Tuition Incentive Program Factsheet

Becoming a Certified Substance Use Counselor: Information and Requirements for the Tuition Incentive Program (TIP)

Thank you for expressing interest in The Los Angeles County Department of Public Health Substance Abuse Prevention and Control's (DPH-SAPC) Tuition Incentive Program (TIP). SAPC is recruiting highly motivated individuals to attend the California Consortium of Addiction Programs and Professionals (CCAPP) Academy's Alcohol and Drug Treatment Studies program to become certified* substance use counselors.

Description of the Program: The TIP program provides no-cost tuition for candidates to complete a certified substance use counselor certification program. During this program, candidates will become registered counselors, receive technical assistance support via peer learning collaboratives, and be placed within a Los Angeles County substance use treatment provider to gain first-hand work experience. Candidates who are currently registered substance use counselors and interested in becoming certified will also be considered.

Candidates are required to become registered as a substance use counselor. This requires mandatory completion of a "paper-based course (suggested time: 9/5 hours), provided by CCAPP, prior to enrolling in certified substance use counselor coursework. Cost for the course will be waived for candidates participating in the TIP.

The CCAPP Alcohol and Drug Treatment Studies program is taught in 336 hours over 56 weeks. The program consists of eight courses, each eight weeks long. The first six courses cover topics such as the effects of drugs and alcohol on the body, case management and counseling. The remaining two courses are supervised practicums where candidates will have a chance to apply learned knowledge and skills. This includes a 255-hour field internship where candidates will be working at s a treatment provider site in LA County. This portion takes place during the last eight weeks of the program. **Program Start Dates:** May 16, 2020

Application Deadlines: April 1, 2020

<u>Course Dates</u>: The first six courses(48-weeks) will be held on Saturdays from 9 A.M. to 4 P.M. The remaining two practicum courses will be held on Sundays from 9 A.M. to 4 P.M.

Locations: CCAPP courses are held at the following locations throughout Los Angeles County: Downtown, South Los Angeles, Long Beach, San Fernando Valley, and Pasadena. Pending availability DPH-SAPC match participants with their preferred location.

Participant Expectations:

- All coursework will be paid for by DPH-SAPC;
- Candidates cannot have more than 11 absences, or 66 hours missed, in order to graduate; and
- Candidates must pass each course with a score of 70% or higher to graduate.

DPH-SAPC is committed to helping program participants graduate and become certified. We have established quarterly learning collaborative meetings where candidates will be provided with guidance, training, and opportunities to connect with their peers. As part of this program, all candidates are expected to attend each learning collaborative meeting, some of which are web-based.

<u>Graduating from the Program</u>: It is our intention that program graduates will secure employment as a substance use counselor at a SAPC provider treatment site, or a treatment site in Los Angeles County. As graduation nears, candidates will be provided with information about connecting with providers for possible employment opportunities.

*Certification is achieved upon completing 315 hours of AOD specific education, 255 hours of field practicum, passing the IC&RC written exam for Alcohol and Drug Counselors, and 3,000 hours of outside employment as a substance use counselor.



TUITION INCENTIVE PROGRAM (TIP) APPLICATION

Last Name		First Name	Ν	liddle Ini	tial	Maid	len Name		
Address		City	S	tate		Zip (Code		
Primary Telephone XXX-XX-	e Number	Other Telep	hone Numbe	er	Date o	f Birth	Er	nail	
Social Security Nu	mber (Las	t 4) Drive	r's License N	Number	State		Ge	ender	
Citizenship: U	S Perma	inent Resident	Other 1	Marital St	tatus:	Single	Married	Separated	Divorced
Veteran: Yes	No			thnicity:		nerican/Ala panic	askan Indian	Asian /Pac	cific Islander
Please provide the	ee complet	e personal ref	erences:						
Name		Relationship			Phone Number/Email				
Name	ame		Relationship			Phone Number/Email			
Name			Relation	nship			Phone Nun	nber/Email	
			EDUCATIO	ONAL IN	FORMA	ATION			
Do you have:	High School	Diploma	G.E.D. or ea	quivalent	Ass	ociates	Bachelors	Masters	None
HIGH SCHOOL O	GRADUAT	ED FROM (C	OR LAST AT	TENDED):				
Name of Institution	1	City	State	Date D	iploma I	Received	Name o	n High School	Records
Last College Attend	led	City	State	Dates			Degree		
Email: su For more	E-MAIL T dtransforma informatio 26-299-3580	tion@ph.lacou on call:		Check the Dowr Pasad	ntown		r Location yo n Fernando V outh Los Ange	2	t end: Long Beach

By checking this box, I consent to sharing this information with the TIP Program:

- 1. Why do you want to become a certified substance use counselor? (3 to 5 sentences)
- 2. Do you have experience with substance use disorders (also known as addiction)? This can include your own substance use history, or that of family and/or friends. If **yes**, please describe. (3 to 5 sentences)
- 3. Please list the languages that you speak and read fluently other than English:
- 4. Please select the populations that you are interested in working with:

LGBTQ	Mental Health Clients	Persons with Disabilities	Withdrawal Management		
Youth	Older Adults	Opioid Treatment Programs			
Homeless	Pregnant Women	Criminal Justice Involved (History of Incarceration)			

a. If you've worked with any of the above populations, please describe your experience. (3 to 5 sentences):

5. Is there anything that prevents you from being able to complete this 14-month certification program? (weekend courses only)

YES NO a. If **yes**, please describe any possible challenges:

6. Are you currently a registered substance use counselor? YES NO

a. If **yes**, please list your registration date: _____

- b. If **yes**, are you currently employed as a substance use counselor YES NO If **yes**, please list the name and address of the agency that you currently work for:
- c. Please list any population(s) that you have worked with as a substance use counselor, either currently, or in a previous position (refer to Question 4 for examples).



