



# PROGRAM SPONSOR APPLICATION FOR RECOGNIZED CLOCK HOURS (RCH) ENDORSEMENT

Revised 11/10

## Overview

The Recognized Clock Hour (RCH) was developed to ensure that persons certified by the Ohio Chemical Dependency Professionals Board maintain competency by attending appropriate and relevant continuing education training. One RCH equals one contact hour of participation in an organized format.

Organizations sponsoring educational events may submit an application to the Board for approval and awarding of RCHs. Upon approval, the Board will award the sponsor a Program Identification Number (PID#) along with the number of RCHs to be awarded for that program. The sponsor then may advertise that their training has received board approval in the form of RCHs. Sponsors are required to provide a certificate of attendance to each participant indicating completion of the training. The attendance verification must show the program sponsor's name, the date of the training, the number of RCHs awarded, the PID # and the name of the participant. Certificates must be signed by an individual administering the program.

## Types of RCHs

The Board credentials chemical dependency counselors, clinical supervisors and prevention specialists. The Board assigns each program a letter classification to indicate the appropriateness of the program for each credential. They are as follows:

C = CD specific      S = clinical supervisory      P = prevention      D = diagnostic      R = field related

This classification is placed behind the PID# and can be any combination of approvals (ex. 97-123CS; 97-123P, etc.).

## Program Sponsor Application

Sponsors of education and training programs that are relevant to the practice of chemical dependency counseling or prevention may apply for RCH approval. Program RCHs are awarded to program that address the knowledge and skill areas which contribute to the professional growth of the professional(s). RCHs are awarded upon approval of the RCH application.

Program sponsors should be aware of the following:

- ❖ Organizations may not charge participants *additional* fees to obtain their RCH credit.
- ❖ The number of RCHs awarded is determined by the amount of time spent in training. This does not include breaks, lunch, welcoming speeches, etc.
- ❖ Appropriate program classification will be determined at the Board's discretion based on the information submitted in the sponsor application.
- ❖ If you are planning to present a program more than once, list all of the dates on the application. There is no additional fee for presenting the same program several times within the same year.
- ❖ Programs are awarded by calendar year. If your program crosses two years, please submit a separate application for each year.
- ❖ Program sponsors who receive approval for diagnostic training courses must follow additional attendance and certification guidelines established by the board which include recording verification of core content areas on certification documents. Specific instructions will be sent to sponsors upon approval of training.

Programs that sponsor many RCH approved trainings may be eligible for Provider Status. This allows the sponsor to obtain a PID# for programs one to two years in advance. If your organization has provided at least fifty (50) hours of Board approved education, please contact the Board office for further information regarding provider status.

## Events for which No RCHs are Awarded:

- ❖ Programs leading to a high school diploma or equivalency certificate.
- ❖ Inservice programs that deal with internal organizational affairs, such as benefits, organization structure or policy and procedures.
- ❖ Participation in board or committee meetings, delegate assemblies or similar meetings for policy making or problem solving purposes.
- ❖ Business meetings of professional associations or societies.
- ❖ Programs delivered through the mass media unless they are an integral part of an educational program and have prior Board approval.
- ❖ CPR, First Aid, Fire Safety and other safety related courses.

# RECOGNIZED CLOCK HOUR (RCH) CLASSIFICATIONS, CONTENT AREAS & DEFINITIONS

## COUNSELOR CLASSIFICATION:

A letter designation of “C” indicates the course is chemical dependency specific. A letter designation of “R” indicates the course is related to the field. The following represent content areas appropriate for these letter classifications:

### Theories of Addiction

- Models and theories used to describe addiction, contemporary and historical
- Effects of addiction on individuals including the biological, psychological (cognitive and affective), social and spiritual dimensions of life and functioning; the interaction of the social and cultural contexts with addictive processes
- Differentiation of addiction from other medical and psychological conditions

### Counseling Procedures & Strategies

- Theories of counseling and psychotherapy employed in the treatment of psychoactive substance abuse and addiction
- Techniques utilized in the treatment of psychoactive substance abuse and dependence
- Models of treatment utilized in the treatment of psychoactive substance abuse and addiction, contemporary and historical
- Interaction of theories of personality with theories of counseling and psychotherapy; professional issues including counter-transference, boundary setting and characteristics and dynamics which decrease the effectiveness of therapists
- Relapse prevention
- Dual diagnosis

### Group Process & Techniques

- Models of group therapy
- Dynamics of therapy groups
- Components of group process and analysis; dynamics of facilitation
- Effects of addictive processes on group therapy
- Effects of individual diversity of group process

### Assessment & Diagnosis

- Assessment procedures
- Diagnostic interviewing
- Use and interpretation of testing instruments for psychoactive substance abuse and dependence
- Criteria for determining diagnosis; criteria for determining appropriate modality and level of treatment
- Use of collateral data in the assessment process, including professional and nonprofessional material
- Dual diagnosis

### Relationship Counseling

- Models and techniques of assessing relationship dysfunction
- Use and interpretation of instruments used in the assessment of relations
- Theories of counseling and psychotherapy employed in the treatment of dysfunctional relationships
- Techniques and strategies utilized in the treatment of dysfunctional relationships
- Effects of addictive processes on relationship systems
- Effects of addictive processes on human growth and development
- Differential assessment of dysfunction resulting from codependency and other medical and psychological conditions
- Codependency

### Pharmacology

- Pharmacology of both drugs of abuse and those used in detoxification and the treatment of addiction and mental and emotional disorders including the action of pharmaceuticals and the physiological response, the interaction of pharmaceuticals, tolerance, the appropriate use of psychotropics with addicted persons and the effects of drugs on sensation and perception, learning and memory, human growth and development, sexual functioning and behavior

### Prevention Strategies

- Models of prevention of psychoactive substance use, abuse and dependence, contemporary and historical
- Methods and components utilized in the interpretation of a needs assessment
- Function of evaluation instruments; social and cultural influences on the use of psychoactive substances
- Risk factors associated with the use, abuse and dependence on psychoactive substances
- Prevention and intervention strategies used with various groups identified by age, gender, ethnicity, sexual orientation, ability; employee assistance programming, student assistance programming
- Wellness

#### Treatment Planning

- Models of treatment planning; adapting treatment strategies to individual needs and characteristics including persons with other medical and psychological conditions
- Criteria for admission, continuing care and discharge appropriate to diverse levels of treatment
- Methods of documenting the course of treatment
- Relapse prevention

#### Ethics

- Principles supporting and informing the ethical codes pertaining to addictions counselors
- Specific knowledge of appropriate ethical codes and laws associated with addictions counseling
- Obligations and procedures which encourage the ethical conduct of counselors

#### **CLINICAL SUPERVISION CLASSIFICATION:**

A letter designation of “S” indicates the course is approved for clinical supervision hours. A letter designation of “R” indicates the course is related to the field. The following represent content areas appropriate for these letter classifications:

#### Counselor Development

- Includes clinical supervision models; teaching and training methods and strategies; assessment theories, practices and tools; feedback purpose and process; motivational techniques to promote career development; communication processes or techniques; problem solving and conflict resolution models; theories of stress management; appropriate professional boundaries regarding clients or fellow staff; adult learning models; special populations; ethics and ethical problem solving; agency policy regarding appropriate counselor-client and supervisor-supervisee relationships.

#### Professional & Ethical Standards

- Includes public relation techniques; professional organizations, their goals and objectives; government agencies; agency, state and professional codes; route of reporting ethical violations; credentialing requirements; impact of nutrition and exercise on physical and mental well-being; stages of human development; various cultures, values and lifestyles; confidentiality laws; grievance process.

#### Program Development & Quality Assurance

- Includes developing program goals and objective; methods of program development; program needs assessments; clinical services improvement planning; relationship building to enhance service delivery; advocacy; development and implementation of quality improvement and quality assurance processes; monitoring client outcomes; client access, engagement and retention; facilitation of staff learning.

#### Performance Evaluation

- Includes leadership styles, interview techniques, stress management, observation techniques, functional communication skills, public speaking techniques, basic teaching techniques, comprehensive assessment, career development interventions and strategies, and ways to coordinate supervision with appropriate and reasonable work assignment

#### Administration

- Includes monitoring techniques; management practices; orientation procedures and practice; motivational skills; consultation strategies; staff development; program assessment and development methods; deference between consultation and supervision; agency’s hiring and termination policies; performance appraisals.

#### **PREVENTION CLASSIFICATION:**

A letter designation of “P” indicates the course is specific to prevention. A letter designation of “R” indicates the course is related to the field. The following represent content areas appropriate for these letter classifications:

#### Foundation in Chemical Use/Abuse/Dependency

- Understanding the dynamics associated with the use of tobacco, alcohol, and other drugs (illicit, prescribed and over-the-counter). Does not include education/training on counseling techniques or assessment
- Causes of use/abuse/dependency
- ATOD related health and impairment problems
- Signs and symptoms of use/abuse/dependency

#### Foundation in Prevention of AOD Use Abuse/Dependency

- Understanding the dynamics of ATOD prevention.
- Historical perspectives
- Theoretical approaches
- Current program models
- Current research

#### Ethics for Prevention

#### Planning & Evaluation

- Assess community needs
- Develop a prevention plan
- Select strategies by reviewing literature
- Apply sound prevention theory and practice when adapting or developing programs
- Identify financial sources
- Review evaluation options
- Conduct evaluation activities
- Document project activities and outcomes
- Refine the prevention program

#### Education & Skill Development

- Connect prevention theory and practice
- Maintain program fidelity
- Deliver culturally competent education
- Employ appropriate training techniques
- Accurately educate consumers about ATOD abuse
- Create and disseminate prevention info
- Provide prevention info to professionals in related fields

#### Community Organization

- Define the community
- Identify key community members
- Engage community leaders
- Identify prevention needs and resources
- Develop a prevention plan
- Support the community by providing technical assistance
- Develop the capacity of the community

#### Public Policy & Environmental Change

- Identify formal and informal policy makers
- Plan policy initiatives
- Gain support of decision-makers
- Establish working relationship with media
- Conduct prevention awareness campaigns

## Professional Growth & Responsibility

- Attain knowledge of current research-based prevention theory and practice
- Model collaboration by networking
- Practice ethical behavior by adhering to legal and professional standards
- Develop cultural competence

## **DIAGNOSTIC CLASSIFICATION:**

A letter designation of “D” indicates the course is focused on diagnostic training. The following represent content areas appropriate for these letter classifications:

### DSM IV

- This category may include training on the biological basis of the DSM, including the International Classification of Diseases (ICD), the multi-axial system, any specific axis, epidemiology, the history and evolution of the DSM, coding and reporting procedures, DSM classification, and decision tree process.

### Dual Diagnosis

- In the field of addictions, this refers to training that studies substance related disorders and co-occurring mental health disorders. In the field of mental health, it can refer to any co-occurring disorders including medical diagnosis as a function of substance related disorders, stress related disorders or medical disorders that exacerbate or influence substance related or mental health disorders.

### Substance Related Disorders/Chemical Dependency Conditions

- This category may include training in substance-induced disorders, specific substance disorders, substance use disorders, including substance abuse disorders, chemical dependency disorders, “other” or unknown substance related disorders and substance misuse.

### Assessment & Diagnosis

- This category may include training in differential diagnosis, problem identification and assessment, multi-dimensional assessment, multi-axial diagnosis, holistic assessment, multicultural assessment and diagnosis, and gender specific diagnostic issues.

### Diagnostic & Assessment Tools

- This category may include training in SASSI, Addiction Severity Index, Biopsychosocial, MAST, South Oaks Gambling Instrument, various affect and mood disorder scales, personality tests and subscales and statistical analysis of reliability and validity of various instrumentation.

### Awareness of Mental & Emotional Disorders

- This category may include training in diagnosis of a number of specific disorders including, but not limited to, depressive disorders, anxiety disorders, psychotic disorders, compulsive behavior disorders, personality disorders, mood disorders, sexual disorders and eating disorders.



# PROGRAM SPONSOR APPLICATION CHECKLIST

The following is a checklist to assist in the preparation of applications for approval of RCH Sponsor Applications. Please make sure that each of the following are completed prior to submitting your application.

- Application complete including:
  - Agenda(s) specifying times, content, breaks, lunches, etc.
  - Names and credentials of presenters
  - Conference approval page (if applicable)
  - Classification requests are noted and descriptions of goals and benefits are included
- Agreement statement has been read and application signed
- Fee enclosed, made payable to Treasurer, State of Ohio. Late fee included (if applicable)

For any questions regarding the completion of this application, please contact the Board office at (614) 387-1110.



**PROGRAM SPONSOR APPLICATION FOR  
RECOGNIZED CLOCK HOURS  
(RCH) ENDORSEMENT**

Ohio Chemical Dependency Professionals Board  
77 S. High Street, 16<sup>th</sup> Floor ♦ Columbus, OH 43215  
614-387-1110 phone 614-387-1109 fax [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov)

**Please type or print all information and return to the Board.**

**I. SPONSOR INFORMATION**

Program Title: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_

Agency/Institution/Business

Contact Person: \_\_\_\_\_

Name

Title

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

\_\_\_\_\_

City

State

Zip Code

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

**II. PROGRAM INFORMATION**

Date(s) of Training: \_\_\_\_\_

Location of Training (city & state): \_\_\_\_\_

What is the charge to attend? \_\_\_\_\_ Number of RCHs Requested: \_\_\_\_\_

Type of Program (please check one):  Closed Agency In-Service

Open on Limited Basis

Open to the Public

Has this program been approved before? \_\_\_\_\_ If so, what was the PID # \_\_\_\_\_

Are there any changes since this approval? \_\_\_\_\_ If yes, please attach a description of the changes.

**III. PROGRAM CLASSIFICATION**

Please read through each of the following classifications and complete sections that are applicable to the training.

**CHEMICAL DEPENDENCY SPECIFIC CLASSIFICATION:** If you would like RCHs for chemical dependency specific credit, please identify which of the following area(s) will be addressed in the program. These hours must be specific to chemical dependency counseling. Check all that apply.

	<b>Theories of Addiction</b>		<b>Relationship Counseling with Addicted Populations</b>
	<b>Counseling Procedures &amp; Strategies with Addicted Populations</b>		<b>Pharmacology</b>
	<b>Group Process &amp; Techniques with Addicted Populations</b>		<b>Prevention Strategies</b>
	<b>Assessment &amp; Diagnosis of Addiction</b>		<b>Treatment Planning</b>
	<b>Codependency</b>		<b>Legal &amp; Ethical Issues Pertaining to Chemical Dependency</b>

**PROGRAM BENEFIT & GOALS**

Since this is a chemical dependency specific classification, please explain how this program will benefit AOD counselors and cover CD specific content. Please attach an additional sheet if necessary.

Please attach a list of names and credentials for each presenter. An agenda which clearly outlines the timeframe and content of the program must be submitted.

**CLINICAL SUPERVISION CLASSIFICATION:** If you would like RCHs for clinical supervisors, please identify which of the following area(s) will be addressed in the program. Check all that apply. Keep in mind that these areas are in relationship to employees, not clients.

	<b>Counselor Development</b>		<b>Professional &amp; Ethical Standards</b>
	<b>Program Development &amp; Quality Assurance</b>		<b>Performance Evaluation</b>
	<b>Administration</b>		

**PROGRAM BENEFIT & GOALS**

Please explain how this program will benefit clinical supervisors. Please attach an additional sheet if necessary.

Please attach a list of names and credentials for each presenter. An agenda which clearly outlines the timeframe and content of the program must be submitted.

**PREVENTION CLASSIFICATION:** If you would like RCHs for prevention specialists, please identify which of the following area(s) will be addressed in the program. Check all that apply. Prevention is defined as the planned process of approaches and activities designed to preclude the onset of alcohol and other drug problems and/or addiction.

	<b>Foundation in Chemical Use/Abuse/Dependency</b>		<b>Education &amp; Skill Development</b>
	<b>Foundation in PREVENTION of ATOD Use/Abuse/Dependency</b>		<b>Community Organization</b>
	<b>Ethics for Prevention</b>		<b>Public Policy &amp; Environmental Change</b>
	<b>Planning &amp; Evaluation</b>		<b>Professional Growth &amp; Responsibility</b>

**PROGRAM BENEFITS & GOALS**

Since this is an alcohol and other drug (AOD) primary prevention credential, please explain how this program will benefit the AOD prevention professional. Please attach an additional sheet if necessary.

Please attach a list of names and credentials for each presenter. An agenda which clearly outlines the timeframe and content of the program must be submitted.

**DIAGNOSTIC CLASSIFICATION:** If you would like RCHs for diagnostic training requirements, please identify which of the following area(s) will be addressed in the program. Check all that apply.

To receive approval for this classification, the training must be provided by an individual authorized to practice medicine and surgery or osteopathic medicine and surgery, a licensed psychologist, a licensed professional clinical counselor or a licensed independent social worker. The training must also be based on the current version of the diagnostic and statistical manual of mental disorders.

	<b>DSM IV</b>		<b>Assessment &amp; Diagnosis</b>
	<b>Dual Diagnosis</b>		<b>Diagnostic &amp; Assessment Tools</b>
	<b>Substance Related Disorders/Chemical Dependency Conditions</b>		<b>Awareness of Mental &amp; Emotional Disorders</b>

#### **PROGRAM BENEFITS & GOALS**

Since this is a diagnostic training requirement, please explain how this program will benefit the AOD professional. Please attach an additional sheet if necessary.

Please attach a list of names and credentials for each presenter. An agenda which clearly outlines the timeframe and content of the program must be submitted.

**FIELD RELATED CLASSIFICATION:** If your education and training program does not meet content requirements for one of the prior listed classifications but is relevant to field professionals, it may qualify for a field

**related classification. If you would like RCHs for field related programs, you will need to identify how this program will benefit the AOD counselor and/or prevention professional.**

#### **PROGRAM BENEFITS & GOALS**

**Since this is a field related classification, please explain how this program will benefit the AOD counselor and/or prevention professional. Please attach an additional sheet if necessary.**

**Please attach a list of names and credentials for each presenter. An agenda which clearly outlines the timeframe and content of the program must be submitted.**

**CONFERENCE CLASSIFICATION: This page must be completed if the program is a conference or training with breakout sessions (copy this page as needed). Please list the name of the breakout session (workshop), plenary session, etc.; the length of the workshop; and indicate if that session is chemical dependency**



A \$5.00 fee is assessed for each hour of training submitted for RCH approval with a maximum charge of \$60. Hours are calculated for the actual training time minus any breaks, introductory speeches and lunch time. Lunch time may be included if there is a speaker and topics of presentation are submitted with this application.

Applications not received by the Board 30 days prior to the event date will be assessed a \$20.00 late fee.

Check(s) and/or Money Order(s) should be made payable to Treasurer, State of Ohio and must be submitted with application. This is a non-refundable application fee. A non-refundable \$20 fee will be charged for any check not accepted for deposit by the bank.

Number of hours of training (excluding breaks): \_\_\_\_\_ x \$5.00 = \_\_\_\_\_ (MAX is \$60 per training)  
 Late Fee (if applicable): \_\_\_\_\_ \$20.00 \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

**V. AGREEMENT STATEMENT**

I understand that I am responsible, upon completion of the training event, to:

- Provide the participant(s) with documentation of attendance (certificate, letter of attendance, etc) which includes the title of the training, the name of the sponsor, the date of the training, the number of RCHs awarded (with identification of completed categories when required by Board), the PID# for that training, the name and credential(s) of presenter(s) and the name of the participant. I further understand that no additional charge may be incurred by the participant for this documentation.
- Maintain an attendance roster in my office for five (5) years. This list will include the title of the training, the date of the training, the number of RCHs awarded the PID # and the list of participants of this training. I will forward this list to the Board upon their request.

I understand that the Board reserves the right to request additional information regarding this program event and may deny the request for RCH approval if it is not deemed appropriate or acceptable. The Board may also, but is not obligated to, use information in this application in publications of its choice.

Additionally, I understand that the Board has the right to send a representative to monitor this program. I agree to open the program to this representative at no cost and will cooperate fully with the Board should monitoring be required.

\_\_\_\_\_  
 Signature Date

OFFICE USE ONLY		
Date received _____	Fee enclosed _____	Check/MO# _____
CD specific hours approved _____	Supervisor hours approved _____	Prevention hours approved _____
Diagnostic hours approved _____	Related hours approved _____	Conference approved (see attached) _____
Deficient _____	Denied _____	Approved for _____ hours (see above for classifications)
Comments: _____		
Approved: _____		
Signature		Date

