



## **Certificate in Spiritual Caregiving to Help Addicted Persons and Families**

### **Application Form**

Dear Faith Leader:

We are delighted that you are taking the first step to achieve an important milestone in your career – obtaining a Certificate in Spiritual Caregiving to Help Addicted Persons and Families. You are joining a special group of faith leaders who are committed to healing and supporting the many individuals and families ravaged by the disease of alcoholism and drug dependence. As a respected leader, trusted religious advisor and spiritual guide, you have a key role to play in your faith community and the community-at-large to reduce the terrible toll that alcoholism and drug addiction exact. Your understanding can help bring about the promise of recovery from addiction for both the affected individual and family members, and re-build emotional, physical and spiritual health.

Working together, the National Association for Children of Alcoholics, (NACoA) and the Association for Addiction Professionals (NAADAC) have created this certificate program to enhance your ability to help your congregants and faith- community deal with the devastating impact of addiction. This certificate is designed to give you basic knowledge about addiction, provide opportunities to learn about treatment and recovery resources in your community to which you can refer people, enhance your skills at recognizing alcoholism and drug addiction and give you a way to help the hurting children living in families with alcoholic and drug addicted parents.

This certificate is a symbol of your caring concern, and will help individuals and families begin and sustain recovery. Congratulations on your vision and spiritual leadership.

Sincerely,

A handwritten signature in black ink, appearing to read "Sis Wenger", written in a cursive style.

Sis Wenger  
President/CEO

A handwritten signature in black ink, appearing to read "Cynthia Moreno Tuohy", written in a cursive style.

Cynthia Moreno Tuohy  
Executive Director

Please return completed form and application to:  
NAADAC, 44 Canal Center Plaza, Suite 300; Alexandria, VA, 22314 Fax 800.377.1136



## **Instructions for Certificate Requirements and Instructions**

Before you submit your application for the Certificate in Spiritual Caregiving you must complete the following:

1. Documentation of six hours of training provided by an addiction counselor or other professional (e.g. pastoral counselor) on the treatment and prevention of substance abuse disorders
2. Required Readings which are available at [www.nacoa.org](http://www.nacoa.org) in the Clergy Section
3. Evidence of contacts and visits with three treatment/recovery organizations in your community (Complete the information on the *Community Resources and Reflection* portion of the application)
4. Attend an open Alcoholics Anonymous meeting and an open Al-Anon meeting, and write a reflection about both of your experiences
5. Complete the application section of this packet
6. Remit certificate fee of \$90.00, and
7. Take an online examination based on the required readings.

### **NOTE:**

**Applications will be reviewed (if complete) and approved within 4-6 weeks of receipt. You must submit an e-mail address to be notified of a user name and password to access the online examination and complete the final stage of this process.**

Upon completion of the examination you will be able to download a certificate of completion indicating you have successfully completed the process.

Please contact NACoA if you do not have online capabilities, or have any questions: [nacoa@nacoa.org](mailto:nacoa@nacoa.org) or 301-468-0985.

Please return completed form and application to:  
NAADAC, 44 Canal Center Plaza, Suite 300; Alexandria, VA, 22314 Fax 800.377.1136



National Association for Children of Alcoholics  
www.nacoa.org

**Instructions:**

**PRINT OUT THIS FORM** before you fill it out. Complete all sections of this application including Personal Data, the Training Hours Summary (attach copies of relevant education or training certificates), the Community Resources and Reflections Section, the Candidate Affirmation and Application Checklist. Sign and date the application, and include the \$90 fee. *Unsigned applications will be considered incomplete.*

Mail the application form, along with the required payment to:  
NAADAC, 1001 North Fairfax Street, Suite 201, Alexandria, VA 22314

**Personal Data (Bold items are required.)**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ / \_\_\_\_\_ (cell) \_\_\_\_\_ / \_\_\_\_\_

**E-mail** \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_

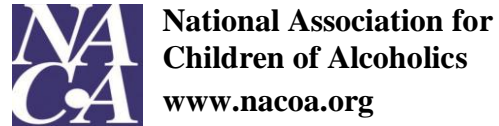
**Training Hours Summary**

Please indicate your training experience (six hours equivalent):

\_\_\_\_\_ Training Event (Attach a copy of the training certificate. If no certificate is available, please provide the date, title of the training, hours of training and the name of the trainer, and a paper/handout by the trainer related to that the session you attended.)

OR:

\_\_\_\_\_ Online Training (Attach completion notice)



**Payment**

Amount Enclosed: \_\_\_\_\_

\_\_\_\_\_ Check (payable to NAADAC)

\_\_\_\_\_ Money Order

\_\_\_\_\_ MasterCard

\_\_\_\_\_ Visa

\_\_\_\_\_ American Express

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

\_\_\_\_\_  
Exp. Date

**Candidate Affirmation**

I certify that the information on this application is accurate, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application Checklist**

\_\_\_\_\_ Application Form Completed

\_\_\_\_\_ Completed required readings from the bibliography

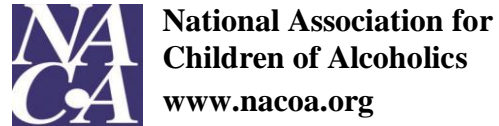
\_\_\_\_\_ Education/Training Certificate Copies (where appropriate)

\_\_\_\_\_ Community Resources and Reflections Section completed

\_\_\_\_\_ Your Signature

\_\_\_\_\_ Payment of \$90

Please return completed form and application to:  
NAADAC, 44 Canal Center Plaza, Suite 300; Alexandria, VA, 22314 Fax 800.377.1136



**Demographic Information**

*Provision of this information will not affect the status of your application.*

*The information requested below is necessary for NACoA and NAADAC to accurately assess the profiles of certificate holders.*

*Please circle the appropriate letter.*

**1. Primary Job Function:**

- a. Congregational Clergy
- b. Chaplain
- c. Pastoral Counselor
- d. Youth Worker
- e. Deacon
- f. Volunteer
- g. Other \_\_\_\_\_

**2. Work Setting:**

- a. Hospital
- b. Faith Congregation
- c. Clinical
- d. Other \_\_\_\_\_

**3. Highest education level achieved:**

- a. High School Diploma/Equivalent
- b. Associate Degree
- c. Bachelor's Degree
- d. Master's Degree
- e. Doctoral Degree
- f. Other \_\_\_\_\_

**4. Religious Affiliation**

- a. Protestant
- b. Catholic
- c. Jewish
- d. Muslim
- e. Buddhist
- f. Hindu
- g. Other \_\_\_\_\_

*Information related to race, ethnic background, age and sex is requested to assist in ensuring that we are complying with general guidelines pertaining to equal opportunity.*

**5. Race**

- a. Caucasian
- b. Native American
- c. African American
- d. Hispanic/Latino
- e. Asian/Pacific Islander
- f. Other

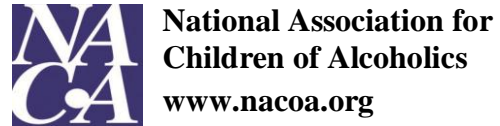
**6. Gender**

- a. Male
- b. Female

**7. Age**

- a. 18-29
- b. 30-44
- c. 45-59
- d. Over 60

Please return completed form and application to:  
NAADAC, 44 Canal Center Plaza, Suite 300; Alexandria, VA, 22314 Fax 800.377.1136



## Community Resources and Reflections Section

### A. Treatment Agencies visited:

1. Name Address & Phone of Agency:

Contact Person:

Population(s) Served:

Services Offered:

2. Name Address & Phone of Agency:

Contact Person:

Population(s) Served:

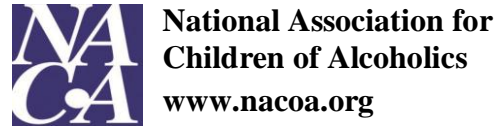
Services Offered:

3. Name Address & Phone of Agency:

Contact Person:

Population(s) Served:

Services Offered:



**B. Alcoholics Anonymous (A.A.) and Al-Anon Meetings: Please indicate the A.A. and Al-Anon Meetings attended and include a reflection on each meeting (no more than one page.)**

1. A.A. Meeting Time and Site:
2. Al-Anon Meeting Time and Site:

**C. Reflections on the A.A. Meeting:**

**D. Reflection on the Al-Anon Meeting:**



## Required Reading

**All of the required readings are available at [www.nacoa.org/clergy.htm](http://www.nacoa.org/clergy.htm)**

Ackerman, R. J. (2002). Alcoholism and the Family. In *Children of Alcoholics: Selected Readings, Volume 2*. Stephanie Abbott (Ed.). Kensington, MD: National Association for Children of Alcoholics

Alcoholics Anonymous. (n.d.) Twelve Steps. Retrieved at [www.alcoholics-anonymous.org/en\\_services\\_for\\_members.cfm?PageID=98&SubPage=117](http://www.alcoholics-anonymous.org/en_services_for_members.cfm?PageID=98&SubPage=117) on November 28, 2006

Black, C. (n.d.). COA Support Groups. Kensington, MD: National Association for Children of Alcoholics

Latcovich, M.A. (1995). The Clergy person and the Fifth Step. *Journal of Chemical Dependency Treatment*. Vol. 5 (2) pp.79-89.

Latcovich, M.A. & Wenger, S. (2005). A Case Study Approach to Teaching Chemical Dependency in Seminary Formation: An Application of the Core Competencies. *The Core Elements of Priestly Formation Programs, Addictions & Ministry*. Vol. 4. pp. 14-20.

McClone, K.P., (2005). Psychospirituality of Addiction. *The Core Elements of Priestly Formation Programs, Addictions & Ministry*. Vol. 4. pp. 21-28.

Moe, J. (n.d.). To Walk With One Child. Kensington, MD: National Association for Children of Alcoholics.

Substance Abuse and Mental Health Services Administration. (2005). *Core Competencies for Clergy and Other Pastoral Ministers in Addressing alcohol and Drug Dependence and the Impact on Family Members*. DHHS Publication No. (SMA) 05-4029. Rockville, MD: Author.

Woodruff, C. R., (2006). *Spiritual Caregiving to Help Addicted persons and Families- Handbook for Use by Pastoral Counselors in Clergy Education*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at [www.nacoa.org](http://www.nacoa.org).

Please return completed form and application to:  
NAADAC, 44 Canal Center Plaza, Suite 300; Alexandria, VA, 22314 Fax 800.377.1136