

California Association for Alcohol/Drug Educators Application for Reaccreditation of Alcohol and Drug Programs

Reaccreditation is completed through a self-study and approval process every five years after the initial accreditation. Please TYPE the following information in the right hand column and save the document with a unique name that will identify the document with your program (e.g., *ABC_School_Re-Accreditation_Application_1-2014.doc*). If you need room for additional narrative, comments or explanation see text box on page 10. Submit completed form and supporting files to director@caade.org.

Date of This Application	
Accreditation Background	
• Date of initial accreditation (if known)	
• Date of last accreditation (if known)	
Program Name	
• Program Name	
• Department	
• Institution	
• Address	
• Phone number	
• Fax number	
• Email address	
• Program website	
Program Director/Chair	
• Name and title	
• Phone number	
• Fax number	
• Email address	
• Address (if different)	

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Name and contact information for at least four faculty members who teach in your program

1. Name and title	
• Phone number	
• Email address	
2. Name and title	
• Phone number	
• Email address	
3. Name and title	
• Phone number	
• Email address	
4. Name and title	
• Phone number	
• Email address	

When was the last time your curriculum committee reviewed the courses?

Has your department completed SLO's (Student Learning Outcomes) for each course? Yes No

Are SLO's included on the syllabi for each course? Yes No

CAADE Re-Accreditation Self Study

Introduction

Organization for the Self Study

- **Standard A-Program Curriculum**
 - **Part 1 Behavioral / Foundational**
 - **Part 2 Core**
 - **Part 3 Skills**
 - **Part 4 Field Studies**

- **Standard B-Student Support Services**
 - **Part 1 Counseling Services**
 - **Part 2 Financial Aid Services**
 - **Part 2 Tutoring Services**

- **Standard C-Library and Learning Support Services**
 - **Part 1 Library Services**
 - **Part 2 Disability Services**
 - **Part 3 Cal-Works Services**
 - **Part 4 EOPS Service**
 - **Part 5 ESL Services**

- **Standard D-Human Resources**
 - **Part 1**
 - **Part 2**

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Organization for the Self Study

Standard A-Program Curriculum

It is recognized that not all programs will contain courses which are titled or described exactly like the ones in this guideline. It is not the intent of CAADE to dictate the title, descriptions, or complete content of any given program’s curriculum. Thus, the CAADE curriculum accreditation and re-accreditation process is based on conformance to the competencies, not course titles or descriptions. Please see the **GUIDELINES FOR ALCOHOL/DRUG STUDIES PROGRAMS WITHIN HIGHER EDUCATION** for a complete listing and description of the competencies as well as suggested course descriptions.

Section A has the Core and Skills Curriculum while Section B is to be completed by you with your program’s curriculum listed. Complete APPENDIX A if you have no course equivalent for any course listed below. Please attach a syllabus or course outline for each of your specific courses listed in Section B.

BEHAVIORAL/FOUNDATIONAL

Two courses from the following list -- 6 semester units)

Section A Core and Skills Curriculum	Section B Your Program Curriculum (yes or no or equivalent course name/number)
Introduction to Human Services 3 Semester Units	
Introduction to Psychology 3 Semester Units	
Human Development 3 Semester Units	
Introduction to Sociology 3 Semester Units	

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Section A Core and Skills Curriculum	Section B Your Program Curriculum <i>(yes or no or equivalent course name/number)</i>
Abnormal Psychology 3 Semester Units	
Specific Population Groups 3 Semester Units	
Cultural Anthropology 3 Semester Units	
Other College Elective 3 Semester Units	
Total 6 semester units	

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CORE AREA: Four courses from the following list (12 units)	
Introduction to Alcohol/Drug Studies 3 Semester Units	
Treatment Modalities/Intervention, Treatment 3 Semester Units	
The Pharmacology and Physiological Effects of Alcohol and Drug Abuse 3 Semester Units	
AOD Prevention and Education <u>OR</u> Co-Occurring Disorders <u>OR</u> Legal and Ethical Issues <u>OR</u> Culture, Race and Gender Considerations (<i>AKA Specific Populations</i>) 3 Semester Units	
Total 12 Semester Units	

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SKILLS AREA Four courses (12 units)	
Basic Counseling Skills (<i>Required</i>) 3 Semester Units	
Group Process (<i>Required</i>) 3 Semester Units	
Subtotal 6 Semester Units	
<i>Select two more courses (6 units) from the following:</i>	
Family Dynamics and Addiction 3 Semester Units	
Crisis Intervention 3 Semester Units	
A Study of Social Model Living Skills 3 Semester Units	
Theories of Addiction Counseling 3 Semester Units	
AOD Prevention and Education 3 Semester Units	
Co-Occurring Disorders 3 Semester Units	
Legal and Ethical Issues 3 Semester Units	
Culture, Race and Gender 3 Semester Units	
Total 12 Semester Units	

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FIELD STUDIES (Internship) · Six units (or equivalent) consisting of 250 hours of field internship	
Field Studies & Seminar I 3 Semester Units	
Field Studies & Seminar II 3 Semester Units	
Total 6 Semester Units	
Program TOTAL: 36 Semester Units	

In your professional judgment are the core competencies and content areas defined in the ***Guidelines Manual*** (Addendum, page 8) sufficiently covered in the classes offered in your curriculum? YES: NO:

If Yes, please complete this form, sign on page 10 and email to director@caade.org and mail one hard copy with supporting documents to CAADE Accreditation Committee, 5230 Clark Avenue, Suite 3, Lakewood, CA 90712.

If NO, please describe areas that are lacking and briefly outline a plan with a timeline for fulfilling/correcting the deficiency.

<p><u>Plan:</u></p> <p><u>Date for Completion:</u> Click here to enter a date.</p>

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Standard B-Student Support Services

The program offers high-quality student support services that facilitate and demonstrate the achievement of stated student learning outcomes. Please list student support services offered by your college or institution in the box below:

Standard C-Library and Learning Support Services

The college's library and other learning support services for students are sufficient to support the program's instructional programs and intellectual, aesthetic, and cultural activities in whatever format and wherever they are offered. Please describe the particular Library and Learning support services on your campus that are specific to your program:

Standard D-Human Resources

The college and the program employ qualified personnel to support student learning programs and services. Personnel are treated equitably, are evaluated regularly and systematically, and are provided opportunities for professional development. Please list the names and degree levels of your faculty, the minimum requirements for professional development and the compensation offered to the director of your program (see page 8 **ADDENDUM** and **PART VI: STANDARDS FOR INSTRUCTORS IN ALCOHOL/DRUG STUDIES PROGRAMS** in the *Guidelines Manual*)

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APENDIX A

1. Core or Skill Area Course Title and Units

2. Your Course(s) that is(are) substituted for above course - Title and Units

3. Course(s) Description

4. Describe how core competencies are covered in the course.

Attach/Include the following supporting information/documents:

- Addiction Studies Certificate Requirements (List of required and elective courses)
- Course Outlines/Course Syllabi
- Faculty Vitas of any new faculty since last accreditation
- Current College Course Catalog
- List of advisory committee members (individuals and/or organizations)
- Minutes from advisory committee meetings (minimum 1 meeting per academic year)
- Faculty professional development policy
- Organizational Membership in CAADE (\$300/year includes 5 individual memberships). Membership forms attached beginning on page 13.

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<i>Does your college/university have an Addiction Studies degree program?</i>	AA/AS <input type="checkbox"/>	BA/BS <input type="checkbox"/>	MA/MS <input type="checkbox"/>	Ph.D. <input type="checkbox"/>
<i>Please provide your program's average yearly student enrollment for the past 4 years (approximate if no data are available)</i>	Year & No.	Year & No.	Year & No.	Year & No.

Please paste/attach all syllabi and supporting documents here or in a separate file. You may also use this box to include any additional comments or discussion/explanation, etc.

Signature

(Electronic signature is acceptable)

Date

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ACCREDITATION COMMITTEE REVIEW

Reviewed by	Reviewed by	Reviewed by
Accreditation Committee Chair:		
CAADE Executive Director		
Approved this date: <small>Click here to enter a date.</small>		
Provisional Approval Until: <small>Click here to enter a date.</small>		
Disapproved this date: <small>Click here to enter a date.</small>		

Based on the following deficiencies program accreditation is not approved at this time. You are requested to resubmit as soon as the below deficiencies are corrected.

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Institutional/Organizational Membership

CAADE offers a group Membership rate to Institutions and Organizations. This includes but is not limited to: Colleges, Universities, Treatment Centers, and Alcohol & Other Drugs Facilities.

Institutional Memberships include a Membership card for each individual and a *Certificate of Membership* for your Institution or Organization.

If you pay by credit card or PayPal online at www.caade.org, please include a copy of your receipt. If you choose to pay by check or money order (no cash), payable to CAADE, please include with this application and mail to:

CAADE – 5230 Clark Ave. #3 – Lakewood, CA 90712

___ 1-5 Individuals \$300

___ 6-10 Individuals \$500

___ 11-20 Individuals \$700

___ 21-30 Individuals \$900

Name of Institution or Organization: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Contact Phone: _____

Contact Email: _____

Full Name of each person receiving Membership (include additional pages if needed):

Note: Be sure each person has included his/her contact information and has signed the agreement to abide by the CAADE Code of Ethics/Code of Conduct/Scope of Practice.

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Each individual must complete a separate form

Please check ONE statement that applies:

_____ It is my intention to be registered for the purpose of becoming certified with CAADE as a Certified Addictions Treatment Counselor (CATC) in compliance with Title 9, Division 4, Chapter §13035(f) of the California Code of Regulations for Alcohol and Drug Counselor Certification.

IMPORTANT NOTE: *The Addiction Counselor Certification Regulations REQUIRE you to become certified within **FIVE [5] YEARS** from the first date you register with any approved certifying organization in California. You may request a two-year extension for hardship or extenuating circumstances. You may not be "registered" once you have passed the five-year limit.*

_____ I am a CATC and need to renew my CAADE Membership.

CATC# _____ Date of Expiration: _____

_____ It is my desire to become a CAADE member, but I do not plan on becoming certified as a CATC.

Full Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

I have read and agree to abide by the CAADE Code of Ethics/Code of Conduct/Scope of Practice. It is my understanding that I am to uphold all 11 principles in my work and in all contact with clients/patients, either employed or volunteering, and by signing this application, I agree to abide by these ethical standards. I understand that my Registration or Membership and Certification can be revoked if I violate any of these ethical standards.

Signature of Applicant

Date Signed