

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 ADVANCED ALCOHOL & DRUG COUNSELOR
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 these application materials and the Counselor Certification Manual in their entirety **BEFORE** you complete any portion of the application. It is the responsibility of the applicant to meet all deadlines. If a deadline for submission of documentation is missed, a late fee may be assessed. **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 - 16)
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. 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. Certification of Truth - Notary Page (Page 16) All applications must be notarized.
6. Submission check list (Page 17). 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**

**ADVANCED 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 qualifications must be complete in order for the applicant to be eligible to take the IC&RC AADC test.

3. Exam

The IC&RC AADC Computer Based Test (CBT) date will be arranged once the application is received and has been reviewed and found to be complete.

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

THE ENTIRE APPLICATION MUST BE TYPED

A. FEES:

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 I have paid via Paypal. I wish to be considered as an applicant for certification as:

() Advanced Alcohol and Drug Counselor (AADC) \$75.00
(Requires a Masters Degree)
(IC&RC Reciprocal Credential)

() I am an ADC and wish to become an AADC \$25.00

(Indicate your Certificate Number below)

MY CERTIFICATE NUMBER: _____

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

PRINT YOUR NAME HERE

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

**PHOTOCOPY THIS PAGE AS NEEDED TO DOCUMENT
ALL OF YOUR ADDICTION-SPECIFIC WORK EXPERIENCES
THE AADC CREDENTIAL REQUIRES 36 MONTHS (6000 HOURS) OF ADDICTION SPECIFIC WORK
EXPERIENCE, ONE YEAR (2000 HOURS) OF WHICH MUST BE POST-MASTERS. DOCUMENT
THAT YEAR ON PAGE 7.**

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. Then, from your past employment, 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 experience in one 12-month period.

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

If addiction-specific counseling 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 ADVANCED ALCOHOL & DRUG COUNSELOR

C. QUALIFYING EXPERIENCE, Contd.

ATTACH ADDITIONAL SHEETS IF NECESSARY
See Counselor Certification Manual for Definitions

2. POST GRADUATE WORK EXPERIENCE - This phrase is used to mean responsible supervised employment or supervised volunteer work providing counseling services to persons with the primary problem of alcoholism/drug addiction/dependency. This experience must begin after attaining the Master's Degree. One year (2000 hours) required.

ON WHAT DATE WAS YOUR MASTERS DEGREE AWARDED? _____

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 ADVANCED 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, AADC-S).
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 clinical 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 but are no longer at that agency or in that job. 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: _____
(Must be an ADC-S, AADC, or AADC-S)

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

 DATE

**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, OR AN 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 recognized by the U.S. Secretary of Education.)

Official transcripts must be sent in a sealed envelope from the institution, but you may attach copies to this application.

One 3-hour college semester course = 45 contact hours.

The AADC requires a Masters Degree

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

College/University Name and Address	Degree	Date	Hours Earned
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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 Advanced Alcohol and Drug Counselor are, to the best of my knowledge, true and correct. I acknowledge that fees are non-refundable.

I further certify that I have read and subscribe to and abide by the WVCBAPP 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 Advanced Alcohol and Drug Counselor are, to the best of my knowledge, true and correct.

Signature of Supervisor (Include Your Certification)

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 PROFESSIONAL
ADVANCED ALCOHOL & DRUG COUNSELOR APPLICATION
CHECKLIST**

Be sure all items are included with your application.

() Payment

() Original ***and one copy*** of your application. Enclose an additional 25.00 copying fee if two copies are not enclosed. Keep a separate copy for yourself.

() Documentation of addiction-specific work experience for at least the equivalent of 36 months (6000 hours) of experience, one year (2000 hours) of which must be completed post-masters.

() Documentation of 300 contact hours of training/education, of which 180 contact hours must be addiction-specific training/education. 6 hours must be addiction-specific ethics training.

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 Masters Degree in a relevant field. This must be an official transcript sent to the WVCBAPP in an un-opened envelope.

() Documentation of a Supervised Practical Experience. The SPE work must be 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 (AADC) or Advanced Alcohol and Drug Counselor (AADC).

() Signatures of applicant and supervisor where indicated on the application.

() Resume

() Certification of Truth - Notary page

() Submit a photocopy of a government-issued photo ID with this application. 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

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

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)? _____