



# CAAP APPLICATION

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Certified Allied Addiction Practitioner

298 S. Progress Avenue, Harrisburg, PA 17109  
Phone: 717-540-4455 | Fax: 717-540-4458  
[www.pacertboard.org](http://www.pacertboard.org) | [info@pacertboard.org](mailto:info@pacertboard.org)

## APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to submitting your application, you must have all requirements completed and documented. Use the table below as a guide for gathering your documentation.

**Do not submit any documentation with your application that is not listed on the table or the application unless specifically instructed by a staff member. Do not submit your application until you have completed the application requirements.**

REQUIREMENT	DOCUMENTATION	✓
Application Page with payment	<ul style="list-style-type: none"> <li>• Page 7</li> </ul>	
Relevant Experience	<ul style="list-style-type: none"> <li>• Page 8</li> <li>• Relevant employment documentation                             <ul style="list-style-type: none"> <li>○ Current job description obtained from employer</li> </ul> </li> </ul>	
Education	<ul style="list-style-type: none"> <li>• Official transcripts sent directly to Board (if applicable)</li> <li>• Copy of training certificate(s)</li> </ul>	
Acknowledgement & Release	<ul style="list-style-type: none"> <li>• Page 9, notarized</li> </ul>	
Disciplinary Actions?	<ul style="list-style-type: none"> <li>• Include letter of explanation with application.</li> </ul>	
Convicted of a felony?	<ul style="list-style-type: none"> <li>• Include letter of explanation with application.</li> </ul>	
Company paying fee?	<ul style="list-style-type: none"> <li>• Include applicant name on payment.</li> </ul>	
Copy entire application for records		

### TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** [info@pacertboard.org](mailto:info@pacertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of your application, email [info@pacertboard.org](mailto:info@pacertboard.org).*

### REVIEW & APPROVAL PROCESS

1. Application submitted to the Board. To confirm receipt of your application, you must email the Board at the above email address.
2. Staff reviews application. Allow 5- 10 business days for review and processing of your application.
3. Applicant will be emailed if there is any documentation missing from the application or there are questions regarding your application. It is imperative that you write your email legibly.
4. Your application is considered approved when you receive an email to register for the examination.
5. Follow all instructions to register for the examination provided to you in the email.
6. If you have not heard from the Board regarding your application or received an email to register for the examination after 10 business days, email [info@pacertboard.org](mailto:info@pacertboard.org).
7. Once you pass the examination, you are certified.
8. A certificate will be mailed to you automatically within 5-10 business days.

## APPLICATION INFORMATION

### APPEAL PROCESS

The purpose of appeal is to determine if the Board accurately, adequately and fairly reviewed an application that is denied. A letter requesting an appeal must be sent to the Board in writing within 30 days of the notification of the Board's action. An applicant shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

### CERTIFICATION TIME PERIOD

Certification encompasses two calendar years beginning on the date the applicant passes the examination. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

### FELONIES & DISCIPLINARY ACTIONS

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through the Board does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

### REQUESTS TO CHANGE APPLICATION

Professionals who wish to have their application re-reviewed for another credential the Board offers prior to taking the examination, or after an unsuccessful attempt at the examination will incur a \$50 application change/review fee.

### RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

## EXAMINATION INFORMATION

### TYPE OF EXAMINATION

The successful completion of the CAAP exam is required. The examination is given in paper and pencil format, 50 multiple-choice questions and offered throughout the year.

### DATES AND LOCATIONS

No set exam dates, times or locations are posted nor will they be provided to anyone until a CAAP application is approved. Dates and locations for when the examination is given will be provided to candidates **AFTER** they have applied for the CAAP and had their application approved.

### APPROVAL TO TAKE THE EXAMINATION

Applicants are not permitted to “show up” at an examination location until they have received an official email notice from PCB confirming you are scheduled for an examination. You cannot take the examination until you have submitted your completed CAAP application and fee to PCB and it has been approved.

### ARRIVAL TIME

If you arrive late for your examination, you will **NOT** be permitted to take the examination.

### EXAMINATION RESULTS

Examination results will be mailed to CAAP candidates within 2-3 weeks after the examination is completed. Results will **NOT** be provided over the phone or email.

### TIME PERMITTED

One and a half (1.5) hours is permitted to complete the examination.

### EXAMINATION CONTENT

The examination is developed from the CAAP Content Outline which identify domains and tasks for competent practice.

### CANDIDATE GUIDE

The domains, including the task statements per domain, and a list of references from the Content Outline are included in the free Candidate Guide. Candidate Guides are available from the Board website.

### STUDY MATERIAL

There is no study material for the CAAP. PCB does not endorse any study groups or courses provided by trainers or training organizations.

### SPECIAL SITUATIONS & ACCOMMODATIONS

Individuals with disabilities and/or religious obligations that require modifications in examination administration may request specific procedure changes in writing with official documentation to the Board no fewer than 60 days prior to their examination date. Contact the Board on what constitutes official documentation. The Board will plan for appropriate modifications to its procedures when documentation supports this need.

### RETESTING

Candidates who fail the examination can retest. Candidates will be sent instructions and fee information.

## ROLE OF CERTIFIED ALLIED ADDICTION PRACTITIONER

The Certified Allied Addiction Practitioner (CAAP) is a credential for individuals working in the behavioral health field in positions where they are working primarily with populations who have experience with substance use disorders or co-occurring disorders. These individuals have a variety of roles and skills. The CAAP credential was specifically developed with a broad base of competencies related to substance use disorders and co-occurring disorders. By doing this, a professional who earns a CAAP demonstrates their competence with substance use disorders and co-occurring disorders.

## CERTIFIED ALLIED ADDICTION PRACTITIONER REQUIREMENTS

Prior to submitting your application, applicants must have all requirements completed and documented.

### LEVEL OF EDUCATION

A minimum high school diploma/GED from an accredited school. A copy of the transcript or diploma is acceptable. If the school is from outside the United States an equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all costs.

If the applicant's High School is no longer open, contact the office. Veterans may provide discharge documentation in lieu of a High School Diploma/GED. **It is recommended you obtain documentation approximately three weeks prior to sending in your application.**

- High School Diploma/GED.

Degree documentation can be sent in lieu of a high school diploma/GED. The degree must be from an accredited college/university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. An official transcript sent directly from college/university is required. If the degree is from outside the United States a degree equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all costs.

Official transcripts are required and must be sent directly from college/university to the Board office. If your college/university uses an e-transcript system, they can be emailed directly to the Board. **It is recommended you request transcripts approximately three weeks prior to sending in your application.**

### EXPERIENCE & SUPERVISION

Qualifying experience is defined as providing direct substance use disorder auxiliary services. Applicant must spend at least 30% of their time providing services. Eligible candidates are likely to be working in positions such as intake, assessment, detox, art/activities/life skills, house/residential management, case management and LPN/RN. Individuals providing primary alcohol and drug abuse counseling/prevention or clinical supervision are not eligible for the CAAP. Other examples of positions that typically are not approved include: peer and recovery counselors/specialists, prevention specialists, interventionists, etc.

The applicant must be currently employed in the qualifying position at the time of application. Only employment within the last seven (7) years may be counted towards the total experience requirement.

If the applicant's experience requirement is not fulfilled from their current employer, they must include a letter (on company letterhead) from previous employer(s) verifying their duties and dates employed with their application.

- **Experience:** two (2) years of full-time employment or 4000 hours of part-time of employment.

Supervision is a formal or informal process that is evaluative, clinical, and supportive. It can be provided by more than one person, it ensures quality of clinical care, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

- **Supervision:** 100 hours with a minimum of 10 hours in each domain. Hours may be included in the total experience requirement.

## CURRENT JOB DESCRIPTION

All applicants must include their current job description with their application. This document is provided by your employer and must be signed and dated by you and your supervisor. Job descriptions are reviewed as a part of experience verification. If your supervisor does not have your job description, you should contact your organization's Human Resource department. The Board does not provide the job description.

- **Current job description:** obtained from employer.

## EDUCATION

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses and online education. If you provide this type of education to other professionals, you may use it towards the education requirement with documentation from the organization or college/university. Most three-credit college/university courses are 45 hours. There is no time limit on the use of education for initial certification.

Education review is available prior to application submission with the use of the Education Review Form on the Board website.

- **Education:** 50 total hours of education relevant to the field of substance use disorders.
  - Six (6) of the hours must be in professional ethics and responsibilities that are specific to behavioral health. Ethics courses that are in business, philosophy, religion, etc. are not accepted.

## EXAMINATION

Applicant must pass the Examination for Certified Allied Addiction Practitioner.

- **Domains**
  1. Clinical Competence
  2. Professional Responsibility
  3. Systems Integration

## FEES

The application fee may be paid by check, money order or with VISA, MasterCard, Discover or American Express. One-half of the application fee is refundable if application is denied or cancelled prior to the examination. No refund will be issued if application is denied or cancelled after examination. If an employer or organization is paying the application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

- **Application Fee:** \$175 *(fee must accompany application and materials)*
- **Retest Fee:** \$75
- **Exam Cancellation Fee:** \$75

# PCB APPLICATION FOR CAAP

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

## TYPE OR PRINT LEGIBLY

Date: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  Self-identify \_\_\_\_\_

Name: \_\_\_\_\_ SSN: (last four) \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

College/University: \_\_\_\_\_  
*IF APPLICABLE*

Name on Transcript: \_\_\_\_\_  
*IF APPLICABLE*

Date Transcript Requested: \_\_\_\_\_ Delivery Method: \_\_\_\_\_

**Have you ever received any disciplinary action from another certification/licensing authority?**  Yes  No  
*If yes, provide full details on a separate sheet.*

**Have you read and understood the PCB Code of Ethical Conduct?**  Yes  No  
*The Code of Ethical Conduct is located at [www.pacertboard.org](http://www.pacertboard.org), and click on Ethics.*

**Military Experience:**  Not Applicable  Active  Veteran

**Ethnicity:**  American Indian or Alaska Native  Asian  Black or African American  Caucasian  Hispanic  Latino  
 Native Hawaiian or Other Pacific Islander  Not specified: \_\_\_\_\_

**Employment plans for the next two years:**  Increase Hours  Decrease Hours  No Change  Seek Advancement  
 Retire  Move to a different career  Unknown

## PAYMENT INFORMATION

### FEE OF \$175 CAN BE PAID USING ONE OF THE FOLLOWING (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: \_\_\_\_\_  
*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_

# CAAP APPLICATION: EXPERIENCE & SUPERVISION INFORMATION

## CURRENT EMPLOYMENT INFORMATION

Employer Name: \_\_\_\_\_

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Hire Date in Current Position: \_\_\_\_\_

How many hours do you work per week? \_\_\_\_\_

Do you need to document previous employment to fulfill the experience requirement?  Yes  No

*If yes, complete the section below **AND** submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.*

**DO NOT SUBMIT A RESUME WITH YOUR APPLICATION. IT WILL NOT BE REVIEWED AND IT DOES NOT FULFILL THE DOCUMENTATION REQUIREMENT FOR EXPERIENCE.**

## CURRENT SUPERVISOR INFORMATION

Immediate Supervisor Name: \_\_\_\_\_

Supervisor Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Average Number of Hours of Supervision Received Per Week: \_\_\_\_\_

Do you have more than one supervisor or need to document supervision from a previous employer?  Yes  No

*If yes, provide copies of the CAAP Application: Supervision Documentation Form (page 9) to all supervisors. Multiple supervision forms can be submitted with your application.*

**PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE) – LETTER (ON COMPANY LETTERHEAD) FROM PREVIOUS EMPLOYER(S) VERIFYING YOUR DUTIES & DATES EMPLOYED MUST BE INCLUDED WITH YOUR APPLICATION.**

Organization Name: \_\_\_\_\_

Organization City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_

How many hours did you work per week? \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_

How many hours did you work per week? \_\_\_\_\_



# CAAP APPLICATION: SUPERVISION DOCUMENTATION FORM

Form to be completed by Applicant's current and/or previous supervisor(s).

This form is not intended to document all experience or supervision hours of the applicant, rather the minimum hours required for the certification. Please note: the standard hours accepted for clinical supervision is two (2) hours per week. If you document more than that for the applicant (your supervisee) you will need to provide documentation to the Board for the hours to be accepted. This will delay the approval of your supervisee's application.

Supervision is a formal or informal process that is evaluative, clinical, and supportive. It can be provided by more than one person, it ensures quality of clinical care, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

Applicant Name: \_\_\_\_\_

## SUPERVISOR INFORMATION

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Licenses, Certifications and/or Degrees: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

## SUPERVISION DOCUMENTATION

Clinical Supervision was provided in the following Domains (check all that apply):

DOMAIN:	NUMBER OF HOURS:
<input type="checkbox"/> Clinical Competence	_____
<input type="checkbox"/> Professional Responsibility	_____
<input type="checkbox"/> Systems Integration	_____
<b>TOTAL NUMBER OF HOURS OF SUPERVISION:</b>	_____

### Supervisor Attestation:

I attest that the above-named applicant is as providing direct substance use disorder auxiliary services. Applicant must spend at least 30% of their time providing services **Current employers:** I have provided the applicant with their job description, reviewed it with them, signed and dated it. **Previous employers (if applicable):** I have provided the applicant with a letter (on company letterhead) listing and verifying their duties and dates employed.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# CAAP APPLICATION ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant. It must be notarized and submitted with the application.*

## RELEASE

I request that the Pennsylvania Certification Board (PCB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the PCB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my credential. Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by PCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize PCB to gather information from third parties regarding education and employment and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to PCB before, during, or after application for certification is made will be investigated by PCB and could result in the nullification of the application or denial or revocation of certification.

## INITIAL EACH STATEMENT

\_\_\_\_\_ I have read and understood the Release.

\_\_\_\_\_ I either live or work in Pennsylvania at least 51% of the time.

\_\_\_\_\_ I understand one-half of the application fee is refundable if application is denied or cancelled prior to the examination and no refund will be issued if application is denied or cancelled after examination.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

\_\_\_\_\_ I understand that if I request to have my application re-reviewed for another credential PCB offers prior to the examination, or after an unsuccessful attempt at the examination I will incur a \$50 change/review fee.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## NOTARY PUBLIC ONLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature **SEAL:**