

**Division of Behavioral Health  
Driving Under the Influence (DUI)  
Training & Certification  
275 East Main Street, 4-WG  
Frankfort, KY 40621  
(502) 564-9208 FAX (502) 564-9335**

**DUI PROGRAM ADMINISTRATOR CERTIFICATION APPLICATION**

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**Part I Personal Information**

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

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Address (this is the address to which certification results will be mailed):

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

**Part II Agency/Program Information**

Name of Agency/Program: \_\_\_\_\_

Name of Clinical Services Supervisor:

\_\_\_\_\_

Agency/Program Address:

\_\_\_\_\_  
\_\_\_\_\_

Agency/Program Telephone Number: \_\_\_\_\_



### Part III Program Administrator Credentials

Please indicate the category in which you are making application to become a certified DUI Program Administrator and enclose the documents to support your eligibility. **If your credentials require work experience or training hours you must provide documentation.**

- Bachelors degree or greater from an accredited college or university, with 2000 hours of supervised work experience in direct client services in the alcohol and other drug abuse treatment field.
  
- Associate degree from an accredited college or university, with 4000 hours of supervised work experience in direct client services in the alcohol and other drug abuse treatment field.
  
- High school diploma or a general education development equivalency certificate from a state board of education, with 8000 hours of supervised work experience in direct client services in the alcohol and other drug abuse treatment field.
  
- Meet the requirements for a certified assessor established in 908 KAR 1:310.
  
- Meet the requirements for a clinical services supervisor established in 908 KAR 1:310.

Other DUI certifications you hold: \_\_\_\_\_

\_\_\_\_\_

**Part IV Relevant Work Experience**

*Begin with your present or most recent relevant work experience. If you have moved to a different position within the same agency/program and your duties changed, then describe that work experience separately.*

Employed – FROM: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
TO: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Title of Position: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

City State Zip

Telephone Number: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed – FROM: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
TO: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Title of Position: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

City State Zip

Telephone Number: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Please copy this page to list additional work experience.**

**Part V      DUI Program Administrator Applicant Statement**

This is to certify that I am applying for certification as a DUI program administrator and that all information on this application and in the attached documents is true and correct. I authorize the investigation of all statements contained in this application as may be necessary to make a decision regarding eligibility for certification.

I have read administrative regulation 908 KAR 1:310 and understand that I am responsible for complying with all program requirements. I shall not engage in unethical practices, and I shall agree to abide by the following code of ethics.

**Code of Ethics**

A certified DUI Program Administrator shall:

Maintain the highest standards of professional conduct.

Not discriminate against, or refuse service to an individual on the basis of age, race, size, gender, religion, national origin, disability, sexual orientation, ability to pay or color.

Adhere to the rules of confidentiality in accordance with federal and state regulation governing confidentiality of substance abuse clients and records.

Maintain awareness of and adherence to DUI administrative regulation 908 KAR 1:310.

Maintain a commitment to assess own personal strengths, limitation, biases, and effectiveness and strive for improvement and personal responsibility for further professional growth through further education and training.

Not engage in a dual relationship with a client; including a social, business, or personal association that may impair professional judgment, risk exploitation of the client, or otherwise violate a provision of the administrative regulation.

Advance and protect the welfare of a client and respect the rights of persons seeking DUI services.

Not continue to deliver services unless a client is benefited therapeutically.

Not place business considerations above the needs of the client or the clients' ability to pay for services.

I understand that immediate revocation may result from any violation of 908 KAR 1:310.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

In order to become a certified DUI program administrator, an applicant must:

- Complete this application;
- Submit an official transcript or a notarized copy of transcript;
- Submit copies of relevant professional licenses and certificates; and
- Successfully complete a six (6) hour training conducted by the Division of Behavioral Health.

For those who successfully complete the training, a letter of certification will be issued within 30 days of completion of the training. Those who do not successfully complete the training will also be notified by mail.

**For Division of Behavioral Health Use Only**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted

Not Accepted

Application returned: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_