RELAPSE PREVENTION NAVIGATOR ™
CANDIDACY APPLICATION

We are excited that you have chosen to enhance your professional skill set by joining our growing community of Relapse Prevention Navigators ™. The training you have begun is likely to serve both you and those you serve for many years to come. The emotional and financial costs associated with relapse is nearly as great as the cost of an untreated addiction and the growing debt leaves many addicts and their families so preoccupied that they can not look for a way off the merry-go-round. You have embarked on a journey that will increase your ability to communicate hope in the recovery process as a result of demystifying the relapse process.

Candidacy Application Checklist

For your convenience we have included a candidacy application checklist for your use to help ensure you have included everything we need in your application submission. Please feel free to contact our corporate office at 732-797-1444 if you have any questions about the submission process.

When you have collected all the submission items you can either opt to scan the material and email it to corporate@leademcounseling.com or you can mail all the material to:

Leadem Counseling & Consulting Services, P.C.
668 Commons Way
Building I
Toms River, NJ 08755

- ☐ Completed application
- ☐ Copy of your license(s) and/or certification(s)
- ☐ Signed LCCS Legal & Ethical Statement
- ☐ Signed Sobriety Commitment Statement
- ☐ Signed Mentorship Agreement
- ☐ Application fee of $25

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Section 1: Identifying Information

Instructions: Please provide all the information that is requested below. The first subsection is asking you to provide personal information. This information will be retained for our records. The second subsection is asking you to provide professional information about yourself. If you elect to enroll in the The Lighthouse, a membership based service designed to expand your market share and support your marketing efforts, your professional and educational information will be posted on our website.		
Personal Information (will not be disclosed)		
Legal Name:		
Former/Maiden Name:		
	Home Address	
Street Address:		
City:	*State:*	*Zip:*
	Personal Phone Numbers	
Home Phone:	*Cell Number:*	
Personal Email Address:		
Professional Information		
Preferred Name (Include Credentials):		
Agency/Employer:		
	Work Address	
Street Address:		
City:	*State:*	*Zip:*
Work Phone:		
Work Email:		
Website Address:		

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Section 2: Licenses & Certifications Received

Instructions: Please list all of the licenses and certifications you currently hold in the blank spaces provided. For the first two questions below the blanks simply answer yes or no. If you answer yes to either question, please offer an explanation in the bottom box.

License/Certification	Date Received	Expiration Date

Have you ever had a license/certification suspended or revoked?	☐ Yes ☐ No
Have you ever received disciplinary action by any licensing board or certifying body?	☐ Yes ☐ No

If you answered yes to either of the two questions above, please explain:

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Section 3: Education Level

Instructions: Please identify all colleges and universities you have attended and indicate below the highest level of education you have obtained to date.

Please indicate the highest level of education you have obtained to date:

☐ Bachelors ☐ Masters ☐ Ph.D. ☐ M.D., D.O. ☐ Other: _____

Name of College or University	Degree Conferred	Date Degree Conferred

Section 4: Professional Experience

Instructions: Please select the box(es) associated with the answer that is the most appropriate fit. The last question is intended for clinicians only.

How many years have you served others in a professional capacity?

☐ 0-1 years ☐ 1-3 years ☐ 3-5 years ☐ 5-10 years ☐ 10-20 years ☐ 20+ years

When working with others, what percentage of the time do you find that you are addressing and/or treating addiction and its impact?

☐ 0-20% ☐ 20-40% ☐ 40-60% ☐ 60-80% ☐ 80-100%

(Only for clinicians) In what capacity do you work with clients?

☐ Residential Treatment ☐ An Outpatient Program

☐ Private Practice ☐ Other: _____

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Section 5: Experience Addressing Relapse

Instructions: For the first two questions please select the box(es) associated with the answer that is the most appropriate fit. For the last item we ask you to answer the open ended question in the space provided. If you need additional space please continue on a separate page and add this page to your submission.

Do you have any personal experience with addiction?

☐ I am in recovery ☐ I have/had a loved one with an addiction ☐ I have no experience

If you are in recovery, have you ever relapsed since you entered in recovery? ☐ Yes ☐ No

How do you think your personal experience with addiction, or lack thereof, influences the way you treat/address/view addiction and relapse?

Instructions: Please consider how frequently the statements have been applicable to you. Please place an "X" under the frequency that fits the best for each statement.

Statements	Frequency				
	Severely	Moderately	Somewhat	Hardly	N/A
1. Do you find that your own sobriety is threatened when one or more of your clients/church community members relapses?					
2. If you have relapsed since you began working in a professional capacity with others, do you think your relapse(s) have affected your work with other addicts and/or their loved ones?					

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Instructions: Please consider how frequently the statements have been applicable to you. Please place an "X" under the frequency that fits the best for each statement.					
Statements	Frequency				
	Always	Most of the time	Some of the time	Rarely	Never
1. Do you find that you are able to recognize when someone you are working with is going to relapse?					
2. Do you feel that you are able to effectively help an addict arrest their relapse process?					

Instructions: For this item we ask you to answer the open ended question in the space provided. If you need additional space please continue on a separate page and add this page to your submission.
What do you find to be most challenging when helping someone who continues to experience relapse?

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for Leadem Counseling & Consulting Services, P.C. to suspend, deny, terminate or revoke my certification as a Relapse Prevention Navigator ™ or my candidacy for certification as a Relapse Prevention Navigator ™.

_____ _____

Signature Date

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