



ENDORSEMENT APPLICATION

Certificate of Competency in Clinical Supervision

298 S. Progress Avenue, Harrisburg, PA 17109
Phone: 717-540-4455 | Fax: 717-540-4458
www.pacertboard.org | info@pacertboard.org

INFORMATION & DIRECTIONS

The Certificate of Competency in Clinical Supervision is for professionals who are employed as Clinical Supervisors and is based on a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct and indirect observation of a counselor(s) clinical work.

The Certificate of Competency in Clinical Supervision is an endorsement available **only** to those professionals who meet the experience, education requirement and have one of the following credentials with PCB. Credentials must be in good standing.

- CAAC
- CADC
- CAADC
- CCDP
- CCDPD
- CCJP

The endorsement can be obtained at any time once the education and requirements are met. The expiration date of the endorsement will be the same as the qualifying credential. You must renew the endorsement with your qualifying credential to maintain it. Your endorsement will be added to your certificate of your qualifying credential.

CHECKLIST

- Completed application page.
- Documentation of education.
- Documentation of experience.
- Documentation of current job description signed and dated by application and supervisor.
- Application fee.

If there are any issues with the application, you will be notified by email. Applications are open for one year after the date of review. If an applicant fails to fulfill endorsement requirements within that year, the application will be closed, and no refund will be issued.

If there are any problems with the application, you will be notified by email. Keep a photocopy of the entire application for your records.

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- **MAIL:** PCB: 298 S. Progress Avenue | Harrisburg, PA 17109
- **EMAIL:** info@pacertboard.org *NOTE: Only PDFs are acceptable. PCB does not accept photos of applications.*
- **FAX:** 717-540-4458

Please allow 5-10 business days for review and processing of your application.

To confirm receipt of your application, or check on the status, you must email info@pacertboard.org.

REQUIREMENTS: CERTIFICATE OF COMPETENCY IN CLINICAL SUPERVISION

PREREQUISITE: CAAC, CADC, CAADC, CCDP, CCDPD, or CCJP that is in good standing.

EXPERIENCE: One year full-time or 2,000 hours of part-time employment as a clinical supervisor in the substance use or co-occurring field. Applicant must be currently employed in a clinical supervisor position at the time application is submitted.

JOB DESCRIPTION: Current job description signed and dated by supervisor and applicant.

EDUCATION: 30 hours of clinical supervision education specific to the knowledge areas.

- Education is defined as formal, structured instruction: workshops, seminars, in-services, college/university credit courses and PCB approved distance education.

KNOWLEDGE AREAS Adapted from the IC&RC CS 2017 Job Analysis

1. Build a supportive and individualized supervisor alliance, teach the purpose of clinical supervision, and respect professional boundaries.
2. Knowledge and application of clinical supervision models, techniques, and modalities.
3. Assist supervisees to develop skills when working with culturally diverse clients and cultures different than their own.
4. Provide ongoing feedback to supervisees on their conceptualizations of client needs and therapeutic interventions.
5. Collaborate with supervisees to create a professional development plan.
6. Ensure adherence to professional and organizational codes of ethics.
7. Utilize and teach supervisees ethical decision-making models and monitor their use.
8. Understand the risks and impact of dual relationships.
9. Develop strategies for enhancing client access, engagement, and retention in treatment.
10. Support and develop the agency quality assurance plan and comply with all monitoring and documenting requirements.
11. Identify and assess program needs and develop a plan to improve clinical services.
12. Establish counselor role expectations.
13. Understand supervision as a bi-directional evaluative process and the use of clinical supervisor evaluations.
14. Assess supervisees' motivation, professional development, cultural, and clinical competence.
15. Participate in performance recognition, disciplinary actions, and other personnel decisions.
16. Demonstrate an understanding of substance use disorders, co-occurring disorders, and multiple pathways to recovery.
17. Understand the principles and theories of substance use disorders, treatment limitations, the use of pharmacological interventions and interactions.

APPLICATION FEE: \$100

RECERTIFICATION

To maintain the Certificate of Competency in Clinical Supervision, recertification is required every two years. The professional will submit the recertification application with the requirements for their qualifying credential as well as six hours of approved clinical supervision specific education.

ENDORSEMENT APPLICATION: CLINICAL SUPERVISION

Form can be completed and saved. You may then print the appropriate pages to submit to PCB.

TYPE OR PRINT LEGIBLY

PCB PREREQUIRE CREDENTIAL: CAAC CADC CAADC CCJP CCDP CCDPD

Date: _____ DOB: _____ Male Female Self-identify _____

Name: _____ SSN: (last four) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

EMPLOYMENT: Employer: _____ Title: _____

Employer City: _____ Zip: _____ Phone: _____

Hire Date: _____ Check One: Part-Time Full-Time

Supervisor: _____ Title: _____

Supervisor Email: _____

Have you ever received any disciplinary action from another certification or licensing authority since your last application or recertification? Yes No *If yes, provide full details on a separate sheet.*

PAYMENT INFORMATION: \$100 FEE MUST ACCOMPANY APPLICATION

PAYMENT (CHECK ONE): Check Money Order VISA MasterCard Discover American Express
Checks & Money Orders made payable to PCB

Number: _____ - _____ - _____ - _____

Sec. Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____

Email address for receipt (*credit card only*): _____

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