



RHODE ISLAND

CERTIFICATION BOARD

SAC APPLICATION

Student Assistance Counselor

APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

Do not apply until all requirements are met.

TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

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

REVIEW & APPROVAL PROCESS

1. Application submitted to RICB. To confirm receipt of application, email RICB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. If you have not heard from RICB regarding your application after 10 business days, email info@ricertboard.org.
5. A certificate will be mailed to you within 10 business days.

ROLE OF THE STUDENT ASSISTANCE COUNSELOR

Applicants must possess current knowledge and skill commensurate with the needs of troubled and high-risk youth in the State's school system. Applicants must have knowledge of issues related to substance abuse, child abuse and neglect, divorce and separation, domestic violence, sexual abuse, rape, suicide, eating disorders, stress management, and peer pressure. Further familiarity with the intricacies of clinical outreach work in the school environment is a key attribute.

STUDENT ASSISTANCE COUNSELOR REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application except for the official college transcript which is sent to RICB directly prior to application.

DOMAINS

1. Behavioral Health Competence
2. Assessment, Intervention, and Referral
3. Prevention
4. Ethical Responsibility and Professionalism
5. Cultural Competency

FORMAL EDUCATION

REQUIRED: Minimum master's degree in a relevant field.

It is recommended you obtain documentation approximately three weeks prior to sending in your application. Documentation of master's degree may be mailed to RICB or emailed to info@ricertboard.org by the educational institution prior to application.

The degree must be in a relevant field and 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 RICB prior to application. **Official transcripts may be mailed to RICB or emailed to info@ricertboard.org.**

If you have a sealed official transcript in your possession, you may mail it in the sealed envelope to RICB prior to your application arriving or mail it in with your application.

If you have outstanding debt or other issues which prevent the college/university from releasing your official transcript, you must resolve these issues with the school prior to applying for certification.

EDUCATION/TRAINING

REQUIRED: 60 total hours of relevant education/training to include:

- 30** hours must be in evidence-based student assistance practices.
- 21** hours must be relevant to the student assistance counselor domains.

3 hours must be in behavioral health ethics.
3 hours must be in cultural competency.
3 hours must be in confidentiality.

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses, and online education.

There is **no limit to the amount of online education** that may be submitted.

Most three-credit college/university courses count as 45 hours. One training CE/CEU counts as one hour. Out-of-state education is acceptable.

All education/training must be documented. College courses are documented with an official college transcript. Trainings are documented with copies of training certificates.

Training certificates must have the applicant's name, title of training, date(s) of training, the number of hours being awarded, and the name of training organization. Training certificates submitted without this required information on them will not be accepted.

If a training title on a certificate of attendance does not clearly indicate the education content, attach a copy of the training description.

Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

Training must be non-repetitive, meaning the same training cannot be claimed more than one time even if the training is taken on different dates from different providers.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided that the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

There is **no time limit** on when the education/training was received.

WORK EXPERIENCE

REQUIRED: Two years of full-time work experience or 1,350 hours of part-time work experience in a student assistance program.

Qualifying work experience is based upon working in a student assistance program.

The applicant **must be currently employed in the qualifying position** at the time of application. Only employment within the last five (5) 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.

CURRENT JOB DESCRIPTION

REQUIRED: Copy of current student assistance counselor job description, obtained from current employer, and which must be signed by both the applicant and their immediate clinical supervisor.

All applicants must include a copy of their current student assistance counselor job description. This **document is provided by your employer** and must be signed and dated by the applicant and their immediate clinical supervisor.

Job descriptions determine and verify eligible current work experience. Job description must clearly delineate drug and alcohol counseling as a primary function of the position.

If you have held different student assistance counselor positions with your current employer, please provide all relevant job descriptions with the application. For instance, if you started as a counselor assistant, then you were promoted to Counselor I and then a Counselor II, include all three job descriptions.

In lieu of job description(s), employer may provide an official position description on agency letterhead. This required documentation must include the applicants' dates of employment (to/from) employment status (full-time or part-time), title of position, a detailed description of the duties and responsibilities for the position, and the average number of hours per week the applicant worked.

ON-THE-JOB SUPERVISION

REQUIRED: 70 hours of on-the-job clinical supervision of qualifying work experience with a minimum of 10 hours of clinical supervision in each domain.

Supervision is a formal or informal process that is evaluative, educative, and supportive. It ensures quality of 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.

RICB has no requirements for those who provide supervision. The person providing supervision is at the discretion of the agency.

Supervision can be provided in an individual, one-on-one setting and/or observation of skills or group supervision setting.

Supervision can be provided by **more than one supervisor**. In this case, provide a copy of page 10 of this application to all the supervisors documenting supervision on your behalf.

CERTIFICATION FEE

REQUIRED: \$200.00 (fee must accompany certification application)

The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicant's name with the payment. Fee payment information is provided on page 7 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to RICB.

Applications received without payment will not be processed. One-half of the fee is refundable if application is denied.

APPLICATION INFORMATION

GENERAL INFORMATION

Email addresses provided to RICB must be active accounts that are checked regularly. We will not be able to contact you without an email address. Please print legibly.

Applicants must either live or work in RI at the time of application.

APPEAL PROCESS

The purpose of appeal is to determine if RICB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to RICB within 30 days of the notification of RICB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the RICB Executive Committee who will thoroughly review the entire application and materials to determine whether applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

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 RICB 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 RICB offers will incur a \$50 application change/review fee.

CERTIFICATION TIME PERIOD

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

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.

SAC: APPLICANT INFORMATION

Application can be completed and saved. You may then print the appropriate pages to submit to RICB.

TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): _____

Applicant Name: _____
Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Pronouns: _____ Date of Birth (mm/dd/yyyy): _____ SSN (last four): _____

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 RICB Code of Ethical Conduct? Yes No
The Code of Ethical Conduct is located at www.ricertboard.org/ethics.

CONTACT INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Primary Email: _____
REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

Secondary Email: _____

DEMOGRAPHICS

Data is never released with identifying information. It is used to report workforce data to state and federal agencies.

What is your gender?

- Female
- Male
- Nonbinary
- Prefer to self-describe: _____
- Prefer not to disclose

Do you identify as transgender?

- Yes
- No
- Prefer not to disclose

How do you describe your sexual orientation or sexual identity?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Questioning or unsure
- Prefer to self-describe: _____
- Prefer not to disclose

Which best describes you?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaska Native
- White or Caucasian
- Multiracial or Biracial (please specify): _____
- Not listed (please specify): _____
- Prefer not to disclose

What is your yearly income?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Unsure
- Prefer not to disclose

Do you have military experience?

- Active duty
- Veteran
- National Guard
- Reserve
- Not Applicable

Language(s) spoken fluently (check all that apply):

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Indigenous Language <input type="checkbox"/> Italian | <ul style="list-style-type: none"> <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog (Filipino) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other, please specify: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Employment plans for the next two years (check all that apply):

- Obtain full time employment/Increase hours
- Obtain part-time employment/Decrease hours
- No change
- Retire
- Move to a different career/field
- Unknown

PAYMENT INFORMATION

FEE OF \$200 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):

- Check Money Order VISA MasterCard Discover American Express
- Checks & Money Orders made payable to RICB*

- My employer/organization is mailing payment directly to RICB.

Number: _____ - _____ - _____ - _____

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

Billing address: _____
(If different than Home Address)

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

SAC: FORMAL EDUCATION

REQUIRED: Minimum master's degree in a relevant field.

I am including a sealed official transcript with my SAC application. Yes No

I have ordered an official transcript to be sent to RICB. Yes No

College/University: _____

Name on Transcript: _____

Date Transcript Requested: _____

Delivery Method:

- Mailed to RICB
- Emailed to RICB

SAC: EDUCATION/TRAINING

REQUIRED: 60 total hours of relevant education/training to include:

- 30** hours must be in evidence-based student assistance practices
- 21** hours must be relevant to the student assistance counselor domains
 - 3** hours must be in behavioral health ethics
 - 3** hours must be in cultural competency
 - 3** hours must be in confidentiality

I have included copies of training certificates. Yes No

I have included a copy of my training tracking system/learning management system report. Yes No

My college transcript provides all or some of the relevant education. Yes No

SAC: WORK EXPERIENCE & JOB DESCRIPTION

REQUIRED: Two years of full-time work experience or 1,350 hours of part-time work experience in a student assistance program.

REQUIRED: Copy of current student assistance counselor job description, obtained from current employer, and which must be signed by both the applicant and their immediate supervisor.

CURRENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

How many hours do you work per week? _____

Total hours/years worked in current position? _____

I have attached my current counselor job description, dated and signed by both me and my supervisor. Yes No

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.*

PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE)

Letter (on company letterhead) from previous employer(s) verifying your title, duties & dates employed must be included with your application.

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____ End Date in Position: _____

How many hours did you work per week? _____

Total hours/years worked in previous position? _____

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____ End Date in Position: _____

How many hours did you work per week? _____

Total hours/years worked in previous position? _____

SAC: ON-THE-JOB SUPERVISION

REQUIRED: 70 hours of on-the-job clinical supervision of qualifying work experience with a minimum of 10 hours of clinical supervision in each domain.

Information below is to be completed by applicant's current and/or previous clinical supervisor(s).

This page is to document the clinical supervision hours provided to the applicant, **not their total work hours.**

The total hours of clinical supervision should be 70 hours but could be more depending on the applicants' length of employment or could be less if the applicant was provided clinical supervision from a previous employer.

Applicants may copy this page and provide it to previous clinical supervisors.

Applicant Name: _____

SUPERVISOR INFORMATION

Name: _____

Position/Title: _____

Licenses, Certifications and/or Degrees: _____

Email: _____ Phone: _____

Employer Name: _____

Employer City: _____ Zip: _____

SUPERVISION DOCUMENTATION

Supervision was provided to the above-named applicant in the following Domains:

DOMAIN:	NUMBER OF HOURS:
<input type="checkbox"/> Behavioral Health Competence	_____
<input type="checkbox"/> Assessment, Intervention, and Referral	_____
<input type="checkbox"/> Prevention	_____
<input type="checkbox"/> Cultural Competency	_____
<input type="checkbox"/> Ethical Responsibilities & Professionalism	_____

TOTAL NUMBER OF HOURS OF SUPERVISION: _____

Supervisor Attestation:

I attest that the above-named applicant has been provided with clinical supervision as documented above.

Supervisor Signature

Date

SAC: ACKNOWLEDGEMENTS & RELEASE

This page must be completed by the applicant.

RELEASE

I request that the Rhode Island Certification Board (RICB) 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 RICB 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 application.
- 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 RICB to officers, members, and staff of the Board.
- I consent to authorizing RICB to gather information from third parties regarding education, employment and/or supervision and understand that such communication shall be treated as confidential.
- Allegations of ethical misconduct reported to RICB before, during, or after application for certification is made will be investigated by RICB and could result in the nullification of the application or denial or revocation of certification.

INITIAL EACH STATEMENT

_____ I have read and understood this Acknowledgements and Release.

_____ I either live or work in Rhode Island.

_____ I understand one-half of the application fee is refundable if application is denied.

_____ 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 RICB offers, I will incur a \$50 change/review fee.

Applicant: _____ Signature: _____ Date: _____
PRINT NAME LEGIBLY