

The NADD Competency-Based Clinical Certification Program

I. Personal Information

Name: _____

Address: _____

City/State/Zipcode _____

e-mail: _____

Daytime phone: _____

Cell phone: _____

Home phone: _____

NADD Membership

Are you a member of NADD? Yes No

NADD Membership Number: _____

Does your employer hold a NADD organizational membership? Yes No

If so, name of employer: _____

II. License or Credential to Practice

You must have a state or provincial license as indicated below, or you must have a credential from a professional governing body entitling you to practice in your discipline. Please select from the list below, and provide the requested information about which state, province or professional governing body issues the license or credential, the license or credential number, and its expiration date.

I hold the following state or provincial license (*Please attach a copy of your license or certification.*):

- Doctoral level psychologist (Ph.D., Psy.D., Ed.D.)
- Physician
- Licensed Clinical Social Worker
- Master's level Mental Health Counselor
- Master's level Marriage & Family Counselor
- Master's level Addictions Counselor
- Physician's Assistant, Advanced Practice RN, or Nurse Practitioner (or clinical equivalent). Please specify: _____

or

I hold the following certification:

- Board Certified Behavioral Analyst (BCBA)
- Applied behavior Analyst
- Other, please specify _____

State or Province: _____

License Number: _____

Professional Governing Body: _____

Credential/Number: _____

Expiration Date: _____

Professionals with a Master's level in a related field and RNs are eligible for NADD certification. Additional experience and an explanation of the applicant's experience base is required.

- I hold a Master's degree in a related field
- I am an RN (please provide license information above)

On a separate page, please provide details of your work with individuals who have a dual diagnosis.

III. Experience

You must have 5 years of experience in support of persons with intellectual disabilities and mental health issues. This can include internships and externships. For applicants with a related Master's degree or an RN, 7 years is required.

How many years of experience do you have working with persons with intellectual disabilities and mental health issues? _____

Experience confirmation:

For those experiences which you are counting toward your experience requirement, please provide the following information. Use additional pages if necessary.

Organization/Place Worked: _____

Address: _____

Dates worked: _____

Contact person (supervisor): _____

Phone: _____ email: _____

Organization/Place Worked: _____

Address: _____

Dates worked: _____

Contact person (supervisor): _____

Phone: _____ email: _____

Organization/Place Worked: _____

Address: _____

Dates worked: _____

Contact person (supervisor): _____

Phone: _____ email: _____

Please attach your curriculum vitae.

IV Ethical Behavior

Have you ever been charged with a crime? Yes No

Have you ever been the subject of a lawsuit? Yes No

Have you ever been the subject of a disciplinary hearing? Yes No

On a separate page, please provide the details of any past or pending lawsuits or disciplinary events.

Affirmation of
Ethical Behavior

All candidates for the NADD Competency-Based Clinical Certification are required to affirm their commitment to ethical professional behavior.

Most disciplines, through their professional disciplinary association, have a Code of Ethics to which members are committed to follow. For example, social workers may be members of the National Association of Social Workers (NASW), and NASW has a clearly articulated Code of Ethics. Similarly, psychologists may be members of the American Psychological Association and psychiatrists may be members of the American Psychiatric Association, both of which have clearly articulated Codes of Ethics.

By my signature, I affirm that:

I uphold the Code of Ethics of my disciplinary association

Discipline: _____ Disciplinary Association _____

Signed: _____ Date: _____

Principles

All candidates for the NADD Competency-Based Clinical Certification commit themselves to the following principles:

- Clinicians recognize the collaborative nature and unique role of the interdisciplinary team in providing quality services for individuals with intellectual/developmental disabilities and mental illness
- Clinicians respect the inherent dignity and worth of the individual.
- Clinicians strive to ensure that services are culturally relevant to the individuals receiving services.
- Clinicians build on the strengths and capabilities of individuals.
- Clinical services are person-centered, are informed by the individual's values, hopes, and aspirations, and are designed to address the unique needs of individuals.
- Clinical services promote self-determination and empowerment. Individuals have the right to make their own decisions about the types of services and supports they receive.
- Clinicians maintain high standards of personal conduct in their role as clinician.
- Clinicians uphold professional standards of conduct, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm.
- Clinicians act with integrity in their relationships with colleagues, families, significant others, other organizations, agencies, institutions, referral sources, and other professions in order to maximize benefits for the person being receiving services.
- Clinicians respect the privacy of persons being served and maintain confidentiality at all levels in accordance with professional standards of practice as well as state and federal law.

By my signature, I affirm that:

I have read and am committed to the principles listed above.

Signed: _____ Date: _____

Application should be mailed to:

NADD Accreditation & Certification Programs
132 Fair Street
Kingston, NY 12401-4802

Payment method:

Check enclosed (Please make checks payable to : NADD.)

Please charge my credit card MasterCard VISA Discover

Card Number: _ _ _ _ _ _ _ _ _ _

Exp. Date: _ _ / _ _ Signature: _____