Administrative Rules for
Certified Apprentice Addiction Professionals,
Certified Alcohol and Drug Abuse Counselors, and
Licensed Alcohol and Drug Abuse Counselors

Effective: September 26, 2016

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Effective Date: September 1, 2016

Part 1 General Information

1.1 The Purpose of Regulation and These Rules

(a) Amendments to Vermont Law H. 562 (2016) transfer regulation of Alcohol and Drug Abuse counselors from the Department of Health, Alcohol and Drug Abuse Programs (ADAP) to the Office of Professional Regulation through the Director. Apprentice Addiction Professionals and Alcohol and Drug Counselors formerly certified by the Vermont Alcohol and Drug Addiction Certification Board, not a state body, are now regulated by the Office of Professional Regulation through the Director. Regulation of these professions through statutes and these rules is to protect the public health, safety and welfare.

(b) 26 V.S.A. § 3235(b) and other sections in Chapter 62 of Title 26 authorize the Director of the Office of Professional Regulation to adopt rules regulating these professions after consultation with the advisor appointees.
1.2 Business Address

(a) The Office of Professional Regulation address is:
89 Main St., Fl. 3,
Montpelier, VT 05620 3402. The Office is located in the City Center building.

(b) Applications, copies of these rules, and additional information about the licensing and certification of licensed alcohol and drug abuse counselors, apprentice addiction professionals and alcohol and drug counselors may be obtained through the OPR website, www.vtprofessionals.org.

1.3 Laws Governing the Regulation of These Professions

(a) The Director is governed by 26 V.S.A. Chapter 62, that establishes responsibilities for setting standards, issuing licenses, and regulating the profession. The Director is also governed by and exercises authority granted by Chapter 5 of Title 3 of the Vermont statutes.

(b) The Director must comply with several other statutes, such as the “Law of Professional Regulation,” (3 V.S.A. §§121-132), the “Administrative Procedure Act” (3 V.S.A. §§ 801 849), the “Right to Know Law” (1 V.S.A. §§ 311 314), and the “Access to Public Records Law” (1 V.S.A. §§ 315 320). These laws establish rights for applicants, licensees, and the public. Please note that 3 V.S.A. § 129a also defines unprofessional conduct which can be the basis of disciplinary action.

(c) These Rules govern proceedings for these professions and have the force of law. 3 V.S.A. § 845. These rules may be cited as “Administrative Rules for Apprentice Addiction Professionals, Certified Alcohol and Drug Abuse Counselors, and Licensed Alcohol and Drug Abuse Counselors” or “L.A.D.C. Rules.”

(d) Violation of these rules may result in disciplinary action by the Director, or federal or state authorities. See, 3 V.S.A. § 129a(a)(3).

(e) These rules and the statutes specifically governing the Office of Professional Regulation may be found on the Office of Professional Regulation web site www.vtprofessionals.org. All Vermont Statutes may be found through the Vermont General Assembly web site, http://legislature.vermont.gov/statutes/.

1.4 Definitions and Abbreviations

As used in these rules:
(a) “L.A.D.C.” means licensed alcohol and drug abuse counselor.

(b) “ADAP” means Vermont Department of Health, Alcohol and Drug Abuse Programs.

(c) “A.D.C.” means alcohol and drug abuse counselor. An A.D.C. is certified, not licensed.

(d) “A.A.P.” means Apprentice Addiction Professional. An A.A.P. is certified, not licensed.

(e) “Client” means a person who uses the professional services of a person regulated under these rules.

(f) “Director” means the Director of the Office of Professional Regulation.

(g) “IC&RC” means International Certification and Reciprocity Consortium.

(h) “Licensee” as used in general provisions of these rules applies to L.A.D.C.’s, A.A.P.’s and A.D.C.’s whether licensed or certified.

(i) “Office” or “OPR” means the Office of Professional Regulation.

(j) “Post Degree supervised practice toward licensure” applies to individuals who seek licensure as L.A.D.C.’s and is explained in Part 4 of these rules.

(k) “Site” means a location where substance use treatment is provided to clients.

(l) “Supervised work experience” applies to individuals who seek certification as A.D.C.’s and is explained in Part 3 of these rules.

(m) “Supervision” is explained and used in Part 2 for A.A.P.’s, Part 3 for A.D.C.’s, and Part 4 for L.A.D.C.’s.

(n) “These professions” as used in these rules means collectively A.A.P.’s, A.D.C.’s and L.A.D.C.’s.

1.5 Change of Name or Address

All licensees shall notify the Office in writing within 30 days of any change of name, email address, mailing address, or business address. A licensee notifying the Office of a name change must submit proof of the legal change in name.
1.6 Sources and Standards for These Rules

These rules are taken in large part from IC&RC job analyses, current standards of education and standards used in Vermont in the regulation of other behavioral health professions.

1.7 Applicability

Applications received after the effective date of these rules are governed by these rules.

Part 2 Apprentice Addiction Professional (A.A.P.) Certification

2.1 Certification Explained

The Apprentice Addiction Professional (A.A.P.) certification is an entry level certification. This certification is required by the Department of Health’s Division of Alcohol and Drug Abuse Programs (ADAP) for entry level providers in its Preferred Provider Network. See, 26 V.S.A. § 3233(4). An A.A.P. works under the supervision of an L.A.D.C..

(a) A.A.P. certification is not available to individuals not affiliated with the Preferred Provider Network.

(b) The A.A.P. certification shows that the holder has met the requirements of these rules.

(c) Time limits. ADAP has authority to set limits on how long an A.A.P. may be employed within its Preferred Provider Network. An A.A.P. certification is limited in duration. It expires as set forth in Rule 2.9.

2.2 Requirements for A.A.P. Certification

To become certified as an A.A.P. the applicant must:

(a) be 18 years of age or older;

(b) possess a bachelor’s degree from an educational institution accredited by an accreditation organization approved by the United States Department of Education, or its equivalent as determined by an education evaluation service approved by the Director;

(c) complete 40 hours of substance abuse education as set forth below;

(d) be employed by a preferred provider and meet employment/experience
requirements set forth below;

(e) successfully complete the examination selected by the Director.

### 2.3 Substance Abuse Education

Each applicant must successfully complete 40 hours of substance abuse specific education:

(a) related to the knowledge and skills necessary for:
   (1) screening, assessment and engagement;
   (2) treatment planning, collaboration and referral;
   (3) counseling; and
   (4) professional and ethical responsibilities.

(b) 6 of the 40 hours must be dedicated to professional ethics theory and practice including HIPAA and Substance Abuse Confidentiality Regulations (42 CFR Part 2).

(c) Counseling education hours, i.e. training in subjects not specific to substance abuse counseling, are not accepted for the A.A.P. certification. For example, an educational offering focused solely on depression would not be acceptable.

(d) Recovery and prevention education hours are not accepted toward A.A.P. certification.

(e) All education hours must consist of instruction such as workshops, seminars, institutes, college/university credit courses or distance /on-line courses which at their conclusion require successful completion of an examination. A 3-credit graduate or undergraduate course is the equivalent of 45 hours.

(f) All 40 hours of the education required for A.A.P. certification must occur within the 5 years preceding completion of all application requirements.

(g) Documentation of education shall include certificate(s) and/or official sealed transcript(s). Education acquired must be clearly described, or it will not be accepted. The Office may require additional documentation when needed.

(h) The Director in consultation with the advisors will determine whether educational submissions meet the requirements of these rules.

### 2.4 Employment

An A.A.P. may, as allowed by ADAP, work in the field of substance abuse within the Preferred
Provider Network.

(a) All A.A.P.’s, including those working toward A.D.C. certification, must receive one hour of in person face-to-face supervision from an A.D.C. or L.A.D.C. for every 20 hours of face-to-face direct substance abuse counseling services with clients.

(b) ADAP may prescribe additional supervision and other work requirements for A.A.P.’s.

2.5 Examination

Each A.A.P. applicant must successfully complete an examination selected by the Director.

2.6 Applications Expire

If after 6 months an applicant does not provide the Office any report on progress toward A.A.P. certification, the application expires.

2.7 No Certification by Endorsement

The A.A.P. certification exists only in Vermont for purposes of employment within the Preferred Provider Network. There is no certification by endorsement from other jurisdictions.

2.8 Disclosure

A.A.P.’s must meet the disclosure requirements of Part 5 of these rules. The Office may conduct random audits to ensure compliance.

2.9 Renewals, Limitations

A.A.P. certifications are renewed as set forth in Part 6 of these rules. An A.A.P. certification may be renewed only three times.

2.10 Termination of Certification

Should ADAP determine that the A.A.P. certification is no longer needed for the Preferred Provider Network, the Office will cease to issue it. A.A.P. certifications then in effect will expire at the end of the licensing period for which they were issued.

2.11 Grandfather Clause
An individual who at the time these rules are adopted has been certified and is in good standing by the Vermont Alcohol and Drug Counselor Certification Board as an A.A.P. is deemed to have met the requirements of these rules.

Part 3  Alcohol and Drug Abuse Counselors (A.D.C.) Certification

3.1 Certification Explained

An A.D.C. may practice alcohol and drug abuse counseling in a Preferred Provider setting as defined by 26 V.S.A. § 3233 under the supervision of a licensed alcohol and drug counselor.

3.2 Requirements for Alcohol and Drug Abuse Counselor (A.D.C.) Certification

To become certified as an A.D.C. the applicant must:

(a) be 18 years of age or older;

(b) possess a bachelor’s degree from an educational institution accredited by an accreditation organization approved by the United States Department of Education, or its equivalent as determined by an education evaluation service approved by the Director;

(c) complete 300 hours of additional substance abuse education as set forth in Rules 3.3, 3.4, 3.5, and 3.6;

(d) complete 4,000 hours of supervised work experience as set forth in Sub-Part A below; and

(e) successfully complete the examination selected by the Director. At this time the examination is the IC&RC alcohol and drug counselor examination.

3.3 Additional Substance Abuse Education

Each applicant must successfully complete 300 hours of substance abuse specific education/training (See, 3.4 below) related to the knowledge, attitudes and skills deemed necessary to practice alcohol and drug abuse counseling. At least half of the 300 hours must be obtained within 10 years of meeting all application requirements.

3.4 Additional Substance Abuse, Specific Education/Training

Education in the following areas shall be evidence based and consist of a minimum of:
(a) Human development. Studies provide an understanding of the nature and needs of individuals throughout the life span. 6 hours;

(b) Multi-cultural/diversity. Studies provide an understanding of issues and trends in a multi-cultural and diverse society as they relate to substance abuse counseling. 6 hours;

(c) Engagement strategies/motivational interviewing. Studies provide an understanding of how to build relationship and task alliance. 6 hours;

(d) Substance use screening. Studies provide an understanding of screening, and the need for further clinical assessment. 6 hours;

(e) DSM V or its successor. Studies provide an understanding of substance use and related disorders according to the Diagnostic and Statistical Manual of Mental Disorders. 6 hours;

(f) American Society of Addiction Medicine (ASAM) criteria. Studies provide an understanding of ASAM's patient placement criteria. 6 hours;

(g) Case management and service coordination. Studies provide an understanding of administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to implement the treatment plan. 6 hours;

(h) Neurobiology of addiction and substance use dependence. Studies provide an understanding of the neuro-circuitry and molecular biology of addiction. 6 hours;

(i) Co-morbid medical disorders. Studies provide an understanding of medical disorders commonly associated with substance use disorders (e.g., HIV/AIDS, hepatitis C) and their integrated treatment. 6 hours;

(j) Professional and ethical responsibilities. Studies provide an understanding of the professional and ethical responsibilities of substance abuse counselors including the NAADAC (National Association for Alcoholism and Drug Abuse Counselors) Code of Ethics, HIPAA, and Substance Abuse Confidentiality Regulations (42 CFR Part 2.) 6 hours;

(k) Medication assisted treatment (MAT). Studies provide an understanding of medications used along with counseling and behavioral therapies to treat substance use disorders. 12 hours;
(l) Clinical assessment and treatment planning. Studies provide an understanding of comprehensive, diagnostic examinations and treatment recommendations, and treatment planning with the client. 12 hours;

(m) Relapse prevention. Studies provide an understanding of relapse prevention, identification of high risk situations, and coping skills. 12 hours;

(n) Criminal thinking. Studies provide understanding, identification and intervention for criminal thinking. 12 hours;

(o) Co-occurring disorders. Studies provide an understanding of co-occurring disorders and treatment. 24 hours;

(p) Trauma. Studies provide an understanding of trauma signs, symptoms, impact and interventions. 24 hours;

(q) Substance abuse counseling/treatment. Studies provide an understanding of counseling/treatment approaches for individuals, groups, and families. 36 hours;

3.5 Education not Accepted

(a) Counseling education hours, i.e. training in subjects not specific to substance abuse counseling, are not accepted for the A.D.C. certification. For example, an educational offering focused solely on depression would not be acceptable.

(b) Recovery and prevention education hours are not accepted toward A.D.C. certification.

3.6 Additional Substance Abuse, Specific Education/Training: How Acquired

(a) All education hours must consist of instruction such as workshops, seminars, institutes, college/university credit courses or distance /on-line courses which at their conclusion require successful completion of an examination.

   (1) A 3-credit graduate or undergraduate course is the equivalent of 45 hours.
   (2) A 2-credit graduate or undergraduate course is equivalent to 30 hours.
   (3) A 1-credit graduate or undergraduate course is equivalent to 15 hours.
   (4) A one-quarter credit graduate or undergraduate course is equivalent to 10 hours.

(c) Documentation of education shall include certificate(s) and/or official sealed transcript(s). Education acquired must be clearly described, or it will not be accepted. The Office may require additional documentation when needed.
(d) The Director in consultation with the advisors will determine whether educational submissions meet the requirements of these rules.

3.7 Examination

Each A.D.C. applicant must successfully complete an examination selected by the Director. At the adoption of these rules the examination used is the IC&RC Alcohol and Drug Counselor examination.

Sub-Part A
Supervised Work Experience

3.8 Supervised Work Experience

Supervised work experience means work as a counselor providing direct clinical counseling services to clients.

(a) Supervised work experience must involve:
   (1) screening, assessment and engagement;
   (2) treatment planning, collaboration and referral;
   (3) counseling; and
   (4) professional and ethical responsibilities.

(b) Applicants must document 4,000 hours of supervised work experience providing alcohol/drug counseling services acquired in no less than two years.

(c) To count toward A.D.C. certification no less than half of the supervised work experience must occur within 5 years of completing all application requirements.

3.9 Site

Supervised work experience may count toward A.D.C. certification only if it occurs in a Preferred Provider setting. See, 26 V.S.A. § 3231(a) and 3233(a)(4).

3.10 Supervised Work Experience: Direct Services and Indirect Services

(a) The provision of “direct clinical services” meaning: one-on-one substance abuse counseling, substance abuse group counseling, and/or substance abuse family counseling with the involvement of the primary substance abuser shall comprise no fewer than 2,000 hours.

(b) The remaining hours of supervised work experience may consist of “indirect
services,” meaning: creating case notes, staff meetings, supervision, workshops and conferences, general consultation, teaching, case management activities, and alcohol and drug abuse counselor related work other than direct client contact.

3.11 Clinical Supervision

Supervision is conducted in person face to face in a formal setting such as: an office, clinic, or institution. It may be either individual with the supervisor and the applicant, or group with the supervisor and up to six individuals engaged in supervised work experience.

(a) A clinical supervisor must be familiar with the nature of the applicant's clinical activities, monitor the quality of the counseling and contribute to the enhancement of self-knowledge and substance abuse counseling skills. The supervisor is responsible for monitoring and assessing the applicant’s work.

(b) 4,000 hours of supervised work experience must be accompanied by no fewer than 200 hours of in person face-to-face supervision.

(c) There must be one hour of supervision for every 20 hours of work experience. Under no circumstances may any person in supervised work experience accumulate more than 20 hours practice without a minimum of one hour of face-to-face supervision.

(d) Of the 200 hours, at least half must be in an individual setting. The applicant must submit satisfactory supervision reports on forms provided by the Office.

3.12 Supervisor Certification Report

(a) Each clinical supervisor must submit a supervision report at the conclusion of the supervised work experience. The report must show compliance with Sub-Part A herein. Supervision report template forms are available on line.

(b) The report must contain the following and be sufficiently detailed to permit the Office to evaluate the applicant’s post degree supervised practice. Supervision reports shall document a minimum of 10 hours in each of the following areas:

(1) screening, assessment and engagement;
(2) treatment planning, collaboration, referral;
(3) counseling; and
(4) professional and ethical responsibilities.

3.13 Supervisors
All supervised work experience must be under the clinical supervision of a person who:

a) possesses a valid unencumbered L.A.D.C.’s license for the state in which the supervised practice occurs, and for supervision commencing after the effective date of these rules has a minimum of one year’s licensed practice in good standing before supervision begins and is in good standing at all times during the period of supervision; or

(b) holds a degree in medicine or addiction psychiatry and is practicing in the field; or

(c) is an allopathic or osteopathic physician and board certified in addiction medicine by:
   (1) the American Society of Addiction Medicine, or equivalent organization approved by the Director;
   (2) American Board of Psychology and Neurology, Added Qualification in Addiction Psychiatry; or
   (3) certified in Addiction Medicine by the American Osteopathic Association (AOA).

3.14 Administrative Supervision Distinguished

A supervisor may provide both administrative and clinical supervision. Only clinical supervision may count toward the supervision requirements herein.

Sub-Part B
Certification by Other Means

3.15 Certification by Endorsement

The Director may grant a Vermont A.D.C. certification (not L.A.D.C. license) to an applicant who is licensed or certified as an A.D.C. in another United States or Canadian jurisdiction whose licensing or certification requirements are found to be substantially equivalent to those in Vermont.

3.16 Applications Expire

If after five years, an applicant does not provide the Office any report on progress toward A.D.C. certification, the application expires.

3.17 Grandfather Clause

An individual who at the time these rules are adopted has been certified and is in good
standing by the Vermont Alcohol and Drug Counselor Certification Board as an A.D.C. is deemed to have met the requirements of these rules.

Sub-Part C
Practice Requirements

3.18 Required Disclosure

A.D.C.’s must meet the disclosure requirements of Part 5 of these rules. The Office may conduct random audits to ensure compliance.

3.19 Renewal or Reinstatement

A.D.C. certifications are renewed or reinstated as set forth in Part 6 of these rules.

3.20 A.D.C.’s Who Wish to Become Licensed Alcohol and Drug Abuse Counselors: Roster Requirement

A qualified A.D.C. who wishes to engage in supervised practice toward L.A.D.C. licensure must also register on the roster of non-licensed and non-certified psychotherapists.

Part 4 Licensed Alcohol and Drug Abuse Counselors (L.A.D.C.) Licensure

4.1 Scope of Practice

An L.A.D.C. is authorized to engage in the practice of alcohol and drug abuse counseling. 26 V.S.A. § 3231(5). An L.A.D.C. is not required to practice under supervision.

4.2 Licensure Requirements

To become licensed as an L.A.D.C. the applicant must:

(a) be 18 years of age or older;

(b) have master’s degree or higher and complete additional substance abuse educational requirements set forth below;

(c) complete 2,000 hours of post degree supervised practice as set forth below; and

(d) successfully complete the examination selected by the Director.
Sub-Part A
Degree Requirement

4.3 Degree Requirement

An applicant must have earned a master’s degree or doctorate:

(a) in a human services field from an accredited institution, or in a health care profession regulated under Title 26 or Title 33. The Director will determine which accrediting body or bodies will be acceptable.

(b) To qualify, the degree must include courses of theories of human development, diagnostic and counseling techniques, professional ethics, and a supervised clinical practicum and internship.

(c) Degrees conferred after July 1, 2019 must contain 60 graduate credit hours. A degree conferred before July 1, 2019 must contain a minimum of 48 graduate credit hours. A person holding a degree with 48 credits or more (but less than 60) shall supplement his or her education degree by acquiring 12 graduate credits in substance abuse specific education or the equivalent amount of education hours. 15 hours of education equals one graduate credit. For example, an applicant with a 48 credit degree needs 12 additional graduate credits or 12 x 15 hours of education. The education may be obtained in the manner set out in Rule 3.6.

(d) A master’s degree based on fewer than 48 credit hours is not acceptable for licensure.

4.4 Supervised Internship

(a) A degree should include 700 hours of supervised internship which may include up to 100 hours of practicum. If the degree contains between 600 hours and 700 hours of supervised internship, the remaining hours necessary to total 700 hours must be acquired either by a formal internship seminar class from an accredited graduate program, or by adding the hours to the post degree supervised practice.

(b) A degree which contains a supervised internship of less than 600 hours is not acceptable for licensure.

Sub-Part B
Additional Substance Abuse Education

4.5 Additional Substance Abuse Education
Applicants must satisfy the additional substance abuse education requirements of Rules 3.3, 3.4, 3.5, and 3.6.

Sub-Part C
Post Degree Supervised Practice

4.6 Post Degree Supervised Practice

(a) A person whose degree meets the requirements of these rules may engage in “Post degree supervised practice,” i.e., work as a counselor providing direct clinical substance abuse counseling services to clients. Graduate practica and internships are not considered post degree supervised practice. The work must be supervised as set forth in the following rules.

(b) Applicants must document 2,000 hours of post degree supervised practice providing substance abuse counseling services acquired in no less than one year.

4.7 Mandatory Roster Registration for Post Degree Supervised Practice in Vermont

Effective January 31, 2017: No post degree supervised practice toward L.A.D.C. licensure within the State of Vermont may occur until the applicant is registered on the roster of non-licensed and non-certified psychotherapists. Applicants must remain on the roster for the duration of the supervised practice.

(a) Applicants whose post degree supervised practice began before January 1, 2017 must register and be entered on the roster by January 1, 2017. Unregistered post degree supervised practice which occurs after January 1, 2017 will not count toward the post degree supervised practice requirement.

(b) Unregistered post degree supervised practice in Vermont before January 1, 2017 may be counted.

(c) Those registered on the roster for post degree supervised practice toward licensure as an L.A.D.C. are subject to L.A.D.C. standards and jurisdiction, 3 V.S.A. § 3235(a)(3) as well as jurisdiction and standards which apply to rostered psychotherapists. See, 26 V.S.A. §§ 4081 - 4093.

4.8 Disclosure Statement Required While on the Roster

(a) An individual who is registered on the roster of non-licensed and non-certified psychotherapists and engaged in supervised practice toward licensure as a licensed
alcohol and drug abuse counselor must include the following information, submitted in the format outlined below:

(1) Statement of formal education:
   (A) Name of institution;
   (B) Dates attended;
   (C) Degree(s) awarded (if any);

(2) Training (must include the following information for each area of training):
   (A) Title of training program;
   (B) Name and address of trainer and or training institute;
   (C) Dates - beginning and ending;
   (D) Content of program;
   (E) Credentials awarded (if any);

(3) Experience in the practice of psychotherapy (must include the following information for each practice setting):
   (A) Description of practice;
   (B) Location;
   (C) Duration - beginning and ending dates;
   (D) Part-time or full-time practice;
   (E) Whether supervision or peer consultation occurs and, if so, how often;

(4) Scope of practice, including:
   (A) Therapeutic orientation;
   (B) Area of specialization;
   (C) Treatment methods;

(5) A copy of the statutory definitions of unprofessional conduct (3 V.S.A. § 129a and 26 V.S.A. § 4093);

(6) A reference stating: “My practice is also governed by the Administrative Rules for Certified Apprentice Addiction Professionals, Certified Alcohol and Drug Abuse Counselors, and Licensed Alcohol and Drug Abuse Counselors and the Administrative Rules for Psychotherapists. It is unprofessional conduct to violate those rules. A copy of the rules may be obtained from the Office of Professional Regulation online at http://vtprofessionals.org/” ;

(7) Information on the process for filing a complaint with, or making a consumer inquiry to, the Office of Professional Regulation.

(b) Filing: A dated copy of the disclosure statement used must be sent to the Office of Professional Regulation when it is first printed and when revised. Rostered psychotherapists must retain printed and dated copies of all their disclosure forms should any revisions occur.

(c) Sample disclosure letters are available from the Office of Professional Regulation.
4.9 Failure to Register, Penalties

Unregistered post degree supervised practice in Vermont is unauthorized practice and may subject the individual and the supervisor to disciplinary sanctions.

4.10 Site

Post degree supervised practice may count toward L.A.D.C. licensure only if it occurs in a setting or settings that meet the definition for the “practice of alcohol and drug abuse counseling” as defined in 26 V.S.A. § 3231.

4.11 Post Degree Supervised Practice: Direct Services and Indirect Services

(a) Of the 2,000 hours of post degree supervised practice, a minimum of 1,000 must be direct clinical service, meaning face-to-face: one-on-one counseling, group counseling, and/or family counseling with the involvement of the primary substance abuser.

(b) The remaining hours of post degree supervised practice may consist of “indirect services,” meaning, creating case notes, staff meetings, supervision, workshops and conferences, general consultation, teaching, case management activities, and alcohol and drug abuse counselor related work other than direct client contact.

4.12 Clinical Supervision

Post degree supervision is conducted in person face-to-face in a formal setting such as: an office, clinic, or institution, and may be either individual with the supervisor and the applicant, or group with the supervisor and up to six individuals engaged in post degree supervised practice.

(a) 2,000 hours of post degree supervised practice must be accompanied by no fewer than 100 hours of in person face-to-face supervision.

(b) There must be one hour of in person face-to-face supervision for every 20 hours of post degree supervised practice.

(c) Under no circumstances may any person engaged in post degree supervised practice accumulate more than 20 hours practice without a minimum of one hour of in person face-to-face supervision.

(c) Of the 100 hours of clinical supervision, at least half must be in an individual setting.
4.13 Supervisors

All post degree supervised practice must be under the clinical supervision of a person who:

(a) possesses a valid unencumbered L.A.D.C. license for the state in which the supervised practice occurs or who meets Vermont licensure requirements. For supervision commencing after the effective date of these rules, the supervisor must have a minimum of three year’s licensed practice in good standing before supervision begins and be in good standing at all times during the period of supervision; or

(b) holds a degree in addiction medicine or addiction psychiatry and practicing in the field; or

(c) is an allopathic or osteopathic physician and board certified in addiction medicine by:
   (1) the American Society of Addiction Medicine, or equivalent organization approved by the Director;
   (2) American Board of Psychology and Neurology, Added Qualification in Addiction Psychiatry; or
   (3) certified in Addiction Medicine by the American Osteopathic Association (AOA).

4.14 Supervisor Responsibility

(a) A clinical supervisor must be familiar with the nature of the applicant's clinical activities, monitor and assess the quality of the counseling, and contribute to the enhancement of self-knowledge and clinical substance abuse counseling skills.

(b) Supervision shall focus on:
   (1) screening, assessment, and engagement;
   (2) treatment planning, collaboration, referral;
   (3) counseling; and
   (4) professional and ethical responsibilities.

4.15 Administrative Supervision Distinguished

A supervisor may provide both administrative and clinical supervision. Only clinical supervision is counted toward the supervision requirements herein.

4.16 Excluded from Supervising

Preface: Successful supervision requires that the future licensee and supervisor have a full
and candid exchange regarding all aspects of the supervised practice. Treatment issues, including issues of sexual attraction and other matters between practitioner and client, and work conditions affecting practice should be fully explored. Because full candor is needed, conflicts of interest between supervisor and future licensee must be avoided.

(a) Supervisors and supervisees must comply with ethical requirements for alcohol and drug abuse counselors, including those governing conflicts of interest. Alcohol and drug abuse counselors should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee. Financial relationships between supervisor and supervisee should be discussed to ensure that both can be completely candid and so that all issues arising from practice and the practice setting can be adequately addressed.

(b) Certain persons are excluded from being supervisors. A "clinical supervisor" may not include a spouse, life partner, former spouse, or family member.

(c) The following arrangements are examples of those which cannot be accepted for clinical supervision toward licensure:
   (1) supervision by current or former family members or any other persons where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship;
   (2) administrative supervision (for example, clinical practice performed under administrative rather than clinical supervision of an institutional director or executive);
   (3) classes, workshops, or seminars;
   (4) consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice.

4.17 Minimum Hours of Supervision Required for Each Supervisor

To assure the integrity of the supervised practice relationship, a supervisor must supervise at least 1,000 hours of an applicant’s post degree supervised practice for that supervised practice to be accepted. This requirement may be waived only upon a showing of exceptional circumstances.

4.18 Identification of Those in Post Degree Supervised Practice

Persons engaged in post degree supervised practice toward licensure may not hold themselves out as L.A.D.C.’s before becoming licensed by the Office.

4.19 Part Time Post Degree Supervised Practice
Applicants who document fewer than 20 hours per week of post degree supervised practice require individual supervision and may not count group supervision as satisfying the supervision requirement.

(a) Absent exceptional unforeseen circumstances, a year which contains fewer than 700 hours of supervised practice will not count toward the supervised practice requirement.

(b) For applications received after the effective date of these rules: To ensure that an applicant’s supervised practice reflects a current competence for licensure, half of the supervised practice hours must be acquired within 5 years of completion of the application for licensure.

(c) No more than 40 hours of practice may count as post degree supervised practice in any one week period.

4.20 Supervision: Required Documentation

In addition to the Supervision Report required below, each supervisor shall create and maintain a record of the number and dates of one-to-one supervision hours and group supervision hours.

(a) This record shall be retained by the supervisor for four years and kept available for review.

(b) As part of the application process the Office may request that the supervisor submit the record for review.

(c) The Office may request this record as part of a random audit of supervision documents.

(d) The supervisor is not obligated to send this record to the Office unless and until it is requested.

4.21 Supervisor Licensure Report

Each clinical supervisor must submit a supervision report. The report must show compliance with Sub-Part C herein. Supervision report template forms are available from OPR on line. The report must contain the following and be sufficiently detailed to permit the Office to evaluate the applicant’s post degree supervised practice. Supervision reports shall include, but are not limited to:
(a) the applicant’s name;

(b) the supervisor’s name, signature, address, license number, jurisdiction(s) where granted, date granted, and areas of specialization;

(c) the name and nature of the applicant’s supervised practice setting, and a description of the client population served;

(d) the specific dates of practice covered in the report;

(e) the number of practice hours during the practice period (to include all duties);

(f) the applicant’s specific duties;

(g) a detailed description and assessment of the applicant’s performance which shall include:
   (1) screening, assessment and engagement;
   (2) treatment planning, collaboration, referral;
   (3) counseling;
   (4) professional and ethical responsibilities; and
   (5) other clinical skills supervised;

(h) a photocopy of the supervisor’s license or licenses and;

(i) the supervisor’s opinion of whether the applicant is prepared to meet the responsibilities of independent practice.

Sub-Part D
Other Requirements for Licensure

4.22 Examination

Each L.A.D.C. applicant must successfully complete an examination selected by the Director. At the adoption of these rules the IC&RC Advanced Alcohol and Drug Counselor (L.A.D.C.) is the selected examination.

Sub-Part E
Licensure by Other Means

4.23 Licensure by Endorsement

The Director may grant a license to an applicant licensed or certified as an alcohol and drug
abuse counselor in another United States or Canadian jurisdiction whose licensing requirements are in the opinion of the Director, substantially equivalent to those in Vermont. A jurisdiction which does not require the A.A.D.C. examination is not considered to be substantially equivalent.

4.24 Applications Expire

If after five years, an applicant does not provide the Office any report on progress toward L.A.D.C. licensure, the application expires.

4.25 Grandfather Clause

An individual who at the time these rules are adopted is lawfully licensed and in good standing in Vermont as an L.A.D.C. is deemed to have met the requirements of these rules.

Sub-Part F
Practice Requirements

4.26 Disclosure

(a) A.D.C.’s engaged in post degree supervised practices toward licensure as L.A.D.C.’s must meet the disclosure requirements of Rule 4.8.

(b) A.D.C.’s who are not engaged in post degree supervised practice toward licensure as L.A.D.C.’s must meet the disclosure requirements of Part 5.

(c) The Office may conduct random audits to ensure compliance.

4.27 Renewal or Reinstatement

L.A.D.C. licenses are renewed or reinstated as set forth in Part 6 of these rules.

Part 5 Required Disclosure of Information

5.1 Disclosure Required

(a) Each person (“person”) subject to the requirements of these rules shall disclose to each client the following information, printed or typed in easily readable format:

(1) The person’s professional qualifications and experience, including:

   (A) all relevant graduate programs attended and all graduate degrees and certificates earned, including the full legal name of the granting institution; and

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(B) a brief description of any special qualifications and areas of practice;
(2) A copy of the statutory definitions of unprofessional conduct (26 V.S.A. § 3239, 3 V.S.A. § 129a), and
(3) Information on the process for filing a complaint with, or making a consumer inquiry to the Director.

(b) Sample disclosure forms are available from the Office.

(c) Persons employed by a designated agency or preferred provider which provides to each client disclosure as defined herein are not required to make individual disclosures unless specifically requested by the client. If requested by the client, the individual must document the disclosure as required by these rules.

5.2 Means of Disclosure

Disclosure requires, at a minimum: directly handing a copy to the client, or posting the information and informing the client where the information is posted.

5.3 Timing of Disclosure

(a) Not later than the third office visit, a person required to make individual disclosures shall present to the client for signature a document stating that the required disclosure above was provided to the client. The person shall also sign the document and shall retain the signed original. If, by the third office visit, disclosure cannot be made, or the client declines to sign, the person shall prepare and sign a written statement explaining the omission, which shall be retained in place of the signed copy.

(b) A person who provides alcohol and drug abuse services to an institutionalized client shall not be required under this rule to repeat information already disclosed to the client pursuant to requirements of other governmental regulatory agencies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). However, in such cases, the person shall obtain from the client the signed document required in the paragraph immediately preceding, clearly indicating that the information required to be disclosed under this rule was disclosed to the client pursuant to the requirements of this rule or the requirements of another governmental regulatory agency.

(c) When the client is not able to understand the disclosure, the disclosure shall be made to a person legally authorized to consent on the client’s behalf.

(d) The Office may conduct random audits of disclosure forms for compliance with
Part 6 Renewal, Reinstatement, Continuing Education

6.1 Renewal

A.A.P. and A.D.C. certifications, Roster registrations, and L.A.D.C. licenses are issued for a two-year period on a schedule set by the Office of Professional Regulation and must be renewed by the printed expiration.

(a) A.A.P. certifications may only be renewed three times.

(b) The Office sends an electronic (email or another format determined by OPR) renewal notice in advance of the expiration date. An A.A.P., A.D.C., rostered individual, or L.A.D.C. is responsible for renewal whether a notice is received or not.

(c) A license or certification not renewed by its expiration date expires. Unauthorized practice, i.e., practice after a license or certification expires is subject to penalties and fees set forth in 3 V.S.A. § 127.

(d) Those renewing or reinstating a certification or license must meet the continuing education requirements in Rules 6.3 and 6.4.

6.2 Inactive Status

A license or certification may be put on “inactive status” only when authorized by statute. At the effective date of these rules, there is no statute permitting a license to be placed on “inactive” status. Practitioners are strongly advised to be prepared for license or certification renewal dates.

6.3 A.A.P. or A.D.C. Reinstatement

An A.A.P. or A.D.C. certification may be reinstated by meeting continuing education requirements and paying the statutory reinstatement fee.

6.4 L.A.D.C. Reinstatement After Five Year Lapse

A person whose Vermont L.A.D.C. license has lapsed for more than five years and who has not practiced under a license from another U.S. or Canadian jurisdiction during that time must, in addition to submitting the application and paying the required fees:

(a) complete the continuing education required for license renewal;
(b) obtain Office approval and be registered on the roster of non-licensed and non-certified psychotherapists; and

(c) complete 1,000 hours of supervised practice as set forth in Part 4 of these rules.

(d) Upon completion and Office approval of the completed supervised practice, the applicant’s license will be fully reinstated.

6.5 Required Continuing Education

Effective with the licensing/certification period beginning on February 1, 2017: A person applying for renewal must document completion of no fewer than 40 hours of continuing education approved by the Director taken within 2 years of the renewal date. Continuing education may not be “carried over” from one renewal cycle to the next.

(a) Continuing education means the direct participation of an A.A.P., A.D.C., or L.A.D.C. as a participant in an educational format such as workshops, seminars, institutes, college/university credit courses or distance/online courses or in-service training. Online courses require successful completion of an examination at their conclusion. In-service trainings which are certified by an agency director as addressing substance abuse as the primary or co-occurring disorder may be accepted for up to 15 hours of continuing education.

(b) For a participant, continuing education credit will be granted only for actual time spent as a learner. Breaks and lunches cannot be included.

(c) Continuing education hours are calculated as set forth below:
   (1) A 3-credit undergraduate or graduate course is equivalent to 45 continuing education hours.
   (2) A 2-credit undergraduate or graduate course is equivalent to 30 continuing education hours.
   (3) A 1-credit undergraduate or graduate course is equivalent to 15 continuing education hours.
   (4) A one-quarter credit undergraduate or graduate course is equivalent to 10 continuing education hours.

(d) The 40 hours of continuing education must address substance abuse as the primary or co-occurring disorder. Six of the 40 hours must be dedicated to professional and ethical responsibilities of alcohol and drug abuse counselors including the NAADAC Code of Ethics, HIPAA and 42 CFR Part 2.

(e) Documentation of continuing education shall include certificate(s) and/or official
sealed transcript(s). Education acquired must be clearly described, or it will not be accepted. The Office may require additional documentation when needed.

(f) The presenter must have demonstrated competence in the subject of the training.

(g) Excluded activities. Education in personal development, practice management, clinical supervision, consultation, teaching and similar activities may not be used for continuing education.

(h) For persons required to renew licenses or certifications by January 31, 2017, requirements previously accepted by the VADACB and ADAP will apply for this one renewal.

6.6 Continuing Education Approval

The Office may pre-approve continuing education. It may post a list of pre-approved providers or programs. At the adoption of these rules, Addiction Technology Transfer Center Network (ATTC) programs are approved for continuing education credit.

6.7 Specially Designated Continuing Education

Before each licensing period, the Director may designate up to two of the required 40 continuing education hours be in a specific subject area or obtained by specific course work.

6.8 Maintaining Continuing Education Records

Each licensee must maintain records showing attendance and participation in the continuing education activities claimed.

(a) Examples of acceptable records include certificates of attendance. Pamphlets and brochures are not sufficient. These records are subject to inspection and verification by the Office upon request.

(b) Licensees must retain records of all continuing education courses and activities for a period of four years. Retained records should include the name and date of the continuing education activity, the activity’s time schedule, the number of hours, and the names of the instructor(s) and sponsor(s).

6.9 Hardship Extension

A licensee who has been unable to complete the required continuing education by the renewal deadline may apply for an extension which the Office may grant only in cases of
extreme hardship. The Office may grant an extension to complete the remainder of the required credits. See, 3 V.S.A. § 129(k).

6.10 Continuing Education, Exemption

For applicants granted an initial license to practice, the mandatory continuing education requirement begins with the first day of the first biennial renewal period following the issuance of initial license. The Office recommends, but does not require, continuing education for initial licensees during their first licensing period.

6.11 Continuing Education Compliance Audits

The Office will conduct continuing education audits of randomly selected licensees, currently conditioned licensees, reinstating licensees, and licensees who in any of the preceding two renewal cycles were initially found to not meet continuing education renewal requirements.

6.12 Noncompliance

If an audit shows that a licensee has not acquired 40 hours of acceptable continuing education, the Office will inform the licensee. The licensee will be given 90 days to develop and complete a corrective plan to correct the deficiencies. Failure to comply with a corrective plan may lead to disciplinary action.

Part 7 Unprofessional Conduct

7.1 Jurisdiction

All persons certified as or engaged in supervised work experience to become A.A.P.’s or A.D.C.’s and all persons licensed as L.A.D.C.’s or engaged in supervised practice toward L.A.D.C. licensure are subject to the jurisdiction of the Office and may be sanctioned for unprofessional conduct. 26 V.S.A. § 3235(a)(3). Individuals on the roster of non-licensed and non-certified psychotherapists are also subject to the jurisdiction of the Board of Allied Mental Health Practitioners.

7.2 Ethical Code

In a disciplinary case the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) Code of Ethics, http://www.naadac.org/code-of-ethics, may be used as evidence of the standards of practice for the professions subject to these rules.

7.3 Complaint Procedure
The Office follows the investigation and disciplinary procedure adopted by the Office of Professional Regulation. Information about the complaint process may be obtained from the OPR website, www.vtprofessionals.org/.

7.4 Confidentiality

The Office follows the confidentiality provisions of 3 V.S.A. § 131.

7.5 Unprofessional Conduct and Sanctions

Disciplinary sanctions that may be imposed after a finding of unprofessional conduct include:

(a) denial of licensure, renewal or reinstatement;
(b) warnings or reprimands;
(c) suspension;
(d) revocation;
(e) limitations on practice;
(f) setting conditions for practice or resumption of practice; and
(g) administrative penalties.

7.6 Disciplinary Actions, Public Records

All disciplinary actions are public records available online or from the Office.

Effective Date: September 26, 2016?