

The NADD Competency-Based Dual Diagnosis Specialist Certification Program

Application Form

**I. Personal Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State(Province)/Zipcode \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Home phone: \_\_\_\_\_

*NADD Membership*

Are you an individual member of NADD?  Yes  No  
NADD Membership Number: \_\_\_\_\_  
Does your organization have a NADD organizational membership? Yes  No   
NADD Organizational Membership Number: \_\_\_\_\_  
(If you do not know, contact NADD office.)

**II. Education and/or Credential**

You may hold (1) a Masters degree in a related field (and one year of experience), (2) a Bachelor's degree in a related field (and 2 years of related experience), (3) 60 credit hours in a related field (and 3 years of related experience) or (4) credential from a professional governing body.

Post secondary education is not required; however, a thorough explanation of the experience base must accompany the application as equivalence determination resides with the NADD Competency-Based Dual Diagnosis Specialist Certification Program. The review committee may recognize other types of accreditation and certifications

1. **Education.** I have the following education:

Master's level, Please specify: \_\_\_\_\_  
 Bachelor's level, Please specify: \_\_\_\_\_  
 60 credit hours, Please specify: \_\_\_\_\_  
 no Post secondary education

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

\_\_\_\_\_  
 \_\_\_\_\_  
 Other, please specify \_\_\_\_\_

**Credential Information:**

State or Province: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Professional Governing Body: \_\_\_\_\_  
Credential/Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

### III. Experience

You must have experience in support of persons with intellectual/developmental disabilities and mental health issues. This can include internships and externships.

How many years of experience do you have working with persons with intellectual/developmental disabilities and mental health issues? \_\_\_\_\_

*Experience confirmation:*

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

Organization/Place Worked: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates worked: \_\_\_\_\_  
Contact person (supervisor): \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

Organization/Place Worked: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates worked: \_\_\_\_\_  
Contact person (supervisor): \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

Organization/Place Worked: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates worked: \_\_\_\_\_  
Contact person (supervisor): \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

Organization/Place Worked: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates worked: \_\_\_\_\_  
Contact person (supervisor): \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

Organization/Place Worked: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates worked: \_\_\_\_\_  
Contact person (supervisor): \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

*Please attach your curriculum vitae.*

#### **IV Ethical Behavior**

Have you ever been convicted of a crime?  Yes  No

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

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

If yes to any of the above questions please provide the details, on a separate page, of any crimes, past or pending lawsuits or disciplinary events.

#### **Principles**

All candidates for the NADD Competency-Based Dual Diagnosis Specialist Certification commit themselves to the following principles:

- ❖ Specialists discharge their responsibilities in accordance with standards of practice in their field.
- ❖ Specialists recognize the collaborative nature and unique role of the interdisciplinary team in providing quality services for individuals with intellectual/developmental disabilities and mental illness.
- ❖ Specialists respect the inherent dignity and worth of the individual.
- ❖ Specialists strive to ensure that services are culturally relevant to the individuals receiving services.
- ❖ Specialists build on the strengths and capabilities of individuals.
- ❖ Services are person-centered. They are informed by the individual's values, hopes, and aspirations and are designed to address the unique needs of individuals.
- ❖ Specialists' services promote self-determination and empowerment.
- ❖ Specialists uphold professional standards of conduct and accept appropriate responsibility for their behavior.
- ❖ Specialists maintain their professional independence and avoid situations of conflict of interest that may affect the discharge of their responsibilities towards the individuals who receive their services.
- ❖ Specialists take measures to resolve real and apparent conflicts of interest.
- ❖ Specialists act with integrity in their relationships with colleagues, families, significant others, other organizations, agencies, institutions, referral sources, and other professions in order to maximize benefits for the person receiving services.
- ❖ Specialists respect the privacy of persons being served and maintain confidentiality at all levels in accordance with professional standards of practice as well as state/province and federal (American or Canadian) law.
- ❖ Specialists engage in professional development.

By my signature, I affirm that:

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Application should be mailed to:**

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

**Payment method:**

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

Please charge my credit card  MasterCard  VISA  Discover

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

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