

CONNECTIONS

The Newsletter for Addiction Professionals



President's Message

By Angela Hayes

Hello everyone, hope this message finds everyone well and looking forward to a bright summer. IAAP had a very successful spring conference and let's just say it had everyone talking! On Friday, the first day of the conference, Michael Cortina presented on Rapid Trauma Resolution (RTR). As I spoke with attendees and then read the evaluations, I have determined that for the most part folks were either intrigued or didn't care for it at all. For those that were intrigued, I would surmise that they enjoyed hearing of a potential new technique/treatment process to use with their clients. The strongest negatives were the lack of evidence based support for this treatment. All good and valued points.

Some members were a bit disappointed that IAAP chose to host this topic. Although there may not be much empirical support for this treatment method currently, there may be down the road and we can say that we were one of the firsts to learn about the method. Of course, it could go the other direction as well.

IAAP certainly did not intend to have such a controversial topic for training, but I felt in the end, it had people fired up and talking not only about this particular issue, but others as well, and that was sort of a good thing. In my career I have seen new methods emerge and take hold (Motivational Interviewing, DBT, EMDR) and I am sure there was similar responses when these ideas were first presented. So, who knows, we may see more of RTR.

Continued on page 2 see PRESIDENT

ARE YOU UPDATED?

Please contact us to update your address & email to avoid missing important information!

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IAAP NEEDS YOU!

Look Inside this Issue for Exciting Leadership and Advocacy Opportunities to Gain Skills and Support Addiction Professionals.



A MESSAGE FROM YOUR EDITOR IN CHIEF

Anyone have a client in their IOP show up with signs of being inebriated yet not smelling of booze? A closer whiff revealed clean breath, mouth-wash fresh. Yes, he'd been drinking Listerine. At that time, it had 26% alcohol in the contents. In our IOP programs, I would include a segment where we discussed the handout, "Doctors can be dangerous to your health." It covered medications that included alcohol, such as mouthwashes, Nyquil and a host of others. In this issue, I have included an ad for your consideration that might be a good reference to share with your clients. Listerine now is advertising a Zero Alcohol mouth wash. There may be others on the market now, but it is good to have a known reference to help our clients make the right choices that will not sabotage their recovery in unsuspecting ways. Live well. Laugh often. Love much. -Kay

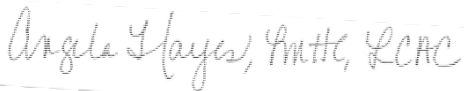
PRESIDENT Continued

My personal take was RTR is an offshoot of EMDR. EMDR (Eye Movement Desensitization and Reprocessing) does have empirical support and is showing great promise with PTSD. The training for EMDR is long and costly at this point, but that may change down the road.

IAAP relies on the feedback of our members to keep us strong and current. So I want to thank those who provided the feedback (both positive and negative) and please know we listen. Finding reasonably priced and engaging speakers is no easy task. We welcome any suggestions (and yes we will look at bringing in Jeff Georgi), and hope that you as members continue to provide suggestions and ideas.

Have a wonderful summer everyone!

Only my best,



Angela Hayes, LMHC, LCAC
IAAP President



Good to Know

Alcohol free!




Words of Wisdom

Attitudes are truly contagious, and from time to time we need to ask ourselves..., "Is mine worth catching?" Mac Anderson



2016 IAAP Events Calendar

Register Today!

IAAP Ethics Training – July 15, 2016

SAVE the DATE!

IAAP Annual Fall Conference – September 23–24, 2016

Next Certification Meeting

TBD

IAAP 2016 Ethics Workshop

Register Today!

**IAAP 2016
Ethics Workshop
July 15, 2016**

Ethics: A Practical Look

Rob Morgan, LCAC, NCAC II, ICAC II

Workshop Description:

Ethics: A Practical Look, explores the actions behind how we make ethical decisions by taking a proactive and more personal look into our ethical worlds. This workshop will examine basic similarities between specialties and ethical codes and we will see ethics from some different perspectives along the way. This workshop will also examine how we make ethical decisions based on some personal examples and the ways attitude and spirituality fit into the process. Participants will be encouraged to explore ethics in a group setting. During the workshop, stories about some do's, don'ts and other examples that can and do affect the ethical decisions we make every day. Time will be provided for participant's stories and discussions.



Workshop Schedule:

- *Registration Opens: 8:30am*
- *Morning Session: 9:00am – 12:00pm*
- *Lunch 12:00pm – 1:15pm*
- *Afternoon Session: 1:15pm – 4:15pm*

[Click Here to Download the Registration Form!](#)

Location:

**Indiana Wesleyan University –
Indianapolis North Campus
3777 South Priority Way South Drive
Indianapolis, IN 46240**

IAAP is a NAADAC Approved Provider.

Provider #: 88754

All educational training programs are reviewed for content applicability to state/national certification standards.

CEUs approved through the IPLA for social workers, clinical social workers, marriage and family therapists, mental health counselors, addiction counselors, and clinical addiction counselors.

Refund Policy: Refunds will be issued, minus a \$15 service charge, if requested on or before 7/10/2016.

2016 Legislative Session

[SB187 - Overdose Intervention Drugs](#)

Effective July 1, 2016. This bill requires an entity acting under a standing order issued by a prescriber for an overdose intervention drug to report annually certain information to the state department of health. Requires the state department to ensure that a statewide standing order for the dispensing of an overdose intervention drug is issued for Indiana. Allows the state health commissioner or a public health authority to issue a statewide standing order for the dispensing of an overdose intervention drug. Requires certain emergency ambulance services responsible for submitting the report to report the number of times an overdose intervention drug has been administered. Requires the ambulance service to include the information in the emergency ambulance service's report to the emergency medical services commission under the emergency medical services system review. Provides that, if certain conditions are met, an individual who aided an individual in need of medical assistance due to an opioid related overdose is immune from certain criminal prosecutions.

[SB297 - Opioid Dependence Treatment](#)

This bill was signed by the Governor on March 21, 2016 and becomes effective on July 1, 2016. The Opioid Dependence Treatment bill requires Medicaid coverage for inpatient detoxification for the treatment of opioid or alcohol dependence. Add requirements for an opioid treatment program to meet in order to operate in Indiana. Requires the division of mental health and addiction to adopt specified treatment protocol containing best practice guidelines for the treatment of opiate dependent patients to be used by certain office based opioid treatment providers. Requires an opioid treatment program to provide specified information upon request by the division. Urges the legislative council to assign a study committee the topic of patient access to and provider reimbursement for federally approved medication assisted treatment in the Medicaid program. For a more comprehensive summary, [please click here](#).

[HB1278 - INSPECT Program](#)

Effect July 1, 2016. This bill allows a dentist, physician, advanced practice nurse, physicians assistant and podiatrist to include an INSPECT program report in a patient's file. Establishes requirements to obtain reciprocity for an out-of-state person seeking to provide home medical equipment services in Indiana. Removes a provision that allows the pharmacy board to adopt rules for an out-of-state person seeking to provide home medical equipment services in Indiana. Allows an individual who holds a temporary fellowship permit to access the INSPECT program. Allows a county coroner conducting a medical investigation of the cause of death to access

the INSPECT program. Makes certain changes to the immunity granted to practitioners who use the INSPECT program. (Current law extends immunity to both practitioners who use and do not use the INSPECT program.) Allows a practitioner's agent to check INSPECT program reports on behalf of the practitioner. Allows a patient to access an INSPECT program report that is in the patient's medical file. Requires the boards that regulate health care providers that prescribe or dispense prescription drugs to establish prescribing norms and dispensing guidelines that, if exceeded, justify the unsolicited dissemination of exception reports. Specifies the exception reports that a board's designee may forward to a law enforcement agency or the attorney general for purposes of an investigation. Makes a technical correction.

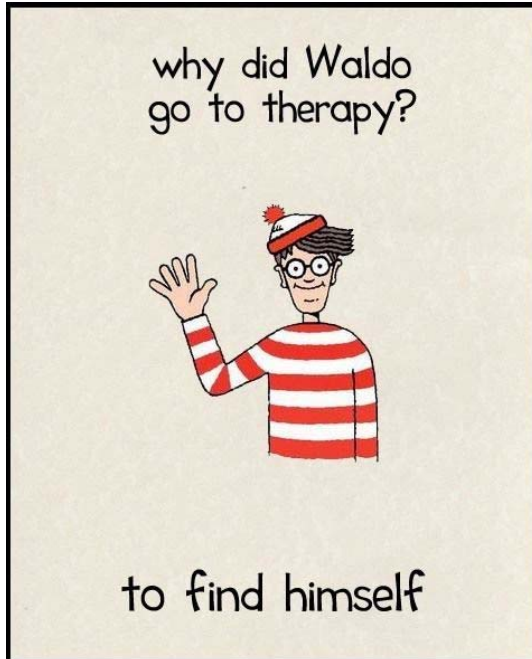
[SB214 - Controlled Substances Reimbursement](#)

Effective July 1, 2016. This bill prohibits Medicaid reimbursement for Subutex, Suboxone, or a similar trade name or generic of the drug if the drug was prescribed for the treatment of pain or pain management and the drug is only indicated for addiction treatment. Requires the office of the secretary and the division of mental health and addiction to develop a treatment protocol containing best practice guidelines for the treatment of opiate dependent patients to be used by certain office based opioid treatment providers. Requires the office of the secretary to recommend certain best practice guidelines to: (1) the professional licensing agency; (2) the office of Medicaid policy and planning; and (3) a managed care organization that has contracted with the office.

[HB1347 - Mental Health Matters](#)

Effective July 1, 2016. This bill requires the office of Medicaid policy and planning to reimburse under the Medicaid program: (1) certain advanced practice nurses for specified Medicaid services; (2) certain graduate and post graduate degree level students in specified fields who are interning or in a practicum at a community mental health center under the direct supervision of a licensed professional; and (3) licensed clinical addiction counselors who under the clinical supervision of a physician or health service provider in psychology. Requires the department of insurance, in consultation with the office of the secretary of family and social services, to review, study, and make recommendations concerning the capacity, training and barriers to health navigators in assisting individuals in obtaining health insurance program coverage. Requires the department to report their findings to the interim study committee on public health, behavioral health and human services before September 30, 2016.

A SOBER CHUCKLE... Rx: LAUGHTER

Burned Out and Checked Out:
Preventing Burnout in Addictions

It is quite possible to have given up the fight long before noticing it. Finding one's self simply going through the motions mid-session, happens more than we would like to admit. Not challenging a client or, not holding them accountable can seem to become a habitual commonplace culture, just as it is for our clients to "knock the edge off" or "get laced up" every morning. For the young therapist who sets off on a journey of giving our clients the help they need, and treating them with the dignity and respect that they deserve, and then have the client relapse only to be relegated to jail or prison, because they are court mandated can be hard. But, this I imagine, is nothing like witnessing the revolving door clients, year in and year out and wondering, "Have I wasted my time for 12 years? I may as well stick it out, I'm mid-career."

I suppose for the seasoned therapist who is mid-career, and knows the ropes, understands all too well why we should "leave it at the office." I imagine that they teach their supervisees "you had better not work harder than the client does on his own issues." For one who is outside looking in, it would seem that some seasoned mid-career therapists can be rather harsh, hard-lined, or rough and tumble with the clients. However, somehow those clients who have the mid-career therapists, the therapists - whom are almost as cunning, baffling, and powerful with their words, as the elixir of Bacchus is in spirit, - keep coming back day after day, week after week, and month after month, for their dose of Joe the jolting therapist or Melanie the mean counselor.

But, then it happens, the therapist starts to examine, reflect, and introspect, and they are no more. They have seen the pregnant ladies lose their fifth child, but then come into the office pitch themselves onto the carpet, and quote verbatim "I want my kids back, they are the most important thing to me," as if they committed the phrase to memory via inculcation, only for DCS to send them another referral for that client about nine to 12 months later. At what point does the therapist say "I can no longer watch these people continue to destroy themselves." While it seems that certain media platforms boast; "the state or the President has signed into law the release of state or federal funding to research the opioid epidemic. Some therapists may be so far down the rabbit hole that the promise of funding may sound as far off as the search for extraterrestrial intelligence (SETI).

Continued on page 6 see BURNED OUT.

Words of Wisdom

Never doubt that a small group of COMMITTED PEOPLE can change the world. Margaret Mead.

Advertisement Opportunities

Place your ad here!



Opportunities are now available to advertise in the IAAP electronic newsletter! If you would like to place an ad or if you want more information on how to advertise with us in our electronic newsletters, please contact Stephanie by email at: stephanie@centraloffice1.com

BURNED OUT Continued.

So, the mid-career therapist may endlessly search for a management position or change careers altogether. Ahh, but woe be it to the individual dealing with addictions issues, who makes it past the gatekeepers, through to the sages of our profession. Enter the therapist who is nearing retirement and readily admits "I am still a student."

Although the two previous therapists have probably read *Motivational Interviewing in Groups* by (Wagner & Ingersoll) and read "the person dealing with addictions wants to stop, but they don't want to stop," The near retirement therapist truly understands what this means and probably wrote that book or, one comparable to it. They have weathered the storm, both in the classroom, and in the streets. These sages have been ridden hard and put up wet like an old saddle. Others have been hog tied, man-handled, and horse whipped, by administrations, changing policies and procedures, and the advent of new drugs. But, why do some of them stay in the Arena that President Teddy Roosevelt spoke of in 1910, and dare greatly, while others after 22 years run away like their hair is on fire? Why do some from all three groups give up? BURN-OUT!!!

If the two things that are certain are death and taxes, then BURNOUT!!! is a close relative. It is BURN-OUT!!! that causes these therapists to get into power struggles with the clients, even when we know that the clients are in survival mode 24 hours per day. It is BURNOUT!!! that causes us to close group early or cancel group altogether. And, it is BURNOUT!!! That causes us to allow the client to trick themselves into thinking I'm recovered, I'm going to stop coming so someone who needs this seat can have it."

No, this simply will not do. Research substantiates that alcohol and other drugs (AOD), causes memory loss. So maybe the clients forget from time to time, what their goal for treatment is. We however, cannot forget nor, can we afford to allow the client to forget. Scientists purport that AOD lower inhibitions; some things the client would not do sober; they will do while under the influence. So, the clients may be actively using or, be relapsing in their thinking, while trying to use defense mechanisms, or manipulate the therapist or fellow groups members.

I pose the question to you: would you let your friend or relative drive drunk? I can hear the NO resounding. Then likewise we can ill afford to allow our

clients to relapse, manipulate, and use defense mechanisms even on themselves. However, if we are not careful BURNOUT!!! will issue us carte' blanc to do just that. So then let us be cognizant of the fact that we are all in danger of BURNOUT!!!, let us take care of ourselves so that we can provide the very highest standard of care for our clients, let us continue to move our organization, and careers into the forefront of addiction treatment.

"Let us try, and may our attempts be valiant efforts"

Submitted by:

George Henry Scott Jr. M.S. ICAC-I 2016

Signs of BURNOUT!!!

- Always being tired
- Stress
- Headaches
- Sickness
- I don't care attitude
- Poor work performance
- Taking extra days off
- Poor self-care

Ways to prevent BURNOUT!!!

- Proper diet
- Exercise
- Rest
- Full night's sleep
- Self-care
- Supervision
- Therapy
- education



What is your Pebble?

The following is one way I introduced Step one and the concept of Unmanageability to my IOP classes. As you may remember, Unmanageability falls into two categories: social and personal. The personal examples always were hardest for clients to really 'get', so I found this metaphor from Jim Fannin's book, "*What is Your Pebble*," helpful. Perhaps you might also.

Everyone has had a pebble in his or her shoe. You may have one or two now. It's the small, nagging thoughts that eventually weigh you down. Some pebbles have been hidden, undetected for years. Others push, prod, and make their presence felt every day. Each pebble intrudes into the lives of the unsuspecting.

At different times in life the pebbles arrive. Although they are small and may be undetectable, they represent many unresolved thoughts, images and experiences. Some are pebbles of doubt. Doubt can form from a single experience or thought that occurred years, months or weeks before. There may be pebbles of fear, guilt, rejection or shame. You may not notice them for years, and then they eventually arrive unannounced and usually at the most inconvenient time. Some reside in your house slippers that you tuck under your bed. Some pebbles find their way into your golf shoes while others form in the shoes worn while you parent. Some pebbles are lodged only in your work shoes.

IAAP Student Mentoring

Have you sponsored a student yet? There is ALWAYS time! Look for updates in the next issue of the IAAP newsletter to help our future professionals gain the skills they need to SUCCEED! I would also love to see more student involvement on our IAAP committees. Do you have a student in mind? Nominate them today in the IAAP 2016 Election!

Please keep in contact and I would be interested in comments, suggestions, critiques you can offer us. I hope to meet you face to face in Indianapolis this September for our Fall Conference.

Only Our Best,

C. Albert Alvarez LMHC, LCAC, MAC, CGP.

Albert, president of IAAP

C. Albert Alvarez, LMHC, LCAC, MAC, CGP

To run the marathon race of life at your most efficient speed, you must be free of pebbles in your shoe. The pebbles of embarrassment, guilt, rejection, fear, envy, jealousy, anger, impatience, frustration, and doubt. These intangible pebbles are crippling. They destroy relationships. They contribute to over-eating and gaining unhealthy weight. They coax us into drugs, alcohol and other addictions. They destroy families and alienate friends. They thwart the potential of our children and physically snuff extra years from our life. An undetected pebble can cause you to quit or perform with complete indifference. It can help instigate a fight or add disrespectful silence to an otherwise dynamic relationship. Even the desire for fame, fortune or power can turn into a pebble in your shoe if left undetected. Most pebbles stir up the past, cloud the future and keep the present to a blink of the eye. Like a garden that's been freshly tilled, a pebble can reappear without warning or detection. The "right" circumstances can expose it.

These are the pebbles in the shoe. Prevention and removal are your only options for simplicity, balance and serenity in RECOVERY.



FDA Approves Six Month Implant for Treatment of Opioid Dependence

National Institute on Drug Abuse
Announcement
May 26, 2016

The National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, is pleased to announce that the U.S. Food and Drug Administration (FDA) has approved the first long-acting, subdermal buprenorphine implant for the treatment of opioid dependence. The medicated rods, implanted in a single procedure, are designed to provide an ongoing release of a low dosage of buprenorphine over the span of six months. The implant technology is approved for a specific subset of patients who are already clinically stable for at least six months on other approved buprenorphine delivery systems, including moderate doses of buprenorphine tablets or films.

Buprenorphine is a medicine currently approved to treat opioid use disorder and is available as a buccal tablet or a film placed under the tongue or against the inside of the cheek, both requiring self-administration by patients on a daily basis. The newly approved implantable form of buprenorphine, called Probuphine, is placed under the skin in the upper arm in an out-patient setting, and removed in a similar manner at the end of the treatment period. Other medications for opioid use disorder include methadone and naltrexone.

Medication-assisted treatment (MAT) is cost-effective and has been proven to help patients recover from opioid use disorder, reduce fatal overdoses, improve social functioning, reduce criminal activity, and lessen the risk of transmitting infectious diseases like HIV and Hepatitis C.

Yet, of the 2.2 million Americans 12 years of age or older who abused or were dependent on opioids in 2014, fewer than 1 million received MAT. Also, less than half of private-sector treatment programs have adopted MAT, and even in programs that offer MAT, only 34.4 percent of patients are prescribed them.

Probuphine is made and sold by Braeburn Pharmaceuticals who licensed the North American commercialization rights from Titan Pharmaceuticals. NIDA provided funding for early clinical trials to test the safety and efficacy of the drug for the treatment of opioid use disorder. Information about the availability of Probuphine will be made available on the Braeburn Pharmaceuticals website.

Read FDA press release
<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm503719.htm>.

To see NIDA Director Dr. Nora Volkow's blog, go to:
<https://www.drugabuse.gov/about-nida/noras-blog/2016/05/probuphine-game-changer-in-fighting-opioid-dependence>

Read Dr. Volkow's 2014 The New England Journal of Medicine [article](#) titled: "Medication-Assisted Therapies – Tackling the Opioid-Overdose Epidemic".

Read [Principles of Drug Addiction Treatment: A Research-Based Guide \(Third Edition\)](#) to learn more about incorporating medications, such as buprenorphine, into treatment.

For more information, contact the NIDA press office at media@nida.nih.gov or 301-443-6245. Follow NIDA on Twitter and Facebook.

Contact:
NIDA Press Office
301-443-6245
media@nida.nih.gov

Source:
<https://www.drugabuse.gov/news-events/news-releases/2016/05/fda-approves-six-month-implant-treatment-opioid-dependence#.V0pIdOPUnNU.email>



New FDA Rules Could be Costly to Vape Stores and Users

South Bend Tribune

Posted: Sunday, May 29, 2016 6:45 am | Updated: 7:51 pm, Thu Jun 2, 2016.

By Lincoln Wright

If you're a frequent user of e-cigarettes and vaporizers, new regulations from the Food and Drug Administration will likely affect you and your favorite vape store.

This month, the FDA finalized its rule that regulates the manufacturing and sale of all "electronic nicotine delivery systems" and the liquids used in them. Basically, it regulates the products like all other traditional tobacco products.

But the rules are causing an uproar from users of such products and the businesses that sell them — a majority of which are small and locally owned. E-cigarettes were introduced about a decade ago, and many have promoted them as healthier options to tobacco because it's a way to get nicotine without the harmful tar and chemicals.

They are also seen as a way to help people stop smoking all together. But it's an industry that has gone unregulated, and although health officials agree the products are less harmful than tobacco, little is known about long-term use.

One thing is clear, though: These regulations will have a large effect on the industry. The American Vaping Association, a trade group for the industry, went as far as comparing the rules to prohibition.

While the regulations are not outright banning the products, manufacturers of the equipment and e-liquids will have to register with the FDA and provide a detailed list of products' ingredients and manufacturing processes.

The approval process will take thousands of hours for businesses and could cost more than \$1 million just for one product, according to the American Vaping Association. It's a cost small vape stores can't take on. Mixing their own e-liquid is Vape N Smoke's "bread and butter," Kaine Bailey, assistant manager of the South Bend store, says. Vape N Smoke has two locations in Michigan and two in Indiana.

With the new regulations, though, Bailey says it's likely they will have to stop offering the service. Although there will be larger manufacturers they can buy from, he fears the biggest cost will be the stores' ability to provide customer service.

Vape N Smoke has thousands of e-liquid recipes, Bailey says, and the stores even personalize mixes for their regular customers. They also have a "good juice" guarantee, which allows customers to replace an e-liquid if they do not like it.

These are services Vape N Smoke will no longer be able to provide if it has to purchase e-liquids from a third-party manufacturer.

"It's going to ruin a lot of what we have going," says Bailey, adding that customers already are upset about the changes.

With small businesses unable to afford the costly approval process, the industry will soon be dominated by large tobacco companies that can take on the costs.

The FDA rule also bans the sale of e-cigarette products to anyone younger than 18, and anyone under the age of 26 must show photo ID.

More than 3 million middle and high school students were users of e-cigarettes in 2015, up from 2.46 million in 2014, according to the FDA. And 81 percent of current youth users cited the availability of appealing flavors as the primary reason for use.

But the rates of youth using traditional tobacco products have declined since e-cigarettes were introduced, and opponents of the rule fear more kids will turn back to those products now.

Implementation of the new rules will take time, though. The FDA expects manufacturers will continue selling their products for up to two years while they submit for approval, with an additional year for FDA reviews.

Once the rule is in full effect, users of e-cigarettes and vapes will likely face increased costs and fewer choices. Because every different e-liquid recipe and every different type of device and add-on must be approved, producers will be slow to bring new choices to market.

The expense to get these products approved will also likely be passed on to the consumer.

"It's completely out of our control," Bailey says. "It makes me feel terrible when we can't give the customer what they want."

Source:

http://www.southbendtribune.com/news/business/marketbasket/new-fda-rules-could-be-costly-to-vape-stores-and/article_214e6859-98ac-5b31-9341-43dc5081e2cc.html

ELECTIONS COMMITTEE

Greetings and salutations from the Elections Committee. It is that time again, to let your voice be heard and your opinion count. Elections time is upon us. Please exercise your privilege to nominate and vote in our annual elections. In 2016, IAAP will be seeking nominations for President, Secretary, Treasurer, Region 1 Board Member, and Southern Region Student Representative. Region 1 is described as, the 'Northwest Region', lies west of US 31 from the Michigan—Indiana state line south to US 36 from Indianapolis to the Indiana—Illinois state line, and includes all of South Bend, Lakeville, Lapaz, Perrysburg, and Kokomo. Nominations for Regional representatives need to be solicited from the same respective region. As an example, an IAAP member in Region 1 may nominate a Region 1 member and not a member from any of the other regions. Further, no member may nominate him or herself.

Nomination forms are included in this newsletter issue on page 11, and will also be sent by email and/or mail by June 14, 2016 to all IAAP members. All nominations must be mailed and received by the IAAP office no later than July 15, 2016, Attn: George Henry Scott Jr. the Elections Committee Chair. Any nominations received after this date will be voided by the committee.

All nominations are then reviewed by the Elections Committee to determine if qualifications and criteria have been met for the respective position, no later than August 15, 2016. Upon completion of this process, ballots will be mailed by August 30, 2016, and all ballots must be returned and postmarked by September 20th. Results of the election will be announced at the Annual membership meeting on September 23, 2016, during the Annual Fall Conference.

Finally, we are always looking for our best and brightest to serve on a committee. We look forward to seeing you at the Ethics training on July 15, 2016, and the Fall Conference September 23-24, 2016.

George Henry Scott Jr., MS, ICACI

IAAP - APIT Certification Information

The IAAP Board of Directors and the Certification Chairman have worked diligently to formulate a progressive scale for the upward certification process that will help define what it means to be a professional. Our entry level Certification is known as the APIT (Addiction Professional In Training). As with the upper levels of Certification, ICAC-I and ICAC-II, all are valid for a period of two (2) years from the date of issuance. All individuals applying for IAAP certification must meet the minimum state requirements for addictions counseling certification at the level for which they are applying. Below, we feature the APIT Requirements.

1. Provide documentation of:
 - a. Completion of an Associate's degree in an Addiction-specific program with a 160 hour practicum from an accredited college or university, AND
 - b. Provide a copy of his/her transcripts showing passing grades in all relevant coursework.
 - c. These documents MUST be legible and easy to read. We recommend you make your copies and mail them to Stephanie at Central Office instead of faxing.
2. Complete an application for APIT certification with the signed and dated affirmation stating the applicant has read and agreed to abide by the IAAP Code of Ethics.
3. Submit the completed packet to our Central Office address to the Attn: of the IAAP Certification Committee, with the appropriate application and certifications fees. Application fees are Non-refundable.
4. The APIT may only be renewed one time, EXCEPT for college or university students enrolled in a minimum of three (3) credit hours, who may review up to three (3) times.

The Chairperson for the Certification Committee for IAAP is Kay Bontrager, kay.b@recovery-connections.net. You can also **TEXT MESSAGE ONLY** to Kay at (574)575-0636, as this number is not regularly answered by phone call.

IAAP NOMINATION FORM – 2016

Board/Officer Nominations Criteria:

1. This form must be completed and returned along with the nominee’s bio to IAAP Central Office with a postmark date or faxed date or email time stamp NO LATER than July 15, 2016.
2. All candidates for each position must be IAAP members in good standing, licensed by the IPLA, and agree to abide by the IAAP Bylaws and Code of Ethics.
3. All nominee(s) submitted must be willing and able to serve for the required terms (2 years for officers and 3 years for board members).
4. Self nomination is not permitted.
5. Board /Officers may not belong to any other addiction counselor membership organizations.
6. Presidential nominees must have served as an IAAP Director or Officer to be nominated for President.
7. All nominees must be Indiana residents.

Signature of person submitting nomination: _____

Name of person submitting nomination (please print or type):

E-mail: _____ Phone: _____

I am submitting a nomination for the following position:

- | | |
|--|---|
| <input type="checkbox"/> President Elect | <input type="checkbox"/> NW Board Member (Region 1) |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Student Representative Southern Region |
| <input type="checkbox"/> Treasurer | |

Name of Nominee: _____

Address: _____

City: _____ ST: _____ ZIP _____

Current job responsibilities and/or related employment:

Education:

Licensure:

Professional affiliation(s) and/or national certifications:

All nominations must be postmarked by July 15, 2016
Please mail to: IAAP Central Office
Attention Election Committee Chairperson, George Scott
3125 Dandy Trail, Suite 110 ~ Indianapolis, IN 46214
PH: 317-481-9255 ~ Fax: 317-481-1825

President

Angela Hayes
ahayes58@ivytech.edu

President Elect

Steve Stone
sstone@whitecountyindiana.us

Past President

C. Albert Alvarez
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