting documents, given for consideration of my application for certification as an Alcohol and Drug Counselor are, to the best of my knowledge, true and correct. I acknowledge that application fees are non-refundable.

I further certify that I have read and subscribe to and abide by the WVCBAPP Code of Ethics, based on the NAADAC code of ethics. I authorize the Board to conduct inquiries or interviews as they deem necessary.

Signature of Applicant

STATE OF WEST VIRGINIA,

COUNTY OF _____, TO-WIT:

Subscribed and signed this _____ day of _____.

My commission expires: _____
Notary Public

**2. SUPERVISOR
MUST BE NOTARIZED**

I hereby certify that the statements contained in this application and supporting documents, given for consideration of my supervisee's application for certification as an Alcohol and Drug Counselor or an Advanced Alcohol and Drug Counselor are, to the best of my knowledge, true and correct.

Signature of Supervisor

Credentials of Supervisor

STATE OF WEST VIRGINIA,

COUNTY OF _____, TO-WIT:

Subscribed and signed this _____ day of _____.

My commission expires: _____ **Notary**
Public

**WEST VIRGINIA CERTIFICATION BOARD
FOR ADDICTION AND PREVENTION PROFESSIONALS**

ALCOHOL & DRUG COUNSELOR APPLICATION CHECKLIST

Be sure all items are included with your application.

Payment

Documentation of a high school diploma. If you have a bachelor's degree you may submit a transcript instead of documenting the high school diploma.

Documentation of addiction-specific work experience for at least the equivalent of 6000 hours (36 months, 3 years) of experience

Documentation of 300 contact hours of training/education, of which 70 contact hours must be addiction-specific training/education. 6 hours must be addiction-specific ethics training. If you have a college course in ethics, this requirement is waived. Applicants who wish to use college courses toward the training/education requirement must have official transcripts from accredited institutions sent to the WVCBAPP in un-opened envelopes.

All hours must be documented with official certificates of attendance that indicate date of training, sponsoring body and number of hours awarded.

Documentation of a Supervised Practical Experience, performed under supervision. At least ten hours are to be performed in each of the 4 Domains. The supervisor must be certified as an Alcohol & Drug Counselor with the Supervision credential (ADC-S) or as an Advanced Alcohol & Drug Counselor

Signatures of applicant and supervisor where indicated on the application.

Resume

Certification of Truth - Notary page

Photocopy of a government-issued photo ID. This same photo ID must be brought to the testing center. You will not be admitted to test unless the name by which you were pre-registered by WVCBAPP matches the name on the ID.

WVCBAPP Certification Professionals

Optional Survey

Education & Training

1. What is the highest degree or level of education you have completed?

- High school or GED
- Associate's degree or trade school
- Bachelor's degree
- Master's degree
- Doctoral degree
- Prefer not to say

2. What year did you complete your highest level of education? ____ ____ ____ ____

3. In what state did you complete your highest level of education? _____

School/Program Name _____

4. Do you have a National Provider Identification (NPI) number?

- Yes (write-in number) _____
- No
- Prefer not to say

5. Please mark any counseling certifications you currently hold:

Certification:

- Certified Alcohol and Drug Counselor _____
- Certified Advanced Alcohol and Drug Counselor _____
- Certified Clinical Supervisor _____
- Certified Prevention Specialist _____
- Certified Criminal Justice Addictions Professional _____
- National Certified Counselor _____
- National Certified Addiction Counselor I _____
- National Certified Addiction Counselor II _____
- Master Addictions Counselor _____
- Certified Clinical Mental Health Counselor _____
- National Certified School Counselor _____

Year obtained:

____ ____ ____ ____
____ ____ ____ ____

Other (please specify; include state-specific and non-reciprocal credentials):

6. Please mark any professional licenses you currently hold:

- Social Worker
- Psychologist
- School Psychologist
- Licensed Professional Counselor

- Marriage and Family Therapist
- Physician Assistant
- MD or DO

- CNA or LPN
- Registered Nurse or APRN
- Other _____

7. Are you a clinical supervisor?

- Yes
- No

7a If yes, about how many people do you supervise currently? _____

Practice Characteristics

8. What best describes your current employment status?

- Full-time
- Part-time
- Not currently working
- Retired
- Per diem/casual
- Volunteer
- Prefer not to say

If not currently working or retired, skip to Demographics—Question 24

9. What best describes your PRIMARY employment position?

- Actively working in a substance use disorder services and/or prevention position that requires a WVCBAPP certification
- Actively working in a substance use disorder services and/or prevention position that does not require a WVCBAPP certification
- Actively working in a position other than substance use disorder services
- Prefer not to say

If working a substance use disorder services and/or prevention position, please answer questions 10 - 15 ; if NOT please skip to question 16

10. Which of the following best describes your PRIMARY position arrangement?

- Self-employed
- Salaried employment
- Hourly employment
- Temporary
- Other (specify): _____
- Prefer not to say

11. What is the address where you spend most of your time for your PRIMARY position?

 Number Street

 City State Zip Code

12. About how many people are usually on your caseload? _____

13. Which type of setting most closely describes to your PRIMARY practice location?

- | | |
|--|--|
| <input type="radio"/> Specialized substance use disorder outpatient treatment facility | <input type="radio"/> Non-federal hospital: Psychiatric |
| <input type="radio"/> Community health center | <input type="radio"/> Non-federal hospital: Other - e.g. nursing home unit |
| <input type="radio"/> Mental health clinic | <input type="radio"/> Private practice |
| <input type="radio"/> Methadone clinic | <input type="radio"/> Rehabilitation |
| <input type="radio"/> Primary or specialist medical care | <input type="radio"/> Detox |
| <input type="radio"/> Child welfare | <input type="radio"/> Residential setting |
| <input type="radio"/> Criminal justice | <input type="radio"/> Recovery support services |
| <input type="radio"/> Hospital Federal Government hospital | <input type="radio"/> School health service |
| <input type="radio"/> Non-federal hospital: Inpatient | <input type="radio"/> Faith-based setting |
| <input type="radio"/> Non-federal hospital: General Medical | <input type="radio"/> Other (specify): _____ |

14. What best describes your employment plans for the next 12 months?

- | | |
|---|---|
| <input type="radio"/> Increase hours | <input type="radio"/> Retire |
| <input type="radio"/> Decrease hours | <input type="radio"/> Continue as you are |
| <input type="radio"/> Seek another position in substance use disorder | <input type="radio"/> Unknown |
| <input type="radio"/> Seek a position in another field | <input type="radio"/> Prefer not to say |

15. Do you ever use telehealth in your primary position? i.e. remote support of persons in recovery or prevention by means of telecommunications

- Yes No

15a. If yes, about what percentage of your time with a client is delivered by telehealth in your primary position?

- | | |
|-------------------------------------|-------------------------------------|
| <input type="radio"/> Less than 25% | <input type="radio"/> 50%-75% |
| <input type="radio"/> 25%-50% | <input type="radio"/> More than 75% |

15b. If yes, which best describes the population you see using telehealth in your primary position?

- All are located in West Virginia
- Most are located in West Virginia
- About half are located in West Virginia and about half are out of state
- Most are located out of the state of West Virginia
- All are located out of the state of West Virginia

*****16. Do you have a SECONDARY employment position?**

Yes

No

***If no, please skip to Demographics—Question 24 ***

17. What best describes your SECONDARY employment position?

Actively working in a substance use disorder services and/or prevention position that requires a WVCBAPP certification

Actively working in a substance use disorder service and/or prevention position that does not require a WVCBAPP certification

Actively working in a field other than substance use disorder services

Prefer not to say

If working a substance use disorder services and/or prevention position, please answer questions 18 - 23; if NOT please skip to question 24

18. Which of the following best describes your SECONDARY position arrangement?

Self-employed

Locum tenens / temporary

Salaried employment

Other (specify): _____

Hourly employment

Prefer not to say

19. What is the address where you spend most time for your SECONDARY position?

Number

Street

City

State

Zip Code

20. About how many people are usually on your caseload? _____

21. Which type of setting most closely describes to your SECONDARY practice location?

- | | |
|--|--|
| <input type="radio"/> Specialized substance use disorder outpatient treatment facility | <input type="radio"/> Non-federal hospital: Psychiatric |
| <input type="radio"/> Community health center | <input type="radio"/> Non-federal hospital: Other - e.g. nursing home unit |
| <input type="radio"/> Mental health clinic | <input type="radio"/> Private practice |
| <input type="radio"/> Methadone clinic | <input type="radio"/> Rehabilitation |
| <input type="radio"/> Primary or specialist medical care | <input type="radio"/> Detox |
| <input type="radio"/> Child welfare | <input type="radio"/> Residential setting |
| <input type="radio"/> Criminal justice | <input type="radio"/> Recovery support services |
| <input type="radio"/> Hospital Federal Government hospital | <input type="radio"/> School health service |
| <input type="radio"/> Non-federal hospital: Inpatient | <input type="radio"/> Faith-based setting |
| <input type="radio"/> Non-federal hospital: General Medical | <input type="radio"/> Other (specify): _____ |

22. What best describes your employment plans for the next 12 months?

- | | |
|---|---|
| <input type="radio"/> Increase hours | <input type="radio"/> Retire |
| <input type="radio"/> Decrease hours | <input type="radio"/> Continue as you are |
| <input type="radio"/> Seek another position in substance use disorder/prevention services | <input type="radio"/> Unknown |
| <input type="radio"/> Seek a position in another field | <input type="radio"/> Prefer not to say |

23. Do you ever use telehealth in your SECONDARY position? i.e. remote support of persons in recovery or prevention by means of telecommunications

- Yes No

23a. If yes, about what percentage of your time with a client is delivered by telehealth in your secondary position?

- | | |
|-------------------------------------|-------------------------------------|
| <input type="radio"/> Less than 25% | <input type="radio"/> 50%-75% |
| <input type="radio"/> 25%-50% | <input type="radio"/> More than 75% |

23b. If yes, which best describes the population you see using telehealth in your secondary position?

- All are located in West Virginia
- Most are located in West Virginia
- About half are located in West Virginia and about half are out of state
- Most are located out of the state of West Virginia
- All are located out of the state of West Virginia

***Demographics

We are collecting this information to better understand the diversity in our workforce. All of the information that you provide is completely confidential and will be reported in aggregate only.

24. Year of birth: ____ ____ ____ ____

25. How to do describe yourself:

- | | |
|--|---|
| <input type="radio"/> Male | <input type="radio"/> Female |
| <input type="radio"/> I do not describe myself as male or female | <input type="radio"/> Prefer not to say |

26. Race: (mark one or more boxes):

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say

28. Are you able to communicate with clients in a language other than English?

- | | | |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Prefer not to say |
|---------------------------|--------------------------|---|

27a. If yes, what language(s)? _____