

Qualified Substance Use Disorders Trainee (QSUDPT) Applicant Documentation Checklist

Complies with requirement of IDAPA 16.07.20 subsection 223

The approval process is a verification of credentials already held by a clinician who is to provide SUD Treatment Services in an IDHW Licensed Facility. The process was implemented to ensure clinicians meet the QSUDPT requirements of IDAPA.

Submit documentation to Deborah Bailey at BaileyD@dhw.idaho.gov or fax to 208-334-0667

QSUDPT Name:

Submit copy of clinician's current ISAS or CDC1 or:

**Documentation to be submitted to SUD
Bureau in compliance with IDAPA
16.07.20, subsection 223**

X

ISAS (Idaho Student in Addiction Studies), or

Copy of current IBADCC Certificate
(No other certificate will be accepted)

CDC-1 (Northwest Indian A/D Specialist Counselor I) ,or

Copy of current NW Indian A/D Specialist I
Certificate (CDC-I)

Formal documentation of current enrollment in a program pursuant to the qualifications of Section 218 of these rules;

Copies of third party documentation of:
professional degree program enrollment; practicum agreement between educational institution and treatment provider agency, current or completed, per Section 223.01 of these rules; professional license objective, and; target date for licensure.

**Professional Development Plans (PDP)
Located on DHW/SUD Qualified Professionals Website**

**Documentation must be placed in clinical
supervision file within 30 days from date of hire
and is subject to audit.
Do not submit with this form.**

Professional Development Plan - based on clinical observations and ratings from *Performance Assessment Rubrics for Addiction Counseling Competencies*, a companion to TAP 21, describing counselor proficiency and ability relative to *Transdisciplinary Foundations and Practice Dimensions*. Appendix B of the "How To" Manual provides Details.

Professional Development Plan (PDP) located on DHW/SUD Qualified Professionals web page -

Continuing QSUDPT approval is dependent upon the applicant maintaining current certification and/or documentation of professional program enrollment. Copies of certification renewals and changes in professional program enrollment status needs to be sent to the Department

Agency Name: _____

Phone: _____

Name of person submitting checklist: _____ E:mail: _____

IDAPA Website:

<http://adminrules.idaho.gov/rules/current/16/0720.pdf>

<http://adm.idaho.gov/adminrules/rules/idapa16/0720.pdf>

DHW/SUD Qualified Professionals web page:

<http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/InformationforProviders/QualifiedProfessionalsCaseManagers/tabid/1004/Default.aspx>

DHW/SUD Use Only

Notes:

**Date documentation
is complete:**

QSUDPT: (Approved) (Not approved)

Sign & Date:

(Form effective 12/15/14)