

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

DUI INSTRUCTOR 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 Credentials

Licenses/Certifications: _____

Other DUI certifications: _____

Part II Employment History

Begin with your present or most recent position. If you have moved to a different position within the same organization and your duties changed, then describe that position 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 form for any additional employment)

Part III Education and Training

High School

Diploma Earned: Yes No

Graduation Date: _____ GED Equivalence Certificate: Yes No

Undergraduate

Graduation Date: _____ Major: _____

College or University: _____ Minor: _____

Graduate

Graduation Date: _____ Major: _____

College or University: _____

Part VI Credentials for Instructor

(Please indicate the category in which you are making application to become a re-certified instructor and enclose the documents to support your eligibility. Please attach documentation of 2-day re-certification training.)

- Bachelors degree or greater from an accredited college or university;
- 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 in 908 KAR 1:310.
- Meet the requirements for a clinical services supervisor in 908 KAR 1:310

Part VII DUI Instructor Applicant Statement

This is to certify that I am applying for re-certification as a DUI instructor 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 instructor 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 deliver education only in a certified DUI program and use only materials, slides, curricula, and exercises approved by the Division of Behavioral Health in their entirety without addition or deletion of core educational information.
2. I shall adhere to Division of Behavioral Health guidelines related to the presentation of educational material and instruction and I shall not knowingly present false or misleading information to my client or misrepresent the policies and philosophies of the Division of Behavioral Health.
3. 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 instructor 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.

Signature of Applicant _____ Date _____

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.

<u>For Division of Behavioral Health Use Only</u>	
Reviewed By: _____	Date: _____
<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Application returned _____	
Comments: _____	
