



Renewal pack for endorsement as an Associate Alcohol and Other Drug Practitioner

For your application, you need:

Completed
(tick)

1. Renewal form (see page 2)
2. Disclosure of convictions or complaints (see page 3)
3. Assessment report from supervisor (see page 4 & 5)
4. Form from your line manager supporting your application for renewal (see page 6)
5. Verification of Continuing Education Programme points (see page 7)
6. Payment of fee for \$188.00
Please make cheque payable to Dapaanz. You may pay by direct credit (Kiwibank: 38-9001-0625548-01). You must put your membership number or name in the reference box. If the fee is being paid by your employer, please specify. Receipt and membership certificate will be issued.

Incomplete documentation will lead to delays in processing your application. Processing commences upon the receipt of your fee.

**Post to: Dapaanz, PO Box 25056, Panama Street, Wellington 6146
Courier to: Dapaanz, Level 6, Aviation House, 12 Johnston Street, Wellington 6011**



Renewal of endorsement as an Associate Alcohol and Other Drug Practitioner

1. Name:
2. Membership number:
3. Name you wish to go on Certificate:
4. Address for correspondence: home / work (please circle)

5. Daytime contact phone number:
 Mobile number:
 E-mail address:
6. Organisation name and town/city:
7. Job title:

8. Name of your line manager:
9. His/her daytime contact phone number:

10. In the last year, did you have at least six months working in addiction treatment with a minimum 100 hours:
yes / no

11. Are you currently working in addictions treatment and completed at least 75 hours of direct and supervised client contact:
yes / no

Signed: **Date:**



Disclosure of convictions or complaints since last disclosure

In order to provide as much protection as we can to the public and to protect the integrity and accountability of dapaanz as a professional association, applicants for renewal of endorsement as an Associate Alcohol and Other Drug Practitioner will be required to disclose any offences committed for which they have been convicted in a court of law; and any complaints against their practice which have been upheld.

All applicants must answer the following questions. Please circle your answer:

- 1. Have you been convicted of a criminal offence since your last disclosure?
yes / no

- 2. Have there been any complaints against your practice upheld since your last disclosure?
yes / no

Sign below and attach the form to your application. If yes, then give year offence(s) committed, nature of offences, charges laid and the outcome and attach on a separate sheet.

Note:

- 1. You may be asked to clarify any matters arising from the disclosure.
- 2. If an applicant is declined endorsement on grounds of the disclosure, the normal appeal procedure will apply.

Name:

Signature:

Date:



Assessment report from Supervisor

Name of Applicant:

By completing this form, you support your supervisee’s application for renewal of their endorsement as an Associate Alcohol and Other Drug Practitioner.

This form will be presented as part of the applicant’s portfolio.

The Executive will decide on whether to approve renewal or to refer the applicant back for further development. The applicant, if successful, will be endorsed for 12 months.

The applicant for renewal of endorsement demonstrates an understanding of their work as an addiction treatment practitioner and, under direction and supervision, can work responsibly, safely and effectively under direction and supervision as well as sometimes in self-directed activity. The applicant can, where appropriate:

- Carry out specialised tasks
- Apply practitioner skills in complex, variable and specialised routine contexts
- Understand, and have their practice reflect that understanding, of social justice issues
- Analyse, apply, reformat and evaluate information
- Formulate appropriate responses to concrete and abstract problems
- Manage treatment processes
- Work competently, sometimes sharing a lead role, within defined activities
- Be responsible and accountable for determining and achieving outcomes

An Associate Alcohol and Other Drug Practitioner is able to collect data/information about a client, to analyse it and identify relevant diagnoses or specific problems that then become the foci for interventions. Interventions are recommended on the basis of a knowledge of which interventions are appropriate for specific disorders or problems, and the practitioner can then organise these interventions and undertake a number of them.

For example, the practitioner will be able to take a comprehensive history of alcohol and drug related problems; will be able to recognise the presence of problems such as alcohol dependence, other drug dependence, common co-occurring mental health problems, some medical complications, and a history of abuse. They will have learnt that certain interventions are appropriate for a number of these problems; for example Alcoholics Anonymous or CBT for alcohol dependence, referral to a practitioner skilled in mental health assessment and interventions for treatment of depression and so on.

In accordance with your observation of the applicant's work, would you assess the applicant as continuing to work routinely at an Associate Alcohol and Other Drug Practitioner level?

I assess the applicant, (print name)
as competent in routinely working at an Associate Alcohol and Other Drug Practitioner level, within the dapaanz Code of Ethics and in the context of the Addiction Intervention Competency Framework (dapaanz 2011).

I am aware that this statement will form an important part of assessment of the competency of the applicant and I understand the ethical implications with regard to the applicant's ability to continue an appropriate role as an Associate Alcohol and Other Drug Practitioner.

Signed:

Name (please print):

Date:

Note: *There are two other levels: 1) endorsement as a Support Worker and, 2) registration as an Alcohol and Other Drug Practitioner. Please refer to relevant documents on website.*



Support by Line Manager for application for renewal of endorsement as an Associate Alcohol and Other Drug Practitioner

..... is an experienced Associate Alcohol and Other Drug Practitioner whose standards of practice demonstrates competency, and adherence to ethical standards. I therefore support this application for renewal of endorsement as an Associate Alcohol and Other Drug Practitioner.

I confirm that :

- (a) has completed more than 6 months of working in addictions treatment, of at least 100 hours, in the last year.
- (b) is currently working in addictions treatment and has completed more than 75 hours of direct and supervised client contact.

I support this application in general.

Signed by:

Name (please print):

Organisation:

Date:

Note: *For self employed Practitioners only, this form can be completed by their Supervisor.*



Verification of Continuing Education Programme points earned in the last year

75 points are required for endorsement as an Associate Alcohol and Other Drug Practitioner.

Refer to website: www.dapaaanz.org.nz for Continuing Education Programme

List details of activities

Points claimed

Total	

Please include reflective journal (if done) with your renewal.

Signed by Practitioner: **Date:**

I verify that the above activities were undertaken by the Practitioner in the last year.

Signed by Line Manager: **Date:**

Note: 1) *Self employed practitioners can have the verification signed by their Supervisor*

2) There will be an audit of 5% of practitioner renewals.