

**Division of Behavioral Health
Driving Under the Influence (DUI)
Training & Certification
275 East Main Street, 4-WG
Frankfort, KY 40601
(502) 564-9208 FAX (502) 564-9335**

DUI ASSESSOR RECERTIFICATION APPLICATION

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 Program Administrator: _____

Agency/Program Address:

Agency/Program Telephone Number: _____



Part III Assessor Credentials

An individual seeking re-certification as an assessor shall complete sixty (60) hours in three (3) years of training in alcohol and other drug abuse counseling annually and meet one (1) of the following requirements. Please indicate the category in which you are making application and enclose the documents to support your eligibility. ***If your credentials require training hours or clinical work experience you must provide documentation.**

- A certified alcohol and drug counselor (CADC) certified pursuant to KRS 309.080 to 309.089;
- An individual who has completed eighty (80) hours of training in alcohol and other drug abuse counseling within four (4) years immediately prior to the date of application and is licensed or certified as one (1) of the following:
 - Physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties;
 - Psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.;
- Licensed psychologist licensed to practice psychology by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.050;
- Certified psychologist with autonomous functioning certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.056;
- Certified psychologist certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.056;
- Psychologist associate certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.064;
- Licensed clinical social worker licensed for the independent practice of clinical social work by the Kentucky Board of Social Work in accordance with KRS 335.100;
- Certified social worker certified by the Kentucky Board of Social Work in accordance with KRS 335.080;
- Registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with a masters degree in nursing from an accredited college or university;
- Registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with one (1) of the following combinations of education and work experience:

- A Bachelor of Science in nursing from a four (4) year program from an accredited college or university and 2000 hours of clinical work experience in the substance abuse or mental health field;
- Diploma graduate in nursing from a three (3) year program and 4000 hours of clinical work experience in the substance abuse or mental health field;
- Associate degree in nursing from a two (2) year program and 6000 hours of clinical work experience in the substance abuse or mental health field;
- Advanced practice registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314.042;
- Licensed marriage and family therapist licensed by the Kentucky Board of Licensure of Marriage and Family Therapists in accordance with KRS Chapter 335.500 to 335.399;
- Licensed professional clinical counselor licensed by the Kentucky Board of Licensed Professional Counselors in accordance with KRS 335.525(1);
- Licensed professional art therapist licensed by the Kentucky Board of Licensure for Professional Art Therapist in accordance with the provisions of KRS 309.130

Name of Clinical Services Supervisor: _____

Please print

Clinical Services Supervisor Credential(s): _____

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 relevant work experience.

Part V DUI Assessor Applicant Statement

This is to certify that I am applying for re-certification as a DUI assessor 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 assessor re-certification.

I have read administrative regulation 908 KAR 1:310 and understand that I am responsible for complying with all program requirements. I further understand and agree to comply with the following additional regulations:

1. I shall utilize the computerized assessment instrument approved by the Division of Behavioral Health, conduct a documented personal clinical face to face interview in each assessment and adhere to Division of Behavioral Health guidelines related to the administration of an assessment.
2. I shall conduct assessments only in a certified DUI program, and I shall not conduct an assessment for a client who has already received an assessment for his DUI.
3. I shall refer a client to the program of their choice for education or treatment and refuse to refer a client to level of care that is not in his best interest.
4. I shall not knowingly present false or misleading information to a client or misrepresent the policies or philosophies of the Division of Behavioral Health.
5. 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 assessor shall:

1. Maintain the highest standards of professional conduct.
2. 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.
3. Adhere to the rules of confidentiality in accordance with federal and state regulation governing confidentiality of substance abuse clients and records.
4. Maintain awareness of and adherence to DUI administrative regulation 908 KAR 1:310.
5. 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.
6. 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.
7. Advance and protect the welfare of a client and respect the rights of persons seeking DUI services.
8. Not continue to deliver services unless a client is benefited therapeutically.
9. Not place business considerations above the needs of the client or the clients' ability to pay for services.

In addition of these standards, adhere to all professional ethics and standards under the authority of the applicants' professional licenses or certifications.

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

Signature of Applicant

Date

Signature of Program Administrator

Date

In order to become re-certified as a DUI assessor, the applicant must:

- Complete this application
- Submit copies of relevant professional licenses and certificates showing expiration dates

A notice regarding re-certification will be issued within 30 days of processing of this application.

For Division of Behavioral Health Use Only

Reviewed By: _____ Date: _____

Accepted

Not Accepted

Application returned _____

Comments: _____
