
SURFACE WARFARE MEDICAL INSTITUTE



ALCOHOL & DRUG COUNSELOR I

ADC I

INITIAL CERTIFICATION PORTFOLIO

(Revised 22 January 2025)

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PREFACE

Many professions have used Portfolios as a collection of visual samples of a candidate's work, e.g. sketches, pictures, or sculpture. However, when applied to the counseling field, portfolios contain descriptive information. This type of portfolio illustrates the candidate's job-related knowledge and skills, and usually includes the following components:

- **Work Experience**
- **Formal Training and Education**
- **Structured Experiences**

This document has been designed and developed to be an introduction to the International Certification & Reciprocity Consortium/ Alcohol and Other Drug Abuse (IC&RC/AODA) International Certification Standards. However, this specific portfolio is for the Navy specific ADC I credential and is not reciprocal. The following sections contain sample forms and application materials necessary for non-reciprocal certification.

BACKGROUND

The Alcohol and Drug Counselor I (ADC I) certification administered by the U.S. Navy Certification Board (USNCB) is a Navy/Marine Corps specific certification that is only applicable to individuals within the military treatment system. ADC I is a military entry-level certification. IC&RC/AODA considers individuals certified at the ADC II and CCS (Certified Clinical Supervisor) level as meeting minimum international entry-level standards. These credentials, unlike the ADC I are reciprocal to other IC&RC/AODA boards.

The U.S. Navy Certification Board (USNCB), as a member of IC&RC/AODA, has jurisdiction only over those individuals working in authorized Navy and Marine Corps treatment billets. Once certified, an individual may maintain their certification with the USNCB, only as long as they remain on active duty, or for civilians, remain working for the Department of the Navy.

INSTRUCTIONS

1. All pages in this portfolio must be completed for initial certification. This is **NOT** the application for **recertification**, contact the certification office for the correct portfolio.
2. It is highly encouraged to maintain copies of all submissions.
3. Submit electronic copy of initial application package to the USNCB at:
usn.san-diego.navmedotcswmica.list.ndacs-usncb@health.mil
(Please attempt to get all digital signature, however, if you or anyone is unable to digitally sign you will need to mail in the original signed document to the address below. Please note that only the page(s) with the original signature needs to be mailed in to NDACS. Please note this will delay processing.)
4. If submitting by mail use the following address:

SWMI NDACS
ATTN: CERTIFICATION OFFICE
NAVSUBASE BLDG 500
140 SYLVESTER ROAD
SAN DIEGO, CA 92106-3521
4. The Competency Assessment Form should be completed by ALL Clinical Preceptors/ Supervisors who supervise your work as a drug and alcohol counselor prior to your certification. **It is your responsibility** to ensure that you have the form completed by any supervising individual who may be leaving your command before you are ready to submit your Portfolio.
5. The USNCB will return incomplete applications via the chain of command.

This application is **ONLY** for the initial certification and testing for the Navy's ADC I credential.

PRIVACY ACT STATEMENT

***THIS IS NOT A CONSENT FORM TO RELEASE CERTIFICATION INFORMATION
PERTAINING TO YOU.***

1. Authority for the collection of information including Social Security Number (SSN).

Applicable sections of United States Code 301 and Departmental Regulations

2. Principal purposes for which this information is intended to be used.

This form provides you the advice required by The Privacy Act of 1974. The information will facilitate and document your certification process. The Social Security Number (SSN) is required to identify and retrieve certification records.

3. Routine uses.

The primary use of this information is to provide, plan and coordinate certification of personnel who serve in clinical roles as Alcohol and Drug Counselors. Other possible uses are to compile statistical data, conduct research, determine suitability for assessment as a Alcohol and Drug Abuse Counselor, and conduct authorized investigations.

4. Whether disclosure is mandatory or voluntary and the effect on the individual of not providing the information.

The requested information is voluntary. If not furnished, certification of the individual will not be accomplished and the individual will not be authorized to serve in clinical positions as a Alcohol and Drug Abuse Counselor.

Your Signature merely acknowledges that you have been advised of the forgoing. If requested, a copy of this form will be provided to you.

Applicant's Signature: _____ Date: _____

MM/DD/YY

ELIGIBILITY and REQUIREMENTS CHECKLIST

ADC I -Alcohol and Drug Counselor I (Non-reciprocal)

Check off when completed.

- ___ 1. 270 Hours of AODA training related to the IC&RC/AODA 8 Practice Domains of TAP 21 + 3 hours of documented alcohol and drug counselor ethics training (NDACS graduates meet this requirement)
 - * NDACS Graduates- fill in Class Number and Graduation Date
 - * **All Others -**
 - * Complete the Education portion of the form
 - * When submitting this form via email: **Attach transcripts of formal education and certificates for continuing education including 3 hours of ethics education/training.** (Please put certs in same order as ed form.)
- ___ 2. Minimum of 1500 hours of clinical work in a Supervised Internship accomplished in no less than 12 months as documented on clinical hours/supervision log.
- ___ 3. 80 hours of Supervised Practical Training. Minimum of 10 hours in each of the domains (see pages 17-20 for documentation requirements)
- ___ 4. Adhere to the Navy Drug and Alcohol Counselor Code of Ethics through a signed statement. Page 15-16 of this form.
- ___ 5. Submit accurate signed Testing Officer Affidavit Form
 - Form is available on the NDACS site under the Certification tab. Click [HERE](#) to go to NDACS site. <https://www.med.navy.mil/Navy-Medicine-Operational-Training-Command/Surface-Warfare-Medical-Institute/Navy-Drug-and-Alcohol-Counselor-School/> ** Attach to email if submitting electronically. Include in package if mailing.
- ___ 6. Submit all digitally signed clinical work logs for clinical work experience and supervision hours. Please check for accuracy and all required signatures before submitting.
- ___ 7. Favorable recommendation by Chain of Command and Clinical Supervisor/Preceptor Page 22 of this document.

If you have any questions, please consult the USNCB Policy and Procedures Manual located on the NDACS website.

<https://www.med.navy.mil/Navy-Medicine-Operational-Training-Command/Surface-Warfare-Medical-Institute/Navy-Drug-and-Alcohol-Counselor-School/>

If you get an error when trying to submit, please check the following required fields and ensure they are complete:
You may click on the listed requirement to go directly to that page.

[Personal Data - page 7](#)

[References - page 8](#)

[Facility Director signature for work hours - page 13](#)

[Code of ethics signature - page 15-16](#)

[Competency hours - page 17- 21](#)

[Commanding officer recommendation \(Do or Do Not recommend\) and Signature page 22](#)

REFERENCES

Current Immediate Supervisor Name: _____
Last First MI

Rank/Rate: _____ Title: _____

E-mail address: _____ Phone: (____) _____

(If not currently working as a counselor, list most recent Director and Preceptor information below)

Facility Director Name: _____
Last First MI

Rank/Rate: _____ Title: _____

E-mail address: _____ Phone: (____) _____

Preceptor Name: _____
Last First MI

E-mail address: _____ Phone: (____) _____

EDUCATION

Instructions.

- **Submit copies** of **all** certificates, diplomas, or transcripts.
- Course descriptions are required for **all** college or distance learning courses
- Supporting documentation is **REQUIRED!!**

1. Did you attend NDACS? **Yes** **No**

Class # _____ Graduation Date: _____

2. Have you completed three hours of ethics education/training? **Yes** **No**
(If Yes, insert documentation immediately following this page. If No, then STOP and complete a three hour ethics training course prior to submitting this application.) NDACS fulfills the ethics requirement.

3. Have you earned a degree or certificate from a college or university during this certification period? **Yes** **No**

School name: _____ Location _____

Type of Degree/Certificate _____

Start Date: _____ End Date: _____

Area of Concentration _____

Hours: _____

4. List all substance use disorder counseling courses being used to qualify for this initial certification.

Total Education Hours:

(Start with the most recent)

A. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

(Duplicate and renumber this page if additional sheets are necessary)

B. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

C. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

D. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

E. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

F. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

G. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

(Duplicate and renumber this page if additional sheets are necessary)

H. Institution/conference/presenter name: _____

Course Title: _____

Start date: _____ End Date: _____

Location _____ Hours: _____

I Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

J. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

K Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

L. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

M. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

CURRENT COUNSELOR CERTIFICATIONS

What Alcohol or Other Drug Counselor certification(s) do you hold?
(If none put "N/A" in first line and proceed to next page)

Certification Board/Agency Name: _____
(e.g. U.S. Navy Certification Board (USNCB))

Cert. title: _____ Cert # _____ Start Date: _____ End Date: _____
(e.g. ADC I) MM/DD/YY MM/DD/YY

(If certified by agency other than USNCB then include the following)

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Telephone: (____) _____ Email address (if known): _____

Certification Board/Agency Name: _____
(e.g. U.S. Navy Certification Board (USNCB))

Cert. title: _____ Cert # _____ Start Date: _____ End Date: _____
(e.g. ADC I) MM/DD/YY MM/DD/YY

(If certified by agency other than USNCB then include the following)

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Telephone: (____) _____ Email address (if known): _____

Certification Board/Agency Name: _____
(e.g. U.S. Navy Certification Board (USNCB))

Cert. title: _____ Cert # _____ Start Date: _____ End Date: _____
(e.g. ADC I) MM/DD/YY MM/DD/YY

(If certified by agency other than USNCB then include the following)

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Telephone: (____) _____ Email address (if known): _____

PROFESSIONAL/VOLUNTEER WORK EXPERIENCE

NOTES: For Active Duty applicants, only work experience within a Military Treatment Facility SARP will be considered.

Military Work Setting

1. Are you currently working as a full time AODA counselor in a military treatment facility?

Yes **No** (If Yes please go to #2, if No go to number 6 on next page)

2. Describe the primary responsibilities of your current position? _____

3. Start Date: _____ End Date: _____ To Present
MM/DD/YY MM/DD/YY

4. Hours per week actually performing counselor related activities: _____
(be sure to include counselor work logs with application)

Facility director verification of work experience hours. NOTES:

- Collateral duties, military duties, or any other functions that take the individual away from actual patient care or the performance of the Core Functions, etc. are not to be counted toward work experience hours.
- The USNCB recognizes no more than **40** hours per week when calculating work experience.

Through direct observation, review of weekly clinical hours log, collaboration of clinical supervisor/preceptor, or other documentation of work experience, I certify that the applicant has completed _____ hours of AODA counseling work as of _____.

MM/DD/YY

Director name:(**PRINT**) _____

Signature: _____

6. List all paid or volunteer work experience in the section below. Each entry documenting work experience in the civilian sector requires supporting documentation on agency letterhead

Civilian Work Setting

Agency/Employer: _____

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Start Date: _____ End Date: _____ Is this Paid or Volunteer? _____
mo/day/yr mo/day/yr

Describe, in detail, what duties you perform at this job: _____

How many hours a week, on average, do you perform these duties? Weekly Work Hours: _____

Supervisor Name: _____ Telephone: (____) _____

Have you attached documentation that supports all of the above? **Yes** **No ****

******(If No then the above work experience will not be counted for certification/recertification purposes.)

Agency/Employer: _____

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Start Date: _____ End Date: _____ Is this Paid or Volunteer? _____
mo/day/yr mo/day/yr

Describe, in detail, what duties you perform at this job: _____

How many hours a week, on average, do you perform these duties? Weekly Work Hours: _____

Supervisor Name: _____ Telephone: (____) _____

Have you attached documentation that supports all of the above? **Yes** **No**

(If No then the above work experience will not be counted for certification/recertification purposes.)

(Duplicate and renumber this page if additional sheets are necessary)

Code of Ethics for ADC I

I. Personal Responsibility

- A. I am responsible for providing the highest quality of care to those who seek my professional service.
- B. I am responsible for having knowledge of organizational policies and guidelines and will demonstrate respect for these procedures. I will take the initiative, in an appropriate manner, to improve on policies and procedures if doing so will best serve the interest of the patients.
- C. I am responsible for my own conduct at all times. This includes, but is not limited to, my physical, emotional and mental well being as well as the use of alcohol and other mood-changing substances.
- D. I am responsible for protecting the integrity and accountability of this profession by reporting violations of these ethical standards by other counselors. I will assist in any investigation of unethical behavior and cooperate with the USNCB demonstrating integrity, honor, and commitment to the Navy and the profession.

II. Patient Welfare

- A. I will engage the patient in a therapeutic process based on simple, clear, and easily understood communication.
- B. I will refer patients to another program or individual when it is determined to be in their best interest.
- C. I will ensure the presence of an appropriate setting for clinical work to protect the patient from harm and the profession from discredit.
- D. I will protect the confidentiality of patient information as required by law and within the reporting limitations defined by law and military regulations.
- E. In the execution of my duties, I will not discriminate against any person(s), e.g., patients, staff, or any recipient of professional services. I will not engage in any action that violates the civil and/or legal rights of person(s).

III. Legal and Moral Standards

- A. I acknowledge that my moral, ethical, and legal standards of behavior are a personal matter to the same degree as they are for other military and civilian counselors, except as these may compromise the fulfillment of my professional responsibilities.
- B. I will not participate in, condone, or be associated with fraud, dishonesty or misrepresentation.

IV. Competence

- A. I will limit my services to the areas in which I am trained and competent. I will not offer services or use techniques outside the scope of services for drug and alcohol counselors.
- B. I will provide culturally sensitive and competent treatment services to patients under my care.
- C. I will continue to be involved in the assessment of my personal strengths, limitations and effectiveness. I agree to continue professional growth through education, training, clinical supervision, and clinical preceptorship.

COMPETENCY ASSESSMENT OF THE ALCOHOL AND OTHER DRUG ABUSE COUNSELOR:

Alcohol and Drug Counselor I (ADC I) competence is based on demonstrated proficiency in the Addiction Counseling Competencies identified in SAMHSA’s Technical Assistance Publication (TAP) 21. The following tables summarize the competencies listed under the 8 Practice Dimensions in the TAP 21. Addiction professionals are not required to be experts in all these functions, but should have knowledge and awareness of all the Practice Dimensions and must be able to demonstrate competence in all of these areas. This form not only serves to represent an evaluation of the intern’s competence, but also as a means of documenting the required hours of supervision.

A total of 80 hours of Supervised Practical Training must be documented on this form with a **minimum of 10 hours in each of the practice dimensions**. Remember that although many of the functions and tasks may overlap, depending on the nature of the counselor's practice, each represents a specific aspect of counselor skills. A Clinical Supervisor/LIP and a Preceptor may complete different sections of the following tables as appropriate.

Table Instructions:

- Enter only hours for supervision received in each domain below. (*This should not include non-supervision clinical work hours)
- Each evaluator must have observed the intern for a minimum of at least ninety days.
- It is highly recommended that the Preceptors and Clinical Supervisors (CCS certified)/LIPs complete this form

Rating Addiction Counseling Competencies

Clinical Preceptors and Supervisors have expressed a desire for a more descriptive rating scale on the competency assessment form below. The following rubric was adapted from the Northwest Frontier Addiction Technology Transfer Center (NFATTC) Regional Addiction Studies Workgroup rating system. The scale uses similar terminology used at NDACS and thus should be familiar to the intern counselors. The scale ranges from Ineffective to Exemplary with the expectation that an intern counselor should score a “3- Competent” rating in all Domains assessed.

Competency Levels Rating Scale	
Rating	Definitions
1	<u>Ineffective</u> : The counselor does not perform the task competently. Counselor may be able to explain and discuss key issues and concepts but has little practical experience or is unable to demonstrate an acceptable or safe level for patient care.
2	<u>Emerging</u> : The counselor integrates counseling knowledge and skills with a limited degree of consistency in routine counselor tasks; requires frequent supervision and monitoring.
3	<u>Competent</u> : The counselor applies counseling knowledge and skills with consistency in routine counseling interactions and responsibilities. Demonstrates proficient use of counseling characteristics and skills in performance of task.
4	<u>Skilled</u> : The counselor demonstrates, applies, and integrates counseling knowledge and skills with a high degree of consistency and effectiveness in most situations.
5	<u>Exemplary</u> : The counselor is especially skillful in demonstrating, applying and integrating counseling knowledge and skills with the highest degree of consistency and effectiveness in routine and complex clinical interactions.

PRACTICE DIMENSIONS	LIP	CCS	Preceptor	Hours
<i>CLINICAL EVALUATION</i>				
<p>Establish rapport, including management of a crisis situation and determination of need for additional professional assistance; Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender; Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders; Assist the client in identifying the effect of substance use on his or her current life problems and the effects of continued harmful use or abuse; Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation; Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic culture, and disabilities; Document assessment findings and treatment recommendations</p>				
<i>TREATMENT PLANNING</i>				
<p>Use relevant assessment information to guide the treatment planning process; Explain assessment findings to the client and significant others; Consider the readiness of the client and significant others to participate in treatment; Prioritize the client's needs in the order they will be addressed in treatment; Formulate mutually agreed-on and measurable treatment goals and objectives; Identify appropriate strategies for each treatment goal; Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria; Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress; Reassess the treatment plan at regular intervals or when indicated by changing circumstances</p>				
<i>REFERRAL</i>				
<p>Continuously assess and evaluate referral resources to determine their appropriateness; Arrange referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs; Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and followthrough; Evaluate the outcome of the referral</p>				

PRACTICE DIMENSIONS	LIP	CCS	Preceptor	Hours
<i>SERVICE COORDINATION</i>				
<p>Initiate collaboration with the referral source; Obtain, review, and interpret all relevant screening, assessment, and initial treatment planning information; Establish accurate treatment and recovery expectations with the client and involved significant others; Coordinate all treatment activities with services provided to the client by other resources; Summarize the client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment; Understand the terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders; Contribute as part of a multidisciplinary treatment team; Demonstrate respect and nonjudgmental attitudes toward clients in all contacts with community professionals and agencies; Understand and recognize stages of change and other signs of treatment progress; Assess treatment and recovery progress, and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals; Describe and document the treatment process, progress, and outcome; Use accepted treatment outcome measures; Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others; Document service coordination activities throughout the continuum of care</p>				
	LIP	CCS	Preceptor	Hours
<i>COUNSELING</i> Individual / Group				
<p>Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy; Facilitate the client's engagement in the treatment and recovery process; Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals; Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals; Facilitate the development of basic and life skills associated with recovery; Adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status; Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals; Apply crisis prevention and management skills; Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse; Carry out the actions necessary to form a group, including but not limited to determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group; Facilitate the entry of new members and the transition of exiting members; Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type; Understand the concepts of process and content, and shift the focus of the group when such a shift will help the group move toward its goals; Describe and summarize the client's behavior within the group to document the client's progress and identify needs and issues that may require a modification in the treatment plan</p>				

PRACTICE DIMENSIONS	LIP	CCS	Preceptor	Hours
<i>CLIENT, FAMILY, and COMMUNITY EDUCATION</i>				
Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and the recovery process; Describe factors that increase the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders; Describe warning signs, symptoms, and the course of substance use disorders; Describe the continuum of care and resources available to the family and concerned others; Understand and describe the health and behavior problems related to sub-stance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases				
	LIP	CCS	Preceptor	Hours
<i>DOCUMENTATION</i>				
Demonstrate knowledge of accepted principles of client record management; Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties; Prepare accurate and concise screening, intake, and assessment reports; Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules; Record progress of client in relation to treatment goals and objectives; Prepare accurate and concise discharge summaries; Document treatment outcome, using accepted methods and instruments				
	LIP	CCS	Preceptor	Hours
<i>PROFESSIONAL and ETHICAL RESPONSIBILITIES</i>				
Adhere to established professional codes of ethics that define the professional context within which the counselor works to maintain professional standards and safeguard the client; Recognize the importance of individual differences that influence client behavior, and apply this understanding to clinical practice; Use a range of supervisory options to process personal feelings and concerns about clients; Obtain appropriate continuing professional education; Participate in ongoing supervision and consultation; Develop and use strategies to maintain one's physical and mental health				
Total Hours across all Domains				

I _____ attest the hours documented above are an accurate total of the hours from the weekly clinical hours/supervision tracking log.

Signature

Date

COMPETENCY ASSESSMENT FORM ENDORSEMENTS

Comments: Preceptor (Required)

Preceptor Name (Signature)

Date MM/DD/YY

Comments: Clinical Supervisor(Optional)

Clinical Supervisor Name, (signature)

Date MM/DD/YY

Comments: LIP (Optional)

LIP Name (Signature)

Date MM/DD/YY

GLOSSARY

ADC	Alcohol and Drug Counselor
AODA	Alcohol and Other Drug Abuse
ATF	Alcohol (Addiction) Treatment Facility (No longer authorized, included for historical refernce only)
ATOD	Alcohol, Tobacco and Other Drug
BUMED	Bureau of Medicine and Surgery
CCS	Certified Clinical Supervisor
HQMC	Headquarters U.S. Marine Corps
IC&RC/AODA	International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse
LIP	Licensed Independent Practitioner
MTF	Military Treatment Facility
NAADAC	National Association of Alcohol and Drug Abuse Counselors
NDACS	Navy Drug and Alcohol Counselor School
SARP	Substance Abuse Rehabilitation Program
USNCB	US Navy Certification Board