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**RULE PROPOSALS**

**LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS  
ALCOHOL AND DRUG COUNSELOR COMMITTEE**

*41 N.J.R. 1653(a)*

**Proposed Readoption with Amendments: N.J.A.C. 13:34C**

**Proposed Repeal: N.J.A.C. 13:34C-2.1**

**Proposed New Rule: N.J.A.C. 13:34C-6.2A**

**Proposed Repeal and New Rule: N.J.A.C. 13:34C-1.6**

Click here to view Interested Persons Statement

**Alcohol and Drug Counselor Committee Rules**

Authorized By: State Board of Marriage and Family Therapy Examiners, Elaine DeMars, Acting Executive Director.

Authority: *N.J.S.A. 45:2D-1* through *45:2D-18*.

[page=1654] Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2009-113.

Submit comments by June 19, 2009 to:  
Elaine DeMars, Executive Director  
State Board of Marriage and Family Therapy Examiners  
PO Box 45040  
124 Halsey Street  
Newark, New Jersey 07101

The agency proposal follows:

### Summary

The State Board of Marriage and Family Therapy Examiners (the Board), in consultation with the Alcohol and Drug Counselor Committee (the Committee), is proposing to readopt *N.J.A.C. 13:34C* with amendments, repeals and new rules.

These rules are scheduled to expire on March 15, 2009, pursuant to Executive Order No. 66 (1978). Because this notice of readoption has been filed prior to March 15, 2009, the expiration date of the rules in Chapter 34C is extended by 180 days to September 11, 2009, pursuant to N.J.S.A. 52:14B-5.1c.

In compliance with Executive Order 66 (1978), the Committee undertook a thorough review of the existing provisions of *N.J.A.C. 13:34C* in order to delete unnecessary or unreasonable rules and to clarify existing provisions. The Committee believes that the rules proposed for readoption, as amended, are necessary, reasonable, understandable and responsive to the purposes for which they were promulgated.

The following is a summary of the existing rules of Chapter 34C that the Committee proposes to readopt with amendments and repeals, as well as a summary of the proposed new rules.

Subchapter 1 contains general provisions for alcohol and drug counselors. The Committee is proposing to readopt *N.J.A.C. 13:34C-1.1*, which sets forth the purpose and scope of the rules in Chapter 34C, without change. The Committee is proposing several amendments to the definitions of terms set forth in *N.J.A.C. 13:34C-1.2*. The definition of "health care provider" is being amended to refer to individuals licensed in New Jersey who are permitted, without supervision, to diagnose and/or treat within their scope of practice. The definition of health care provider, as amended, would expressly include a licensed clinical alcohol and drug counselor. The current reference in the "health care provider" definition to the term "licensed nurse," is also being amended to more appropriately refer to a "certified advanced practice nurse." The Committee is proposing to amend the definition of "significant other" to include a reference to civil union partners. The Committee is proposing to add a definition for "ICRC member board" as the term is used frequently throughout Chapter 34C. "ICRC member board" is defined to mean a certification authority that is a member of the International Certification Reciprocity Consortium (ICRC) of Alcohol and Other Drug Abuse, Inc. The Committee is also proposing new *N.J.A.C. 13:34C-1.2(b)* to clarify that definitions of words and terms related to clinical supervision are set forth in *N.J.A.C. 13:34C-6.1*.

The Committee is proposing a technical amendment to *N.J.A.C. 13:34C-1.3*, which provides contact information for the Committee office, to include the Committee's website address. Licensees, certificate holders and members of the general public may access the website in order to obtain relevant, up-to-date information about the Committee. *N.J.A.C. 13:34C-1.4*, which concerns notification of address changes and service of process, is proposed to be readopted without change.

*N.J.A.C. 13:34C-1.5* sets forth requirements for license and certificate renewal and the election of inactive status. The Committee is proposing an amendment to subsection (b) of the rule, which requires the Committee to send a notice of renewal to all licensees at least 60 days prior to the date of license expiration, to clarify when a licensee or certificate holder may be fined for continuing to practice if the Committee fails to send out the renewal applications in a timely manner. The Committee is also proposing technical amendments to *N.J.A.C. 13:34C-1.5* in order to correct the current references to "applicant." The amendments clarify that the referenced individual in the affected subsections is a "licensee or certificate holder." In addition, the Committee is proposing to amend subsection (f), which currently permits licensees and certificate holders to change from inactive to active status, upon submission of evidence that the licensee or certificate holder has completed continuing education credits for the current renewal period. The Committee is proposing to amend *N.J.A.C. 13:34C-1.5(f)* to require a licensee or certificate holder who seeks to return to active status to submit a completed renewal application, a renewal fee, an affidavit of employment and evidence of having

completed the number of continuing education contact hours required for license or certificate renewal for the biennial period. The applicant must have completed the continuing education contact hours within three years prior to the date of application. The Committee is also proposing new *N.J.A.C. 13:34C-1.5(g)*, which provides that a licensee may not use any of the continuing education contact hours completed for the return to active status toward satisfaction of the contact hours required for the renewal of his or her license or certification once he or she has been returned to active status.

*N.J.A.C. 13:34C-1.6* provides that the Board shall reinstate the license or certification of an applicant whose license or certificate has been suspended for failure to renew provided that the applicant otherwise qualifies for licensure or certification. The Committee is proposing to repeal existing rule *N.J.A.C. 13:34C-1.6* and is proposing a new rule in its place that will provide direction to licensees and certificate holders with respect to what steps they must follow in order to be reinstated. The proposed new rule provides that an individual whose license or certificate has been suspended for failure to renew for a period of five years or less shall be reinstated by the Committee upon submission of a completed reinstatement application, a reinstatement fee and all past delinquent biennial renewal fees, an affidavit of employment, any outstanding penalties imposed by the Committee and evidence that the individual has maintained proficiency by completing the number of continuing education contact hours required for the renewal of an active license or certificate. The continuing education contact hours must have been completed within three years prior to the date of application for reinstatement. An individual whose license or certificate has been suspended for a period of more than five years must submit a completed reinstatement application, a reinstatement fee and all past delinquent biennial renewal fees, an affidavit of employment and any outstanding penalties imposed by the Committee and must also successfully pass the licensing examination within one year of the date of application. Proposed new rule *N.J.A.C. 13:34C-1.6* also provides, consistent with the proposed amendments to *N.J.A.C. 13:34C-1.5(g)* discussed above, that a licensee or certificate holder who is reinstated may not use any continuing education contact hours completed for the reinstatement toward satisfaction of the contact hours required for the renewal of his or her license or certification once he or she has been reinstated.

*N.J.A.C. 13:34C-1.7* requires all licensees conducting independent practice to give notice to clients of the address where complaints can be made and to conspicuously display their license in their primary office. The Committee is proposing to amend the rule to clarify the notice that must be provided. As amended, the notice provides that consumers may submit complaint information to the Committee or to the Division of Consumer Affairs. Updated contact information for the Committee and the Division is provided, including the Committee and Division websites.

The Committee is proposing that *N.J.A.C. 13:34C-1.8*, which establishes requirements with respect to the Board's suspension, revocation or refusal to license, *N.J.A.C. 13:34C-1.9*, which establishes requirements for licensure or certification of persons licensed or certified in other jurisdictions and *N.J.A.C. 13:34C-1.10*, which sets forth the fees the Committee charges applicants, licensees or certificate holders, be readopted without change.

Subchapter 2 sets forth the application procedure and the qualifications an applicant must satisfy in order to be licensed or certified. *N.J.A.C. 13:34C-2.1* sets forth the "grandfathering" provisions for licensure or certification of practicing counselors. The Committee is proposing to repeal *N.J.A.C. 13:34C-2.1* because the timeframe established for obtaining a license or certification under the grandfather provisions of *N.J.S.A. 45:2D-16* of the Alcohol and Drug Counselor Licensing and Certification Act ended on March 15, 2006. Applicants may no longer qualify for licensure or certification under *N.J.A.C. 13:34C-2.1*.

The Committee is proposing that *N.J.A.C. 13:34C-2.2*, which sets forth the procedure an applicant must comply with to become a licensed [page=1655] clinical alcohol and drug counselor, be readopted without change. The Committee is proposing several amendments to the application procedures for certified alcohol and drug counselors set forth in *N.J.A.C. 13:34C-2.3*. The Committee proposes to reorder the current requirements in paragraph (b)4, which concern the 270 hours of alcohol and drug education applicants are required to possess in order to be eligible for certification, to clarify the existing requirements of the rule. As amended, paragraph (b)4 continues to provide, in part, that the 270 hours of alcohol and drug education must be approved by ICRC member boards. The amendment expressly provides that such approval may be granted by the ICRC or its successor. The rule also continues to provide that the

required education may be approved by NAADAC, the Association for Addiction Professionals. The Committee has made a technical amendment to the NAADAC reference in the rule in order to provide the organization's correct acronym. An amendment to correct NAADAC's referenced acronym is also being proposed in *N.J.A.C. 13:34C-5.3(b)1*.

The Committee is also proposing to amend the reference to NAADAC approval of courses in *N.J.A.C. 13:34C-2.3(b)4* to clarify that such approval is only valid for courses taken in those states that have NAADAC certification. Paragraph (b)4 continues to permit applicants to obtain the required 270 hours of alcohol and drug education at a regionally accredited college or university. The Committee, however, is proposing to amend the provision to require applicants to obtain such education in a matriculated program in a college or university. The education must be designed to ensure that students achieve competency in the knowledge and skill associated with the core functions of an alcohol and drug counselor. The Committee believes that this amendment is necessary to ensure that applicants for certification as alcohol and drug counselors who choose to obtain their training at programs other than those approved by the ICRC or NAADAC receive a comprehensive and well-rounded education in alcohol and drug counseling. The Committee notes that the existing subject area content requirements for the 270 hours of education set forth in paragraph (b)4 remain unchanged, with the exception of an amendment to subparagraph (b)4i. Currently, six hours of instruction are currently required in the topic of "diagnostic summaries and compulsive gambling." The Committee is proposing to divide this topic into two separate topics, thereby requiring each applicant to complete six hours of "diagnostic" training and six hours of "compulsive gambling" training. The proposed amendment does not increase the total number of hours of required training. The Committee believes the proposed amendment is necessary because gambling is an important part of the addiction field and applicants for licensure will benefit from six hours of training in this area. In addition, the Committee is proposing to amend the reference to the 270 hours of education to clarify that the course content areas set forth in paragraph (b)4 shall be consistent with the current course content standards established by ICRC member boards. The Board is also proposing amendments to *N.J.A.C. 13:34C-2:3(b)6* and 7. Both paragraphs are amended to refer to the ICRC "or its successor."

The Committee is proposing that *N.J.A.C. 13:34C-2.4*, which establishes the process by which a health care provider licensed by the State of New Jersey and who diagnoses and/or treats drug or alcohol related disorders within his or her scope of practice may become licensed as a clinical alcohol and drug counselor, be readopted without change. *N.J.A.C. 13:34C-2.5*, which sets forth the qualification review process to obtain a license or certification, and *N.J.A.C. 13:34C-2.6*, which establish exceptions to licensure and certification requirements, are also proposed to be readopted without change.

Subchapter 3 establishes the general obligations for both licensed clinical alcohol and drug counselors and certified alcohol and drug counselors. The Committee is proposing to amend the scope of practice for certified alcohol and drug counselors set forth at *N.J.A.C. 13:34C-3.1* to clarify that a certified alcohol and drug counselor is prohibited from making diagnoses. The proposed amendment is consistent with the permissible scope of practice for certificate holders set forth in *N.J.S.A. 45:2D-5*. The Committee is proposing to readopt *N.J.A.C. 13:34C-3.2*, which sets forth professional conduct standards for alcohol and drug counselors, without change. *N.J.A.C. 13:34C-3.3* concerns sexual misconduct and harassment. The Committee is proposing to amend *N.J.A.C. 13:34C-3.3* to prohibit licensees or certificate holders from seeking, soliciting or engaging in sexual contact with a current or former client's family members. The Committee believes that the extension of its current prohibition against sexual contact to expressly include family members of clients and former clients is reasonable in light of the pivotal role that family members often play in a client's alcohol and drug counseling treatment. The Committee is also proposing an amendment to *N.J.A.C. 13:34C-3.3*, which would prohibit a licensee or certificate holder from engaging in sexual contact with any person in exchange for professional services, in addition to the current prohibition against seeking or soliciting such contact.

The Committee is proposing that *N.J.A.C. 13:34C-3.4*, which requires a licensee or certificate holder to notify the Committee of his or her own misconduct, as well as misconduct by another alcohol or drug counselor that the licensee or certificate holder has reason to believe has not been disclosed to the Committee, be readopted without change.

Subchapter 4, which establishes the procedures that licensees and certificate holders must follow when preparing

and maintaining client records, is proposed to be readopted without change. *N.J.A.C. 13:34C-4.1* establishes requirements with respect to the preparation and maintenance of client records. *N.J.A.C. 13:34C-4.2* establishes the procedures a licensee or certificate holder must follow when preparing computerized client records. *N.J.A.C. 13:34C-4.3* sets forth procedures for providing copies of client records. *N.J.A.C. 13:34C-4.4* establishes procedures for access to client records by managed health care plans. *N.J.A.C. 13:34C-4.5* establishes confidentiality requirements with respect to client records.

Subchapter 5 sets forth continuing education requirements. *N.J.A.C. 13:34C-5.1* requires licensed clinical alcohol and drug counselors to complete 40 contact hours of continuing education for biennial license renewal. Certified alcohol and drug counselors are required to complete 60 contact hours of continuing education for biennial certification renewal. The Committee is proposing to readopt *N.J.A.C. 13:34C-5.1* without change. The Committee is proposing to amend the continuing education contact hour requirements delineated in *N.J.A.C. 13:34C-5.2*. Subsection (d), which currently provides that all licensees and certificate holders must complete at least six contact hours of continuing education in legal standards relating to the practice of alcohol and drug counseling, is proposed to be amended to clarify that these six contact hours must be related to the practice of alcohol and drug counseling in New Jersey. The proposed amendments also provide that an individual is not precluded from completing this six contact-hour requirement prior to applying for licensure or certification. If the hours are completed prior to licensure or certification, these hours cannot be used to satisfy the requirement that a licensee and certificate holder obtain instruction in legal and ethical standards as part of the 270 hours of alcohol and drug education required for initial certification by the Committee.

The Committee is proposing to further amend *N.J.A.C. 13:34C-5.2* to require licensees and certificate holders to obtain continuing education in the subject area of social and cultural competence. Although no statute mandates this coursework, the Committee believes that this requirement is consistent with the legislative recognition embodied in P.L. 2005, c. 53 establishing a mandate for physicians to undergo such training. The Legislature, in its findings, noted that "[c]ultural awareness and cultural competence are essential skills for providing quality health care to a diverse patient population." The Committee recognizes this need to be equally compelling for mental health care professionals and notes that the Board has recently adopted similar requirements for licensed marriage and family therapists, professional counselors and rehabilitation counselors.

Proposed new subsection (e) provides that beginning August 1, 2010, all licensees and certificate holders must complete at least three contact hours in social and cultural competency training in every biennial period. These three credits will be counted as part of the total number of credits currently required of licensees and certificate holders. However, proposed new subsection (f) provides that these three contact hours are distinct from the six contact hours in legal standards already required of licensees and certificate holders under existing subsection (d) of the rule. The Committee is also proposing to amend *N.J.A.C. 13:34C-5.3*, which concerns standards for continuing education course or program approval, to provide in new subsection (e) that cultural competency course work must be obtained consistent with the Committee's existing continuing education requirements or must be approved by the Committee. A [page=1656] licensee or certificate holder may take courses or programs in cultural competence approved by the Board, the Board of Social Work Examiners or the Professional Counselor Examiners Committee, to satisfy the requirements of the rule.

The Committee is proposing that *N.J.A.C. 13:34C-5.4*, which establishes continuing education contact hour calculations, *N.J.A.C. 13:34C-5.5*, which establishes requirements for continuing education document retention and *N.J.A.C. 13:34C-5.6*, which sets forth the procedures for obtaining a waiver of continuing education requirements, be readopted without change.

Subchapter 6 establishes clinical supervision requirements. *N.J.A.C. 13:34C-6.1* contains the definitions of relevant words and terms used throughout the subchapter. The Committee is proposing to amend *N.J.A.C. 13:34C-6.1* to include definitions for "alcohol and drug counselor intern" and "credentialed intern." The term "alcohol and drug counselor intern" is defined to mean an individual who is working toward completing the work experience requirements of *N.J.A.C. 13:34C-2.3(b)3ii* under the clinical supervision of a qualified supervisor, completion of which is required for

certification as an alcohol and drug counselor. The term "credentialed intern" is defined to mean an individual holding an active license as a health care provider who is working under the clinical supervision of a qualified supervisor to complete the requirements of *N.J.A.C. 13:34C-2.3(b)3ii* for certification as a alcohol and drug counselor. The Committee is also proposing amendments to the definition of "clinical supervision" in *N.J.A.C. 13:34C-6.1*. "Clinical supervision," which is currently defined as the ongoing process of direct review of a supervisee, is being amended to refer to the process of direct review of an alcohol and drug counselor intern and/or a certified alcohol and drug counselor, to ensure consistency with the remainder of the rules in the subchapter. The Committee is proposing to amend the reference to "counselor internship" in the definition of "supervised practical training," to change the terminology to "alcohol and drug counselor internship," for consistency. The Committee is also proposing an amendment to the definition of "group supervision," to change the reference from "qualified supervisor" to "qualified clinical supervisor," for consistency with the definition of "clinical supervision." The Committee notes that it is proposing similar amendments throughout the rules in Subchapter 6. All references to "clinical supervisor" or "supervisor" are proposed to be amended to refer to "qualified clinical supervisor" for consistency.

The Committee is proposing a technical amendment to the definition of "supervised agency practice" in *N.J.A.C. 13:34C-6.1* in order to delete the existing reference to the Department of Health and Senior Services as the agency that licenses alcohol and drug treatment facilities. As a result of Reorganization Plan 002-2004, which appeared in the New Jersey Register at *36 N.J.R. 1149(a)*, entitled "A Plan for the Transfer, Consolidation and Reorganization of the Division of Addiction Services Into the Department of Human Services," the functions and powers of the Division of Addiction Services in the Department of Health and Senior Services relative to residential and ambulatory outpatient substance abuse treatment facilities, were transferred to the Department of Human Services effective April 5, 2004. Such facilities are now licensed by the Department of Human Services. Amendments to correct similar references to the Department of Health and Senior Services are being proposed in *N.J.A.C. 13:34C-6.4*, which concerns clinical supervision requirements for an agency practice.

The Committee is proposing various technical amendments to *N.J.A.C. 13:34C-6.2*, which concerns clinical supervision requirements, including amending the heading of the rule to refer to clinical supervision of "alcohol and drug counselor internship training experiences." In addition, all references to "intern" and "supervisee" throughout the rule are being amended to refer to "alcohol and drug counselor intern." Paragraph (a)3 delineates the licensed health care professionals who may serve as clinical supervisors of alcohol and drug counselors, provided they are certified as supervisors by ICRC member boards. The Committee is proposing to include certified advanced practice nurses to this list of professionals. Similar amendments are also being proposed at *N.J.A.C. 13:34C-6.3*, which establishes supervision requirements for certified alcohol and drug counselors in *N.J.A.C. 13:34C-6.3*.

The Committee is proposing a new requirement at *N.J.A.C. 13:34C-6.2(g)*, which currently requires supervisors to co-sign all diagnostic summaries and other reports prepared by interns, to clarify that all diagnoses must be made by a licensed clinical alcohol counselor and/or the supervisor. The making of diagnoses may not be delegated to an alcohol and drug counselor intern. The Committee is proposing a similar amendment to the supervision requirements for certified alcohol and drug counselors set forth at *N.J.A.C. 13:34C-6.3*, in proposed new *N.J.A.C. 13:34C-6.2(l)*. The Committee is also proposing new *N.J.A.C. 13:34C-6.2(l)*, to require a supervisor to obtain Committee approval prior to beginning a supervisory relationship with an alcohol and drug counselor intern. The Committee is proposing similar amendments to the supervision requirements for certified alcohol and drug counselors in proposed new *N.J.A.C. 13:34C-6.3(m)*.

The Committee is proposing a new rule at *N.J.A.C. 13:34C-6.2A* to delineate clinical supervision requirements for credentialed interns. As noted above, a credentialed intern is an individual who is training to become a certified alcohol and drug counselor and who holds an active license as a health care provider in New Jersey. The Committee believes that the proposed new rule is necessary to ensure that credentialed interns receive appropriate supervision that will foster their professional development as alcohol and drug counselors, and to protect the health, safety and welfare of the consumers they treat.

N.J.A.C. 13:34C-6.2A(a) permits the following individuals to act as supervisors of credentialed interns: a clinical alcohol and drug counselor; a physician who is certified by the American Society of Addiction Medicine; a psychiatrist with added qualifications in chemical dependency from the American Psychiatric Association; a certified advanced practice nurse; a psychologist; a clinical social worker; a marriage and family therapist; and a professional counselor. A certified advanced practice nurse, psychologist, clinical social worker, marriage and family therapist or a professional counselor, however, must be certified as a clinical supervisor by ICRC member boards in order to supervise credentialed interns. The supervisor must be licensed in New Jersey and must not be precluded from engaging in such supervision by the laws or regulations governing his or her particular health care practice. In addition, in order for a certified advanced practice nurse, psychologist, clinical social worker, marriage and family therapist or professional counselor to serve as a clinical supervisor, he or she must be certified as a clinical supervisor by the ICRC member boards.

N.J.A.C. 13:34C-6.2A(b) requires supervisors to have a written agreement with their credentialed interns describing the planned hours of practice, the supervision schedule and the nature of the work assignments. Under N.J.A.C. 13:34C-6.2A(c), the supervisor may require the cosigning of reports prepared by the credentialed intern. Supervisors are required to inform the Committee of a credentialed intern's violation of any Committee laws or rules, including any corrective action taken by the supervisor under N.J.A.C. 13:34C-6.2A.

N.J.A.C. 13:34C-6.2A(e) requires supervisors who terminate their supervisory relationship with a credentialed intern to retain the client records and arrange for appropriate termination of the counselor/client relationship. The supervisor is also responsible for offering the client options for continuation of care. Under N.J.A.C. 13:34C-6.2A(f), the supervisor must advise the Committee of the termination if it was caused by the credentialed intern's violation of the Committee's laws or regulations, or any Federal or State law or regulation affecting the profession. N.J.A.C. 13:34C-6.2A(g) requires the supervisor to keep a copy of the credentialed intern's current license and curriculum vitae on file for seven years.

N.J.A.C. 13:34C-6.2A(h) prohibits a supervisory relationship in all cases where a supervisor has a relationship with the intern, which may be inappropriate to the supervision and may compromise the objectivity or impair the professional judgment of the supervisor. The rule expressly prohibits the formation of a supervisory relationship between the supervisor and: a current client; a former client within the one-year period immediately following treatment; a former spouse; a relative; a person who is in a sponsor/sponsee relationship with the supervisor in self-help group; or anyone with whom the supervisor is having a sexual relationship or has had a sexual relationship within the past 24 months. The proposed new regulation also prohibits the supervision of a current [page=1657] student unless the supervisor is the faculty instructor in an academic training program.

N.J.A.C. 13:34C-6.2A(i) requires supervisors to evaluate credentialed interns at least once a year. The evaluations must be cosigned by both the supervisor and the credentialed intern and copies must be retained by both parties for seven years. The Committee may also request copies of these evaluations. N.J.A.C. 13:34C-6.2A(j) requires the clinical supervision to include at least 25 hours of face-to-face supervision per year, averaging one hour every other week, with no more than 10 percent being real-time interactive video conferencing. N.J.A.C. 13:34C-6.2A(k) requires all credentialed intern supervisors to obtain Committee approval prior to beginning a supervisory relationship with a credentialed intern.

In addition to the technical amendments to *N.J.A.C. 13:34C-6.4* to correct the reference to the Department of Health and Senior Services as the agency that licenses alcohol and drug treatment facilities discussed above, the Committee is proposing a new subsection at *N.J.A.C. 13:34C-6.4(d)* that will require an agency's clinical director to sign all supervisory forms required for certified alcohol and drug counselor and licensed clinical alcohol and drug counselor applications pursuant to the requirements in Chapter 34C.

The Committee has provided a 60-day comment period for this notice of proposal, therefore, this notice is excepted from the rulemaking calendar requirement pursuant to *N.J.A.C. 1:30-3.3(a)5*.

## Social Impact

The Committee believes that the rules proposed for readoption with amendments, repeals and new rules will have a positive impact upon members of the regulated community and will help to protect the health, safety and welfare of the citizens of New Jersey by identifying those individuals who are qualified and legally authorized to provide alcohol and drug counseling services. These rules establish the requisite standards for licensure and certification in the State and positively affect the regulated community by clarifying the varied aspects of alcohol and drug counseling practice.

The proposed readoption of the rules in *N.J.A.C. 13:34C* with amendments continues the accepted practice standards for licensees and certificate holders established by the Committee, and by so doing, provides licensees, certificate holders and applicants for licensure and certification a clear and comprehensive set of rules to guide them in their professional work. Applicants for licensure and certification will benefit by having a set of rules that govern the manner in which they may qualify for licensure or certification. The Committee also believes that licensees and certificate holders will benefit from the rules proposed for readoption with amendments, repeals and new rules that set forth uniform standards that will be applied throughout the alcohol and drug counseling field.

The Committee believes that the rules proposed for readoption with amendments, repeals and new rules will have a positive impact on the general public by continuing to safeguard the public health and safety by maintaining appropriate practice standards, ensuring the highest quality service from licensees and certificate holders.

The Committee believes that the proposed amendments to *N.J.A.C. 13:34C-1.5* and proposed new *N.J.A.C. 13:34C-1.6* will have a positive impact on licensees who elect to return to active practice following the election of inactive status and those seeking to be reinstated following license suspension. The proposed amendments and new rule will provide such licensees with clear direction with respect to what steps they must take to resume practice in the State.

The Committee believes that the proposed amendments to *N.J.A.C. 13:34C-2.3* will have a positive impact on applicants for certification as alcohol and drug counselors. Under the proposed amendment, applicants who obtain the 270 hours of alcohol and drug education required for certification in courses or programs that have not been approved by the ICRC or by NAADAC must do so in a matriculated program at an accredited college or university. This requirement, the Committee believes, will help to ensure that the education these applicants receive is comprehensive and well-rounded, which will also benefit the consumers they will serve once they become certified.

The Committee believes that the proposed amendments to *N.J.A.C. 13:34C-3.1*, concerning the scope of practice for certified alcohol and drug counselors, and the proposed amendments to *N.J.A.C. 13:34C-3.3*, concerning sexual contact prohibitions, will have a positive impact upon members of the regulated community and consumers by clarifying what conduct that, if engaged in, would violate professional practice standards and may subject a licensee or certificate holder to disciplinary action.

The Committee also believes that the proposed amendments to *N.J.A.C. 13:34C-5.2*, requiring licensees and certificate holders to obtain continuing education in the area of cultural competence, will have a positive impact upon licensees, certificate holders and the consumers they serve, by helping to ensure that alcohol and drug counseling professionals in the State provide quality health care to all segments of New Jersey's diverse population.

The Committee believes that the proposed amendments to *N.J.A.C. 13:34C-6.1*, 6.2 and 6.3, and proposed new rule *N.J.A.C. 13:34C-6.2A* will have a positive impact upon members of the regulated community by providing applicants for certification as alcohol and drug counselors with clear direction concerning which health care providers may supervise their training. The Committee believes that the proposed amendments and new rule will have a positive impact upon the citizens of New Jersey by helping to ensure that all applicants for certification receive the type of supervision necessary to ensure their proper development as alcohol and drug counselors, thereby safeguarding the health, safety and welfare of the consumers they treat.



## Economic Impact

The Committee anticipates that the rules proposed for readoption with amendments, repeals and new rules will not impose any significant new costs upon applicants for licensure or certification, licensees, certificate holders or consumers. The proposed readoption of the existing rules will continue the economic impact that the rules have had on such persons for the past five years as discussed below.

The proposed readoption of *N.J.A.C. 13:34C-1.4* may continue to have an economic impact upon licensees and certificate holders to the extent that licensees and certificate holders incur costs associated with submitting the required documentation associated with changing their address. The proposed readoption with amendments of *N.J.A.C. 13:34C-1.5* may continue to have an economic impact upon licensees and certificate holders to the extent that licensees and certificate holders who fail to comply with the renewal requirements set forth in the rule will be required to remit a late fee. Proposed new rule *N.J.A.C. 13:34C-1.6* also may have an economic impact on licensees and certificate holders to the extent that licensees and certificate holders may incur costs associated with submitting the documentation and fees required for reinstatement from a suspended license, as well as in satisfying the competency requirements set forth in the rule. The proposed readoption of the Committee's fee schedule at *N.J.A.C. 13:34C-1.10* will continue to have an economic impact on applicants for licensure and certification and licensees and certificate holders to the extent that they will be required to remit the fees set forth in the rule.

The proposed readoption of *N.J.A.C. 13:34C-2.2, 2.3, 2.4* and *2.5* may continue to have an economic impact on applicants for licensure and certification to the extent that applicants may incur costs associated with obtaining the required education and training, passing the required examination and submitting the required documentation to substantiate satisfaction of requirements in the rules. The proposed amendments to *N.J.A.C. 13:34C-2.3* may have an economic impact on applicants for certification as alcohol and drug counselors who do not take ICRC or NAADAC approved courses to fulfill the educational requirements for certification. Applicants choosing to obtain their education in a college or university setting will now be required to take such courses in matriculated programs. The Committee believes that the costs that applicants may incur as a result of the proposed amendments will be outweighed by the benefit to consumers in ensuring that the alcohol and drug education that such applicants receive is comprehensive and well-rounded.

The proposed readoption of the rules in Subchapter 4 may continue to have an economic impact upon licensees and certificate holders to the extent that licensees and certificate holders incur administrative costs associated with preparing and maintaining client records consistent with the requirements set forth in *N.J.A.C. 13:34C-4.1* through *4.5*.

[page=1658] The proposed readoption with amendments of the continuing education requirements set forth in Subchapter 5 may continue to have an economic impact upon licensees and certificate holders to the extent that licensees and certificate holder must obtain 40 and 60 contact hours of continuing education, respectively, in each biennial renewal period. Licensees may also incur costs associated with maintaining continuing education documentation as required under the rules. The Committee does not believe that the proposed amendments to the continuing education requirements in *N.J.A.C. 13:34C-5.2* will have an economic impact upon licensees and certificate holders because they may count the required six contact hours of cultural competence training toward satisfaction of the total number of continuing education hours currently required in each biennial renewal period.

The proposed readoption of the rules in Subchapter 6 with amendments may continue to have an economic impact upon certified alcohol and drug counselors that are working under the clinical supervision of qualified clinical supervisors, as well as upon such supervisors, to the extent that certificate holders and supervisors may incur costs associated with submitting required documentation to the Committee. The Committee believes that proposed new rule *N.J.A.C. 13:34C-6.2A* may have an economic impact upon those health care professionals who choose to be qualified clinical supervisors for credentialed interns, to the extent that they may incur costs to comply with the various administrative requirements imposed upon them under the new rule as discussed in the Summary above. The

Committee believes that such costs will be outweighed by the benefit to credentialed interns by being supervised pursuant to the professional standards established in the new rule.

### **Federal Standards Statement**

A Federal standards analysis is not required because the rules proposed for readoption with amendments, repeals and new rules are governed by *N.J.S.A. 45:2D-1* et seq., and are not subject to any Federal requirements or standards. *N.J.A.C. 13:34C-4.5(b)* requires compliance with 42 CFR Part 2, however, that Federal Standard, is not exceeded.

### **Jobs Impact**

The Committee does not anticipate that the rules proposed for readoption with amendments, repeals and new rules will result in an increase or decrease in the number of jobs in the State.

### **Agriculture Industry Impact**

The Committee does not anticipate that the rules proposed for readoption with amendments, repeals and new rules will have any impact on the agriculture industry in the State.

### **Regulatory Flexibility Analysis**

Currently, the Committee has licensed approximately 1,300 clinical alcohol and drug counselors and has certified approximately 500 alcohol and drug counselors. If these licensees and certificate holders are considered "small businesses" within the meaning of the Regulatory Flexibility Act, *N.J.S.A. 52:14B-16* et seq., then the following analysis applies.

The rules proposed for readoption with amendments, repeals and new rules will impose various reporting, recordkeeping and compliance requirements upon licensees and certificate holders. All licensees and certificate holders must notify the Committee of any changes of address pursuant to *N.J.A.C. 13:34C-1.4*. All licensees and certificate holders must comply with the requirements for license and certificate renewal set forth in *N.J.A.C. 13:34C-1.5*. *N.J.A.C. 13:34C-1.6* imposes compliance requirements upon licensees and certificate holders with respect to how a licensee or certificate holder reinstates a suspended license or certificate. *N.J.A.C. 13:34C-1.7* requires a licensee to display his or her license and to provide clients with certain notices concerning how to file a complaint against a licensee. *N.J.A.C. 13:34C-1.8* imposes compliance requirements upon licensees and certificate holders and applicants for licensure to the extent that conduct set forth in the rule may result in the suspension, revocation or refusal to issue or renew a license or certificate.

*N.J.A.C. 13:34C-2.2* and *2.3* impose compliance requirements upon applicants for licensure as clinical alcohol and drug counselors and applicants for certification as alcohol and drug counselors. Applicants must submit the documentation set forth in the rules and must have satisfied the educational and experience requirements of the rules in order to qualify for licensure or certification. *N.J.A.C. 13:34C-2.4* imposes compliance requirements upon applicants applying for licensure who are licensed health care providers in the State. Such applicants must demonstrate that they have attained the requisite education and training required of licensed clinical alcohol and drug counselors.

*N.J.A.C. 13:34C-3.1* through *3.4* impose compliance requirements upon licensees and certificate holders to the extent that the rules require licensees and certificate holders to adhere to specified standards of practice, prohibit them from engaging in certain activities and require them to notify the Committee of misconduct.

*N.J.A.C. 13:34C-4.1* and *4.2* impose recordkeeping and compliance requirements upon licensees and certificate holders to the extent that the rules establish how a client record is to be prepared and maintained. *N.J.A.C. 13:34C-4.3*, *4.4* and *4.5* impose compliance requirements upon licensees or certificate holders to the extent that the rules require

licensees and certificate holders to provide access to client records and to ensure client information is kept confidential.

*N.J.A.C. 13:34C-5.1* requires licensees to complete 40 contact hours of continuing education in each biennial renewal period. The rule also requires certificate holders to complete 60 contact hours of continuing education in each biennial renewal period. *N.J.A.C. 13:34C-5.2, 5.3* and *5.4* impose compliance requirements upon licensees and certificate holders to the extent that they must obtain continuing education contact hours consistent with the standards established in the rules. *N.J.A.C. 13:34C-5.5* imposes recordkeeping requirements upon licensed or certified alcohol and drug counselors to the extent that the rule establishes what documentation a licensee or certificate holder must retain for continuing education credit. *N.J.A.C. 13:34C-5.6* imposes compliance and recordkeeping requirements upon licensees and certificate holders to the extent that the rule requires a licensee or certificate holder who seeks a waiver of continuing education requirements to submit to the Committee, in writing, the specific reasons for requesting the waiver.

*N.J.A.C. 13:34C-6.2, 6.3* and *6.4* impose compliance and recordkeeping requirements on qualified clinical supervisors to the extent the rules require supervisors to have a written agreement with supervisees and to ensure an appropriate level of supervision consistent with the standards delineated in the rules.

The proposed amendments to the rules in Chapter 34C and the proposed new rules will impose various recordkeeping and compliance requirements on licensees and certificate holders. These requirements are discussed in the Summary above.

No additional professional services will be needed to comply with the rules proposed for readoption with amendments, repeals and new rules. The costs of compliance with the rules are discussed in the Economic Impact above. The Committee believes that the rules proposed for readoption with amendments, repeals and new rules should be uniformly applied to all licensees and certificate holders in order to ensure the health, safety and welfare of New Jersey consumers who seek alcohol and drug counseling services. Therefore, no differing compliance requirements for any licensees or certificate holders are provided based upon the size of the business.

### **Smart Growth Impact**

The Committee does not believe that the rules proposed for readoption with amendments, repeals and new rules will have any impact upon the achievement of smart growth or upon the implementation of the State Development and Redevelopment Plan.

### **Housing Affordability Impact**

The rules proposed for readoption with amendments, repeals and new rules will have an insignificant impact on affordable housing in New Jersey and there is an extreme unlikelihood that the rules would evoke a change in the average costs associated with housing because the rules concern the provision of alcohol and drug counseling services.

### **Smart Growth Development Impact**

The rules proposed for readoption with amendments, repeals and new rules will have an insignificant impact on smart growth and there is an extreme unlikelihood that the rules would evoke a change in housing production in Planning Areas 1 or 2 or within designated centers under [page=1659] the State Development and Redevelopment Plan in New Jersey because the rules proposed for readoption with amendments, repeals and new rules concern the provision of alcohol and drug counseling services.

**Full text** of the rules proposed for readoption may be found in the New Jersey Administrative Code at *N.J.A.C. 13:34C*.

**Full text** of the proposed amendments, repeals and new rules follows (additions indicated in boldface **thus**; deletions

indicated in brackets [thus]):

## SUBCHAPTER 1. GENERAL PROVISIONS

### 13:34C-1.2 Definitions

(a) The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

...

"Health care provider" includes, [but is not limited to,] **a New Jersey licensed individual who is permitted, without supervision, to diagnose and/or treat within the licensee's scope of practice, such as a licensed clinical alcohol and drug counselor**, a licensed physician, a [licensed] **certified advanced practice** nurse, a licensed psychologist, a licensed clinical social worker, a licensed marriage and family therapist or a licensed professional counselor.

**"ICRC member board" means a certification authority that is a member of the International Certification Reciprocity Consortium (ICRC) of Alcohol and Other Drug Abuse, Inc.**

...

"Significant other" means an individual who is not related by blood or marriage, who can influence the client in a way that can impact the therapeutic intervention, success of recovery or treatment of the client. Examples include, but are not limited to, **civil union partners**, employers, teachers, friends, co-workers[, ] or probation/parole officers.

...

**(b) Definitions of words and terms related to clinical supervision are set forth in *N.J.A.C. 13:34C-6.1*.**

### 13:34C-1.3 Office of the Alcohol and Drug Counselor Committee

The office of the Committee shall be maintained at 124 Halsey Street, Newark, New Jersey. The mailing address of the [Alcohol and Drug Counselor] Committee is PO Box 45040, Newark, New Jersey 07101. **The website of the Committee is [www.state.nj.us/lps/ca/medical/alcdrug.htm](http://www.state.nj.us/lps/ca/medical/alcdrug.htm).**

### 13:34C-1.5 License or certification renewal; active/inactive

(a) (No change.)

(b) The Committee shall send a notice of renewal to each of its licensees or certificate holders, as applicable, at least 60 days prior to the expiration of the license or certificate. If the notice to renew is not sent at least 60 days prior to the expiration date, no monetary penalties or fines shall apply to the holder for [failure to renew] **any unlicensed practice during the period following licensure expiration, not to exceed the number of days short of 60 before the renewals were issued.**

(c)-(d) (No change.)

(e) Renewal applications for all licenses or certificates shall provide the [applicant] **licensee or certificate holder** with the option of either active or inactive renewal. A renewal applicant electing to renew as inactive shall not engage in alcohol and drug counseling within the State.

(f) [An applicant] **A licensee or certificate holder** who selects the inactive renewal option shall remain on inactive status for the entire renewal period unless, upon application to the Board, the Board permits the inactive applicant to return to active status. [provided such applicant presents satisfactory proof that the applicant has maintained proficiency by completing the continuing education hours required for the renewal of an active license or certification. Applicants shall complete the number of continuing education hours required for each renewal period he or she was in inactive status.] **A licensee or certificate holder who seeks to return to active status shall submit the following:**

- 1. A completed renewal application;**
- 2. The renewal fee for the current biennial period set forth in *N.J.A.C. 13:34C-1.10*;**
- 3. An affidavit of employment listing each job held during the period the licensee or certificate holder was inactive, including the name, address and telephone number of each employer; and**
- 4. Evidence that the licensee or certificate holder has maintained proficiency by completing the 40 or 60 contact hours of continuing education, as applicable, required for the renewal of an active license. The continuing education hours shall be completed by the applicant within three years prior to the date of application for the return to active status.**

(g) **A licensee or certificate holder who returns to active status shall not use any continuing education credits completed pursuant to (f)4 above toward satisfaction of the 40 or 60 contact hours of continuing education required for the renewal of the license or certificate at the end of the current biennial period.**

[13:34C-1.6 Reinstatement

Pursuant to the Uniform Enforcement Act, *N.J.S.A. 45:1-1* et seq., the Board may reinstate the license or certification of an applicant whose license or certificate has been suspended for failure to renew provided that the applicant otherwise qualifies for licensure or certification.]

#### **13:34C-1.6 Reinstatement**

(a) **An individual whose license or certificate has been suspended for failure to renew pursuant to *N.J.A.C. 13:34C-1.5(c)* for a period of five years or less shall be reinstated by the Committee upon submission of the following:**

- 1. A completed reinstatement application;**
- 2. A reinstatement fee and all past delinquent biennial renewal fees set forth in *N.J.A.C. 13:34C-1.10*;**
- 3. An affidavit of employment listing each job held during the period the individual was suspended, including the name, address and telephone number of each employer;**
- 4. Any outstanding penalties imposed by the Committee; and**
- 5. Evidence that the individual has maintained proficiency by completing the 40 or 60 contact hours of continuing education, as applicable, required for the renewal of an active license or certificate. The continuing education hours shall be completed by the applicant within three years prior to the date of application for reinstatement.**

**(b) An individual whose license or certificate has been suspended for failure to renew pursuant to *N.J.A.C. 13:34C-1.5(c)* for a period of more than five years shall be reinstated by the Board upon successful completion of the licensing examination set forth at *N.J.A.C. 13:34C-2.2(b)2* or *2.3(b)6* and *7* within one year of the date of application and upon submission of the following:**

- 1. A completed reinstatement application;**
- 2. Payment of the reinstatement fee and all past delinquent biennial renewal fees set forth in *N.J.A.C. 13:34-1.1*;**
- 3. An affidavit of employment listing each job held during the period the individual was suspended, including the name, address and telephone number of each employer; and**
- 4. Any outstanding penalties imposed by the Committee.**

**(c) A licensee or certificate holder who is reinstated shall not use any continuing education credits completed pursuant to (a)5 above toward satisfaction of the 40 or 60 contact hours of continuing education required for the renewal of the license or certificate at the end of the current biennial period.**

13:34C-1.7 Licensee to display notice or give notice; licensee to display license

(a) All licensees, conducting independent practice, shall ensure that the following notice is either prominently displayed in a waiting room or other area where it will be visible to the licensee's clients[,] or provided to the licensee's clients in writing:

"Alcohol and drug counselors are licensed by the Board of Marriage and Family Therapy Examiners, Alcohol and Drug Counselor Committee, an agency of the Division of Consumer Affairs. Any member of the consuming public [may notify the Committee of any complaint relative to the practice conducted by an alcohol and drug counselor. The Committee's address is: Division of Consumer Affairs,] **having a complaint concerning the manner in which the alcohol and drug counseling practice is conducted or services are provided should** [page=1660] **notify the Alcohol and Drug Counselors Committee, PO Box 45040, 124 Halsey Street, Newark, New Jersey 07101, [www.state.nj.us/lps/ca/medical/alcdrug.htm](http://www.state.nj.us/lps/ca/medical/alcdrug.htm), or the New Jersey Division of Consumer Affairs, Post Office Box 45027, 124 Halsey Street, Newark, New Jersey 07101, [www.state.nj.us/lps/ca/comp.htm](http://www.state.nj.us/lps/ca/comp.htm)."**

(b) (No change.)

## SUBCHAPTER 2. APPLICATION PROCEDURE; APPLICANT QUALIFICATIONS

13:34C-2.1 [Licensure or certification of practicing counselors: "grandfathering"] **(Reserved)**

[(a) The 730-day period provided for in *N.J.S.A. 45:2D-16* shall begin on March 15, 2004 and end on March 15, 2006.

(b) Upon application to the Board on the form and in the manner prescribed by the Committee, any person certified in New Jersey by the APCBNJ as an alcoholism counselor on January 9, 1998 who provides documentation to the Board that the applicant has successfully completed 30 classroom hours, including formal classroom education, workshops, seminars, institutes, and in-service training, in drug education may be certified as an alcohol and drug counselor without meeting the requirements set forth in *N.J.A.C. 13:34C-2.3*.

(c) Upon application to the Board on the form and in the manner prescribed by the Committee, any person certified in New Jersey by the APCBNJ as a drug counselor on January 9, 1998 who provides documentation to the Board that the applicant has successfully completed 50 classroom hours, including formal classroom education, workshops, seminars,

institutes, and in-service training, in alcohol education may be certified as an alcohol and drug counselor without meeting the requirements set forth in *N.J.A.C. 13:34C-2.3*.

(d) Upon application to the Board on the form and in the manner prescribed by the Committee, any person who has practiced, as evidenced by utilizing the 12-core functions and/or performing clinical supervision, as an alcohol and drug counselor for at least five years preceding January 9, 1998 and is certified in New Jersey by the APCBNJ as an alcohol and drug counselor on January 9, 1998 may be licensed as a clinical alcohol and drug counselor without meeting the requirements set forth in *N.J.A.C. 13:34C-2.2*. The 12 core functions include: screening, intake, orientation, assessment, treatment planning, counseling-individual, group and family, case management, crisis intervention, client education, referral, consultation, and recordkeeping. For purposes of this section, five years equals 7,500 hours. Of these 7,500 hours, at least 3,000 hours shall be accrued within the five years immediately preceding the enactment date of the Act, that is, January 9, 1998.]

13:34C-2.3 Application procedure: certified alcohol and drug counselor

(a) (No change.)

(b) An applicant shall furnish evidence that the applicant has:

1. Received a bachelor's degree or an associate's degree or a high[er] school diploma or a certificate of high school equivalency;

2.-3. (No change.)

4. Completed 270 hours of alcohol and drug education, [approved by member boards of the International Certification Reciprocity Consortium of Alcohol and Other Drug Abuse, Inc. (ICRC), the NADAAC, the Association for Addiction Professionals or a regionally accredited college or university, which shall be related to the knowledge and skill associated with the functions of an alcohol and drug counselor, including] **which may include**, formal classroom education, workshops, seminars, institutes, in-service training or a maximum of 54 course hours in distance learning programs. [as follows:] **Such training shall be approved by member boards of the International Certification Reciprocity Consortium of Alcohol and Other Drug Abuse, Inc. (ICRC) or its successor, or by NAADAC, the Association for Addiction Professionals, in those states that have NAADAC certification. An applicant may also complete the 270 hours of alcohol and drug education in a matriculated program in a regionally accredited college or university, which shall demonstrate competency in the knowledge and skill associated with the core functions of an alcohol and drug counselor, and which shall include the following domains, each of which shall be consistent with current course content standards established by ICRC member boards:**

i. Fifty-four course hours of assessment, with a minimum of six hours **in** each of the topics and distributed among all of the following:

(1)-(3) (No change.)

(4) Diagnostic summaries; [and compulsive gambling; and]

**(5) Compulsive gambling; and**

[(5)] **(6)** (No change in text.)

ii.-v. (No change.)

5. (No change.)

6. Successfully completed a written examination developed and prepared by the ICRC, **or its successor**; and

7. Successfully completed an oral examination developed and prepared by the ICRC, **or its successor**, on the applicant's written case presentation.

(c)-(e) (No change.)

### SUBCHAPTER 3. GENERAL OBLIGATIONS

#### 13:34C-3.1 Standards of practice; scope of practice

(a) (No change.)

(b) The scope of practice of a certified alcohol and drug counselor includes, but is not limited to[:]

[1. The] **the following** 12-core functions: screening, intake, orientation, assessment, treatment planning, counseling-individual, group and family, case management, crisis intervention, client education, referral, consultation[,], and recordkeeping[; and].

[2.] (c) (No change in text.)

**(d) A certified alcohol and drug counselor is prohibited from making diagnoses.**

[(c)] (e) (No change in text.)

#### 13:34C-3.3 Sexual misconduct and harassment

(a) (No change.)

(b) A licensee or certificate holder shall not **seek, solicit or** engage in sexual contact with a client with whom he or she has a **current** client-counselor relationship.

(c) A licensee or certificate holder shall not seek, [or] solicit **or engage in** sexual contact with a [client with whom he or she has a current client-counselor relationship,] **current client's family member**, a former client, **a former client's family member** or a former student [to whom] **when** any alcohol and drug counseling services were rendered **to the client, former client or former student** in the immediately preceding 24 months, or **with** a current student, supervisee, supervisor[,], or research participant.

1. (No change.)

(d) A licensee or certificate holder shall not seek, [or] solicit **or engage in** sexual contact with any person in exchange for professional services.

(e)-(k) (No change.)

### SUBCHAPTER 5. CONTINUING EDUCATION

#### 13:34C-5.2 Continuing education contact hour requirements



(a)-(c) (No change.)

(d) All licensees and certificate holders shall complete at least six required contact hours of continuing education in legal standards related to the practice of alcohol and drug counseling in **New Jersey** during the initial biennial period. These six contact hours may be used towards the required continuing education hours. **These six contact hours shall focus on *N.J.S.A. 45:1-1 through 45:1-32 and 45:2D-1 through 45:2D-17* and this chapter. An individual is not precluded from completing this requirement prior to applying for licensure or certification, but the fulfillment of this requirement shall not be substituted for *N.J.A.C. 13:34C-2.3(b)4v(1)* and/or (2).**

(e) Beginning August 1, 2010, all licensees and certificate holders shall complete a minimum of three contact hours of the 40 or 60 contact hours of continuing education, as applicable, required by *N.J.A.C. 13:34C-5.1* in the subject area of social and cultural competence in every biennial period. For the purposes of this subsection, cultural competence includes, but is not limited to, an understanding of the cultural context of relationships; issues and trends in a diverse society related to such factors as culture, ethnicity, [page=1661] nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups and communities, including any of the following:

1. Multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally;
2. Attitudes, beliefs, understandings and acculturative experiences, including specific experiential learning activities;
3. Individual, couple, family, group and community strategies for working with diverse populations and ethnic groups;
4. Counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, process of intentional and unintentional oppression and discrimination and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind or body;
5. Theories of multicultural counseling, theories of identity development and multicultural competencies; and
6. Legal considerations relating to issues of diversity.

(f) **The three contact hours of continuing education in the subject area of social and cultural competence required pursuant to (e) above shall be in addition to the required six contact hours of continuing education in legal standards as set forth in (d) above.**

13:34C-5.3 Approval of continuing education courses and/or programs

(a) (No change.)

(b) The following continuing education courses and programs shall be deemed automatically approved, as long as the courses or programs fall within the content areas set forth in (d) below:

1. Courses and programs approved by a regionally accredited institution of higher learning; the APCBNJ[,] or any other ICRC member board; [NADAAC] **NAADAC**, the Association for Addiction Professionals; American Society on Addiction Medicine; National Board of Certified Counselors; the American Counseling Association; the American

Psychological Association; the American Psychiatric Association; the National Association of Social Workers; the American Association for Marriage and Family Therapy; the National Council on Compulsive Gambling; and the American Compulsive Gambling Counselor Certification Board;

2.-5. (No change.)

(c)-(d) (No change.)

**(e) A course or program in the subject area of social and cultural competence for the purpose of fulfilling the three contact hours of continuing education requirement shall be obtained consistent with (b) above or shall be subject to the approval of the Committee. A course or program in the subject area approved by the Board of Marriage and Family Therapy Examiners, the Board of Social Work Examiners or the Professional Counselor Examiners Committee shall be deemed acceptable by the Committee.**

## SUBCHAPTER 6. CLINICAL SUPERVISION

### 13:34C-6.1 Definitions

For purposes of this subchapter, the following words and terms have the following meanings:

**"Alcohol and drug counselor intern" means an individual in training working under the clinical supervision of a qualified clinical supervisor as set forth in *N.J.A.C. 13:34C-6.2(a)* and who is working toward completing the requirements of *N.J.A.C. 13:34C-2.3(b)3ii*.**

"Clinical supervision" means the ongoing process of direct review of [a supervisee] **an alcohol and drug counselor intern and/or a certified alcohol and drug counselor** for the purpose of administrative accountability, teaching, quality assurance, training, administering[,], **and/or** clinical review of **alcohol and drug** counselor interns and certified alcohol and drug counselors performed by a qualified **clinical** supervisor who monitors the performance of the core functions of alcohol and drug counseling, providing regular consultation, guidance and instruction with respect to the counseling skills and competencies of the [person being supervised] **alcohol and drug counselor intern and/or certified alcohol and drug counselor**.

**"Credentialed intern" means an individual holding an active license as a health care provider as defined in *N.J.A.C. 13:34C-1.2*, who is working toward completing the requirements of *N.J.A.C. 13:34C-2.3(b)3ii* under the clinical supervision of a qualified clinical supervisor as set forth in *N.J.A.C. 13:34C-6.2A(a)*.**

...

"Group supervision" means the process of supervising no more than eight persons in a group setting by a qualified **clinical** supervisor as set forth in this section.

...

"Supervised agency practice" means alcohol and drug counseling by a certified alcohol and drug counselor within an alcohol and drug treatment facility licensed by the Department of [Health and Senior] **Human** Services.

"Supervised practical training" or [a] **an "alcohol and drug counselor internship"** means alcohol and drug counseling as a training experience leading towards licensure or certification as an alcohol and drug counselor.

...

13:34C-6.2 Clinical supervision of **alcohol and drug counselor** internship training experiences

(a) The following individuals may be **qualified** clinical supervisors of alcohol and drug [counseling] **counselor** interns:

1.-2. (No change.)

3. A New Jersey **certified advanced practice nurse**, licensed psychologist, **licensed** clinical social worker, **licensed** marriage and family therapist or **licensed** professional counselor [who is], **all of whom shall be** certified as a clinical supervisor by [the APCBNJ] **ICRC member boards**.

(b) [Supervisors] **Qualified clinical supervisors** shall have [a] written agreements with [supervisees which] **alcohol and drug counselor interns that** outline planned hours of practice, planned hours of clinical supervision, types of clinical supervision, nature of work assignments and other specifications that the **qualified clinical** supervisor deems appropriate to the **alcohol and drug** counselor intern's level of training.

(c) Prior to the **alcohol and drug counselor** intern's provision of treatment services, the supervisor shall obtain a written disclosure that the client has been informed that the services are provided by an **alcohol and drug counselor** intern under the clinical supervision of a [licensed professional] **qualified clinical supervisor as set forth in (a) above**. This disclosure shall be kept as part of the client record. If the disclosure is part of another document provided at client orientation, the disclosure shall be clearly evident, understood and signed by the client.

(d) The **qualified clinical** supervisor shall retain responsibility for collecting fees from clients when applicable.

(e) The **qualified clinical** supervisor shall be ultimately responsible for the welfare of the client with respect to the treatment being offered by the [supervisee] **alcohol and drug counselor intern**.

(f) The **qualified clinical** supervisor shall supervise only in areas of which he or she possesses the required skill, training and experience.

(g) [Supervisors] **Qualified clinical supervisors** shall co-sign all diagnostic summaries, treatment plans, reports to courts, agencies or other treatment providers, which are prepared by **alcohol and drug** counselor interns. **All diagnoses shall be made by the qualified clinical supervisor and shall not be delegated to an alcohol and drug counselor intern**.

(h) [Supervisors] **Qualified clinical supervisors** shall be responsible for assisting the **alcohol and drug counselor** intern to function in a professional manner and comply within all State and Federal regulations and with the current professional code of ethics. The **qualified clinical** supervisor shall inform the Committee of violations of this chapter, laws and code of ethics[,] and the corrective action taken by the **qualified clinical** supervisor to remedy the situation[,] and assure that it will not reoccur.

(i) [Supervisors] **Qualified clinical supervisors** shall not supervise [a] **an alcohol and drug** counselor intern with whom the **qualified clinical** supervisor has a relationship, which may compromise the objectivity of the supervisor or impair the professional judgment of the supervisor. Examples of inappropriate supervisory relationships include, but are not [page=1662] limited to, current clients, former clients within one-year period post-treatment, former spouses, relatives, sponsor/sponsee relationships in self-help groups, anyone with whom the supervisor is having a sexual relationship[,] or has had a sexual relationship within the past 24 months. A **qualified clinical** supervisor shall not supervise a current student unless the supervisor is the faculty instructor in the academic internship training program.

(j) [Supervisors] **Qualified clinical supervisors** shall evaluate **alcohol and drug** counselor interns at least twice a year,

emphasizing their strengths and shortcomings, as well as whether the **alcohol and drug counselor** intern needs to pursue additional knowledge and/or skill development. These evaluations shall be signed by both the supervisor and [supervisee] **alcohol and drug counselor intern**, and copies shall be retained by both for seven years. Copies of these evaluations may be requested by the Committee prior to initial certification or licensure.

(k) Clinical supervision of **alcohol and drug** counselor interns shall include at least 50 hours of face-to-face supervision per year, averaging one hour per week. No more than 25 hours shall be group supervision.

(l) **All qualified clinical supervisors of alcohol and drug counselor interns shall obtain Committee approval prior to commencing the supervisory relationship with the alcohol and drug counselor intern. A qualified clinical supervisor shall submit evidence, on forms provided by the Committee, that he or she has satisfied all applicable requirements of this subchapter.**

### **13:34C-6.2A Clinical supervision of credentialed interns who hold an active license as a health care provider**

(a) **The following individuals may be qualified clinical supervisors of credentialed interns who hold an active license as a health care provider as defined in *N.J.A.C. 13:34C-1.2*, provided such individuals are not precluded from providing such supervision by the laws or regulations in this State pertinent to their health care practice:**

**1. A New Jersey licensed clinical alcohol and drug counselor;**

**2. A New Jersey licensed physician certified by the American Society of Addiction Medicine or a psychiatrist with added qualifications in chemical dependency from the American Psychiatric Association; and**

**3. A New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist or licensed professional counselor, all of whom shall be certified as clinical supervisors by ICRC member boards.**

(b) **Qualified clinical supervisors shall have a written agreement with credentialed interns describing the planned hours of practice, supervision schedule, nature of work assignments and other specifications that the supervisor reasonably deems appropriate to the credentialed intern's level of training.**

(c) **The qualified clinical supervisor may require the cosigning of reports to outside agencies or providers.**

(d) **Qualified clinical supervisors shall inform the Committee of violations of this chapter, laws and code of ethics and the corrective action taken by the qualified clinical supervisor to remedy the situation and assure that it will not recur.**

(e) **Qualified clinical supervisors who terminate their supervisory relationship with a credentialed intern shall retain the client records, arrange for appropriate termination of the counselor/client relationship and offer the client additional options for continuation of the treatment care.**

(f) **If the reason for termination of the supervisory relationship with the credentialed intern involves the violation of this chapter, Federal or State laws or regulations affecting the profession or the current code of ethics, the qualified clinical supervisor shall report the reasons to the Committee with the credentialed intern's name and certificate number.**

(g) **Qualified clinical supervisors shall retain a copy of the credentialed intern's current license and curriculum vitae for seven years.**

(h) **Qualified clinical supervisors shall not supervise a credentialed intern with whom the supervisor has a relationship that may be inappropriate to the supervision and may compromise the objectivity of the supervisor or impair the professional judgment of the supervisor. Examples of inappropriate supervisory relationships include, but are not limited to, current clients, former clients within a one-year period post-treatment, former spouses, relatives, sponsor/sponsee relationships in self-help groups or anyone with whom the supervisor is having a sexual relationship or has had a sexual relationship within the past 24 months. A qualified clinical supervisor shall not supervise a current student unless the qualified clinical supervisor is the faculty instructor in an academic training program.**

(i) **Qualified clinical supervisors shall evaluate credentialed interns at least annually, emphasizing their strengths and shortcomings, as well as areas in which the credentialed intern should pursue additional knowledge and/or skill development. These evaluations shall be cosigned by both the qualified clinical supervisor and the credentialed intern and copies shall be retained by both for seven years. Copies of these evaluations may be requested by the Committee.**

(j) **Clinical supervision shall include at least 25 hours of face-to-face supervision per year, averaging one hour every other week, with no more than 10 percent being real-time interactive video conferencing.**

(k) **All qualified clinical supervisors of credentialed interns shall obtain the approval of the Committee prior to the commencing the supervisory relationship with the credentialed intern.**

#### 13:34C-6.3 Clinical supervision of a supervised practice **for certified alcohol and drug counselors**

(a) The following individuals may be **qualified** clinical supervisors of certified alcohol and drug counselors:

1.-2. (No change.)

3. A New Jersey **certified advanced practice nurse**, licensed psychologist, **licensed** clinical social worker, **licensed** marriage and family therapist or **licensed** professional counselor, **all of whom shall be certified as clinical supervisors** by [the APCBNJ] **ICRC member boards**.

(b) [Supervisors] **Qualified clinical supervisors** shall have a written agreement with [supervisees] **certified alcohol and drug counselors** describing the planned hours of practice, supervision schedule, nature of work assignments and other specifications that the supervisor reasonably deems appropriate to the **certified alcohol and drug** counselor's level of training.

(c) Prior to the **certified alcohol and drug** counselor's provision of treatment services, the **qualified clinical** supervisor shall obtain a written disclosure that the client has been informed that the services are provided by a certified **alcohol and drug** counselor under the supervision of a licensed professional **as set forth in (a) above**. This disclosure shall be kept as part of the client record. If the disclosure is part of another document provided at client orientation, the disclosure shall be clearly evident, understood and signed by the client. The **qualified clinical** supervisor shall retain the responsibility for collecting fees from clients when applicable.

(d) The **qualified clinical** supervisor may require the cosigning of reports to outside agencies or providers.

(e) [Supervisors] **Qualified clinical supervisors** shall inform the Committee of violations of this chapter, laws and code of ethics and the corrective action taken by the **qualified clinical** supervisor to remedy the situation[,] and assure that it will not reoccur.

(f) [Supervisors] **Qualified clinical supervisors** who terminate their supervisory relationship [from] **with** a certified

**alcohol and drug counselor** shall retain the client records, arrange for appropriate termination of the counselor/client relationship and offer the client additional options for continuation of the treatment care.

(g) If the reason for termination of the supervisory relationship with the **certified alcohol and drug** counselor involves the violation of this chapter, Federal or State laws or regulations affecting the profession[,] or the current code of ethics, the **qualified clinical** supervisor shall report the reasons to the Committee with the **certified alcohol and drug** counselor's name and certificate number.

[page=1663] (h) [Supervisors] **Qualified clinical supervisors** shall retain a copy of the counselor's certificate of registration and current curriculum vitae for seven years.

(i) [Supervisors] **Qualified clinical supervisors** shall not supervise a **certified alcohol and drug** counselor with whom the supervisor has a relationship [which] **that** may be inappropriate to the supervision and may compromise the objectivity of the supervisor or impair the professional judgment of the **qualified clinical** supervisor. Examples of inappropriate supervisory relationships include, but are not limited to, current clients, former clients within one-year period post-treatment, former spouses, relatives, sponsor/sponsee relationships in self-help groups, anyone with whom the supervisor is having a sexual relationship[,] or has had a sexual relationship within the past 24 months. A **qualified clinical** supervisor shall not supervise a current student unless the supervisor is the faculty instructor in an academic training program.

(j) [Supervisors] **Qualified clinical supervisors** shall evaluate [supervisees] **certified alcohol and drug counselors** at least annually, emphasizing their strengths and shortcomings, as well as areas in which the **certified alcohol and drug** counselor should pursue additional knowledge and/or skill development. These evaluations shall be cosigned by both the **qualified clinical** supervisor and [supervisee] **certified alcohol and drug counselor** and copies shall be retained by both for seven years. Copies of these evaluations may be requested by the Committee.

(k) Clinical supervision shall include at least 50 hours of face-to-face supervision per year, averaging one hour per week, with no more than 10 percent being real-time interactive video conferencing. Counselors with more than five years of experience as a certified alcohol and drug counselor may be supervised less frequently, but no less than two hours per month. This reduced supervision is at the discretion of the **qualified clinical** supervisor and is dependent upon the supervisor's style, techniques, policies and protocols, as well as the level of skill, training and caseload of the counselor.

**(l) All diagnoses shall be made by the qualified clinical supervisor and shall not be delegated to a certified alcohol and drug counselor.**

**(m) All qualified clinical supervisors of certified alcohol and drug counselors shall obtain Committee approval prior to commencing the supervisory relationship with the certified alcohol and drug counselor. A qualified clinical supervisor shall submit evidence, on forms provided by the Committee, that he or she has satisfied all applicable requirements of this subchapter.**

#### 13:34C-6.4 Clinical supervision of an agency practice

(a) The Committee shall accept clinical supervision requirements in agencies licensed by the Department of [Health and Senior] **Human Services, Division of Addiction Services**, as substance abuse treatment facilities as they relate to the clinical supervision of alcohol and drug counselors, unless otherwise specified in this subchapter.

(b) Supervised agency practice by a certified [clinical] alcohol and drug counselor does not apply to practice by that individual outside the licensed facility setting.

(c) If the Committee is advised of inadequacies in the clinical supervision of certified alcohol and drug counselors in a Department of [Health and Senior] **Human Services** [(DHSS)], **Division of Addiction Services, (DHS)** licensed substance abuse treatment facility, the Committee shall notify the [DHSS] **DHS** of such inadequacies and may recommend to [DHSS] **DHS** a plan for clinical supervision. If the inadequacies in supervision within an agency practice setting, as defined in [*N.J.A.C. 13:34C-6.4(a)*] **(a) above**, are not resolved within three months of such notice, the agency supervision exemption described herein shall be withdrawn and the [regulations] **rule** for supervised practice at *N.J.A.C. 13:34C-6.3* shall be imposed upon subject certificate holders until such time as the Committee determines that the inadequacies in supervision have been corrected.

**(d) For purposes of certified alcohol and drug counselor and licensed clinical alcohol and drug counselor applications, the clinical director of the agency shall sign all supervisory forms required pursuant to this subchapter.**