

The NADD Competency-Based Clinical Certification Program

Application Form

**I. Personal Information**

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

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

City/State(Province)/Zipcode \_\_\_\_\_

e-mail: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

*NADD Membership*

Are you an individual member of NADD?  Yes  No

NADD Membership Number: \_\_\_\_\_

Does your organization have a NADD organizational membership?  Yes  No

NADD Organizational Membership Number: \_\_\_\_\_

(If you do not know, contact NADD office.)

## II. License or Credential to Practice

You must have (1) a state or provincial license as indicated below, or (2) a credential from a professional governing body entitling you to practice in your discipline, or (3) hold a Master's degree in a related field or be a Registered Nurse. 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.

1. **License.** 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 (DO, MD)
- Licensed Clinical Social Worker or Licensed 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: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

2. **Certification.** I hold the following certification (*Please attach a copy of your certification*):

- Board Certified Behavioral Analyst (BCBA)
- Recognition by your state/province/territory/federal area as able to provide behavioral assessment and training
- Other certification or qualification, please specify  
\_\_\_\_\_

3. **Master's in Related Field or R.N..**

- I hold a Master's degree in a related field\*.  
Specify: \_\_\_\_\_
- 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.)*

### License/Credential Information:

State or Province: \_\_\_\_\_

License Number: \_\_\_\_\_

Professional Governing Body: \_\_\_\_\_

Credential/Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### **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: \_\_\_\_\_

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 convicted of 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. Canadian professionals are similarly bound by their respective professional associations.

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 discharge their responsibilities in accordance with standards of practice in their field.
- 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. They 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.
- Clinicians uphold professional standards of conduct and accept appropriate responsibility for their behavior.
- Clinicians maintain their professional independence and avoid situations of conflict of interest that may affect or may affect the discharge of their clinical responsibilities towards the individuals who receive their services.
- Clinicians take measures to resolve real and apparent conflicts of interest.
- 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 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/province and federal (American or Canadian) law.
- Clinicians engage in professional development

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  
12 Hurley Avenue  
Kingston, NY 12401

**Payment method:**

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

Please charge my credit card     MasterCard     VISA     Discover

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

Exp. Date: \_ \_ / \_ \_    Signature: \_\_\_\_\_