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RULE ADOPTIONS

Reporter

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Agency

LAW AND PUBLIC SAFETY > DIVISION OF CONSUMER AFFAIRS > STATE BOARD OF
MARRIAGE AND FAMILY THERAPY EXAMINERS > ALCOHOL & DRUG COUNSELOR
COMMITTEE

Administrative Code Citation

Adopted Amendments: N.J.A.C. 13:34C-6.2, 6.2A, and 6.3

Text

**Clinical Supervision of Alcohol and Drug Counselor Internship
Training Experiences; Clinical Supervision of Credentialed Interns Who
Hold an Active License as a Health Care Provider; Clinical Supervision
of a Supervised Practice for Certified Alcohol and Drug Counselors**

Proposed: May 21, 2018, at 50 N.J.R. 1247(a).

Notice of Proposed Substantial Changes Upon Adoption to Proposed
Amendments: May 20, 2019, at 51 N.J.R. 709(a).

Adopted: September 12, 2019, by the State Board of Marriage and Family
Therapy Examiners, Lorraine M. Barry, EdS., Chairperson.

Filed: November 6, 2019, as R.2019 d.127, **with substantial changes**
to proposal after additional notice and public comment, pursuant to
N.J.S.A. 52:14B-4.10.

Authority: N.J.S.A. 45:2D-14.

Effective Date: December 2, 2019.

Expiration Date: March 3, 2024.

Summary of Public Comments and Agency Responses:

The official comment period to the original notice of proposed amendments ended July 20, 2018 (see 50 N.J.R. 1247(a)). The State Board of Marriage and Family Therapy Examiners (Board), Alcohol and Drug Counselor Committee (the Committee) received comments from:

1. Jass Pelland;
2. Glenn Duncan, Owner, Advanced Counselor Training, LLC;
3. Dana Lugassy, LCSW, LCADC, CTTS;
4. Jennifer Thompson, MSW, Executive Director, National Association of Social Workers, New Jersey Chapter (NASW-NJ);
5. Elizabeth A. Conte, Licensed Professional Counselor, New Jersey Licensed Clinical Alcohol and Drug Counselor, Approved Clinical Supervisor;
6. Valerie L. Mielke, MSW, Assistant Commissioner, Department of Health, Division of Mental Health and Addiction Services (DMHAS);
7. Donald Weinbaum, MBA, LCADC, CCJP, Management and Clinical Consulting; and
8. Debra L. Wentz, Ph.D., President and Chief Executive Officer, New Jersey Association of Mental Health and Addiction Agencies, Inc. (NJAMHAA).

The official comment period to the notice of proposed substantial changes upon adoption ended July 19, 2019 (see 51 N.J.R. 709(a)). The Board and Committee received one comment from Debra L. Wentz, Ph.D., President and Chief Executive Officer, New Jersey Association of Mental Health and Addiction Agencies, Inc. (NJAMHAA).

1. Comments Received During Initial Comment Period Giving Rise to Substantial Changes to Proposal Upon Adoption

1. COMMENT: Four commenters expressed concerns with the impact on dually licensed health care professionals as a result of the proposed amendments to N.J.A.C. 13:34C-6.2, 6.2A, and 6.3 requiring licensed clinical alcohol and drug counselors (LCADCs) to hold or obtain the Certified Clinical Supervisor (CCS) credential to be deemed a qualified clinical supervisor of alcohol and drug counselor interns or certified alcohol and drug counselors (CADCs). One of these commenters concurred with the benefit of LCADCs obtaining a CCS certificate but expressed

concerns about requiring a clinical professional with an existing supervisory certificate to additionally obtain the CCS.

One of the commenters noted that there are a significant number of mental health practitioners in New Jersey who hold both the licensed clinical social worker (LCSW) and LCADC credentials. The commenter expressed concern that the proposed requirement for a qualified social work clinical supervisor to complete an additional 30-hour training for CCS certification in order to become a qualified clinical supervisor of alcohol and drug counselors will be redundant and duplicative, and impose hardships in both cost and time commitment (50 total hours of supervision training). The commenter also stated that it has been established practice in New Jersey for the cross-approval of continuing education courses for mental health professionals between the Boards of Social Work Examiners (Social Work Board) and Marriage and Family Therapy Examiners (MFT Board). The commenter further noted that LCSWs who wish to serve as clinical supervisors for social work interns and licensed social workers (LSWs) are required by the Social Work Board to complete 20 hours of approved clinical supervision training, as set forth at N.J.A.C. 13:44G-8.1(a)5.

The commenter stated that the cost for a clinician to take the Social Work Board's approved clinical supervision course through the NASW is \$ 350.00 to \$ 425.00, depending on NASW membership status. The commenter also stated that, through completion of the Social Work Board's 20-hour approved clinical supervision course, the clinician gains a strong knowledge of general clinical supervision principles.

Another commenter, a dually licensed LCSW and LCADC, stated that through her experience, training, education, and credentials she satisfied the clinical supervisor training and experience hours required of the CCS. The commenter, moreover, stated that the CCS qualifications, experience, and training content is comparable to other supervisory coursework and credentialing requirements. The commenter also noted that the CCS is acceptable training for those individuals applying for the ACS credential required of licensed professional counselors (LPCs) to supervise.

One of the commenters noted that the Committee's existing rules exempt from taking the written/oral exam, State licensed health care providers who are in good standing, diagnose, and/or treat drug or alcohol related disorders within the health care provider's scope of practice, and have equivalent education and training and comparable years of experience required for licensure under N.J.A.C. 13:34C-2.2 and 2.3. The commenter believes that, consistent with this exemption, LCSWs who have completed the Social Work Board's requirements for clinical supervision should be exempt from taking the CCS. The

commenter stated that these clinicians have already demonstrated mastery of clinical supervision and that they have also proven the education and experience in the fields of addiction and mental health. The commenter requested that the Committee consider an exemption from the CCS credential entirely, or at least an exemption from the CCS exam, for dually licensed clinicians who possess the LCSW with the supervision endorsement because requiring another course and exam, and paying for another credential is a burden to those in the helping profession.

The commenters requested that the Committee consider amending the rules concerning dually licensed mental health care professionals who hold an LCADC.

One of the commenters recommended that for current clinical supervisors, requiring an LCADC who is dually licensed as an LCSW and who has previously met the requirements to become a social work clinical supervisor in the State of New Jersey, complete an additional 10 hours of approved supervision training to be considered a qualified clinical supervisor of drug and alcohol counselors. For prospective clinical supervisors, the commenter recommended requiring an LCADC who is dually licensed as an LCSW and who has not completed any type of clinical supervision training complete either the 30-hour CCS credential or the 20-hour clinical supervision training for LCSWs required by the Social Work Board, and 10 additional hours of approved clinical supervision training. The additional 10 hours of clinical supervision training must be approved by the MFT Board and be focused specifically [page=1762] on drug and alcohol supervision-related content that is not covered in the social work clinical supervision training.

Two commenters recommended that LCADCs who hold another New Jersey clinical license (for example, LPCs and LCSWs) be deemed a qualified clinical supervisor if they have met the supervision requirements of the other respective licensing board. The commenters believe that requiring only one supervisory credential will reduce the redundancy of clinical supervision training requirements for dually licensed professionals who have demonstrated expertise in the substance use disorder treatment field. The commenters further believe that requiring a dually licensed professional to obtain another supervisory credential would have a negative impact on the addiction field, creating an economic hardship for a discipline that is plagued with lower wages and workforce shortages.

2. COMMENT: One commenter recommended alternative amendments to N.J.A.C. 13:34C-6.2, 6.2A, and 6.3, governing clinical supervision,

respectively, of alcohol and drug counselor interns, credentialed interns, and certified alcohol and drug counselors.

The commenter recommended that professionals who hold another New Jersey license and are LCADCs should be considered qualified clinical supervisors if they have met the supervision requirements of the other respective licensing boards. The commenter believes that this recommended change will reduce the redundancy of clinical supervision training requirements for dually licensed professionals who have demonstrated expertise in the substance use disorder field.

The commenter also suggested that in addition to the current qualified clinical supervision requirement for those who hold another New Jersey license, but who are not LCADCs, these licensees can qualify as a clinical supervisor if they are certified as a clinical supervisor by the ICRC board and completed continuing education in the following areas: six hours of basic alcohol and drug knowledge; six hours in screening and assessment; [unspecified] hours of training in the use of American Society of Addiction Medicine (ASAM) criteria; and six hours of compulsive gambling. The commenter believes that adding these requirements would benefit consumers and better safeguard against untrained clinicians performing clinical supervision duties in New Jersey.

The commenter also proposed that licensed clinicians (clinical social workers and professional counselors) be considered qualified clinical supervisors if they: 1) have 3,000 hours of experience in the treatment of substance use disorders subsequent to licensure; 2) take and complete the supervision requirements for their discipline (National Association of Social Workers supervision training or Approved Clinical Supervision training), or meet the requirements for the Certified Clinical Supervisor (CCS) certification; 3) complete the above-mentioned training in basic alcohol, drug, and compulsive gambling knowledge, and in assessment, screening, and placement education; and 4) submit the completion of training as evidence to the Committee as approval (along with other currently required documentation) before starting supervisory experience.

3. COMMENT: One commenter, the petitioner for rulemaking, did not support the proposed amendments and contended that the Committee misinterpreted his original petition. The commenter stated that the original petition specifically stated that those who hold another license (certified advanced practice nurse, licensed psychologist, licensed clinical social worker (LCSW), licensed marriage and family therapist (LMFT), or licensed professional counselor (LPC)) and who are also a licensed LCADC, and are considered qualified supervisors by the other licensing board, do not need to obtain the CCS because such a

clinician has shown proficiency in substance use counseling by being in possession of the LCADC and they are qualified clinical supervisors with at least one other license. The commenter stated that he never requested to have dually licensed clinicians (both mental health and substance licenses), who are already qualified supervisors, to be required to obtain another training (and certification) in supervision (that is, the CCS). The commenter stated that, instead, it was his intent for those clinicians with only one license (either a mental health license listed above or an LCADC) to be required to obtain the CCS.

The commenter does not believe that those with other licenses need the CCS credential to be considered a qualified supervisor. The commenter noted that, all eligible licensure categories (other than the LCADC) have experiential requirements for a licensee to be considered a qualified supervisor. The commenter further noted that the LPC and LCSW also have educational requirements to be considered qualified supervisors (the LPC requires 45 clock hours of education, the LCSW 20 hours; in comparison, the CCS requires 30 hours). The commenter claimed that the only differential for approximately one-half of all licensure categories is a written test, which does not provide a significant standard that is above other licensing board supervisory requirements. The commenter believes, therefore, that the protection and welfare of the public is squarely met by supervision requirements other than the CCS. In addition, the commenter does not believe that there is any research to show that the CCS is significantly different from the supervisory requirements of other licensing boards and that there is no basis to require the CCS, especially if a clinician has obtained standardized and objective training and demonstrated proficiency in the substance use counseling field.

The commenter requested that the Committee not adopt the proposed changes and reconsider the original petition to require any supervisor with one license (either mental or substance specialty) to obtain the CCS and those supervisors who are at least dually licensed (with a mental health license and an LCADC) and who are already considered qualified supervisors by one licensing board to not be required to obtain the CCS. The commenter also recommended expanding to two years the time period for obtaining the CCS. The commenter also suggested amending the Economic Impact statement to include the cost of the educational component (30 clock hours of training), which can range from \$ 0 (for those who receive the training through the Division of Mental Health and Addiction Services (DMHAS) workforce initiative training conducted by the New Jersey Prevention Network), to more than \$ 600.00.

RESPONSE TO COMMENTS 1, 2, AND 3: The Committee agrees with the commenters that the clinical supervisory requirements established by other professional licensing boards and the experiential requirements for individuals licensed as a clinical alcohol and drug counselor provide a threshold for establishing supervisory competencies sufficient to protect the health and welfare of the public. Because combining the education and experience of a clinical alcohol and drug counselor with the supervision training or experiential requirements of the other professional license will ensure the quality and competency of the supervision these individuals provide, the Committee believes it is not necessary to require the CCS for these dually licensed mental health professionals.

Therefore, the Committee is changing N.J.A.C. 13:34C-6.2, 6.2A, and 6.3 upon adoption to provide that the Committee will deem as qualified supervisors, those individuals who hold dual-licenses as both a licensed clinical alcohol and drug counselor and as a certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or professional counselor, who are deemed qualified supervisors by the other respective licensing board, and who have three years' clinical experience in alcohol and drug counseling, at least one of the years obtained after becoming a licensed clinical alcohol and drug counselor. The Committee will not require that these individuals obtain the CCS credential to be deemed a qualified supervisor. In addition, if the other professional licensing board does not have specific statutory or regulatory requirements to qualify a licensee to supervise clinical mental health services, the Committee will, on a case-by-case basis, consider that dual-licensee's supervisory experience to determine whether to waive the CCS requirement.

As originally proposed and, in accordance with the existing rules, the Committee will continue to require those individuals who are solely licensed as a clinical alcohol and drug counselor, certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or professional counselor to hold the CCS certification to be deemed a qualified supervisor.

4. COMMENT: One commenter stated that, although there is merit to requiring a CCS for LCADCs, such requirements should acknowledge comparable supervisory certificates and should be implemented in a way that neither causes over-burdensome costs and administration for either clinicians or the State, nor has negative impacts on the workforce and subsequently access to care.

The commenter recommended that the proposed regulations be amended such that if an LCADC holds another clinical license for which they

have an existing supervisory certificate, they should be deemed [page=1763] qualified clinical supervisors. The commenter believes that the CCS is acceptable training for those individuals applying for the ACS credential and this reciprocity should be extended in the reverse, whereby clinicians required to have a CCS certificate could substitute an ACS certificate.

The commenter also recommended that if a clinician does not hold an LCADC license, but has another clinical license and a valid supervisory certificate, minimum continuing education requirements in the field of addictions should be established. The commenter further stated that, once those requirements are met, and with certification by the ICRC board, the existing supervisory certificate should suffice to deem them as a qualified supervisor.

In addition, the commenter recommended that the biennial fee provision should be removed and noted that other supervisory certificates do not have such burdensome costs. The commenter also suggested that a lower tier of experience and coursework requirements should be established for licensed clinicians to be considered qualified supervisors as they work toward obtaining their CCS or meeting educational requirements to supplement their ACS.

RESPONSE: The Committee declines to change its rules to remove the existing requirement for solely licensed New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist or licensed professional counselor to obtain the CCS to be deemed a qualified supervisor. The Committee believes that the CCS is necessary because it is a clinical supervision credential specific to the treatment of substance abuse disorders. However, upon adoption, the Committee is changing the rules for certain dually licensed clinical alcohol and drug counselors (see the Response to Comments 1, 2, and 3).

The Committee notes that the ICRC establishes the requirements for the CCS certification and the Committee does not have the authority to amend those requirements.

2. Comments Received During Initial Comment Period, Not Giving Rise to Changes in the Rule Proposal

4. COMMENT: One commenter recommending expanding the timeframe to obtain a CCS from 18 to 36 months from the effective date of the proposed amendments. The commenter believes that this change will allow affected persons adequate time to complete CCS training and apply for, and obtain, the CCS credential. The commenter also believes that extending the time period will reduce the number of LCADCs who need to request exemptions due to extenuating circumstances, which will reduce

the Committee's workload and expense related to review and process any such requests. The commenter also noted that the cost of obtaining the CCS could be a barrier for some LCADCs and might further contribute to delays in obtaining the CCS. The commenter believes that the extended timeframe of 36 months would reduce this financial barrier.

RESPONSE: The Committee declines to expand the timeframe to obtain a CCS. The Committee believes that the 18 month allowance to obtain the CCS in the rule is a reasonable amount of time. In addition, the Committee will consider, on an individual basis, whether to grant an extension of time to obtain the CCS credential in those situations in which an existing supervisor may, as a result of extenuating circumstances, be unable to obtain the CCS within 18 months.

3. Comments Received upon Publication of the Notice of Proposed Substantial Changes upon Adoption to Proposed Amendments to N.J.A.C. 13:34C-6.2, 6.2A, and 6.3

5. COMMENT: The commenter expressed concerns that the education to obtain certification in clinical supervision does not provide unique information specific to supervising interns and counselors for alcohol and drug addiction. The commenter believes, therefore, that the differences between the requirements for supervising alcohol and drug counselors and those for supervising mental health counselors are not addressed. The commenter also stated that the lack of specific education and training could affect the quality of supervision and service provision for individuals being treated for alcohol and drug addictions.

RESPONSE: The Committee believes that the clinical supervisory requirements established by other professional licensing boards and the experiential requirements for individuals licensed as a clinical alcohol and drug counselor provide a threshold for establishing supervisory competencies sufficient to protect the health and welfare of the public. Because combining the education and experience of a clinical alcohol and drug counselor with the supervision training or experiential requirements of the other professional license will ensure the quality and competency of the supervision these individuals provide, the Committee believes it is not necessary to require the CCS for these dually licensed mental health professionals.

6. COMMENT: The commenter expressed concern about the high cost for the application and test, combined with recurring fees for re-certifications and believes that it would impose a significant financial impact.

RESPONSE: The Committee recognizes that the proposed amendments may have an economic impact upon licensees seeking to become qualified

clinical supervisors to the extent that licensed clinical alcohol and drug counselors must bear the costs associated with obtaining the CCS credential, which are determined by the International Certification Reciprocity Consortium (ICRC) member board. Currently in New Jersey, the costs to become CCS-credentialed include an initial application fee of \$ 250.00, plus a written examination fee of \$ 225.00 (plus an additional \$ 6.50 if payment is made online). There is also a biennial recertification fee of \$ 250.00. The Committee believes that any economic impact upon licensees seeking to become qualified clinical supervisors is outweighed by the benefit to the public of better quality of care resulting from establishing a uniform standard for proper clinical supervision.

7. COMMENT: The commenter requested that the Committee amend N.J.A.C. 13:34C-6.2 to require an LCADC to have a minimum of 18 months of experience as an LCADC before being allowed to take the CCS exam and be eligible to supervise clinical alcohol and drug counselors or clinical alcohol and drug counselor interns.

RESPONSE: The Committee notes that to become eligible to obtain the CCS credential, the ICRC board requires LCADCs to have five years of experience working in the field of chemical dependency and that it is not necessary to impose a minimum period for licensure as a clinical alcohol and drug counselor prior to being deemed a qualified supervisor. The Committee, therefore, declines to change N.J.A.C. 13:34C-6.2, as the commenter suggested.

Federal Standards Statement

A Federal standards analysis is not required because the adopted amendments are governed by N.J.S.A. 45:2D-1 et seq., and are not subject to any Federal standards or requirements.

Full text of the adoption follows (additions to proposal indicated in boldface with asterisks ***thus***; deletions from proposal indicated in brackets with asterisks *[thus]*):

SUBCHAPTER 6. CLINICAL SUPERVISION

13:34C-6.2 Clinical supervision of alcohol and drug counselor internship training experiences

(a) The following individuals may be qualified clinical supervisors of alcohol and drug counselor interns:

1. A New Jersey licensed clinical alcohol and drug counselor. Effective ***[(18 months from the effective date of this amendment)]*** ***June 2, 2021***, to be a qualified clinical supervisor, a New Jersey licensed clinical alcohol and drug counselor shall hold a current

Certified Clinical Supervisor (CCS) certification from an ICRC member board.

i. A New Jersey licensed clinical alcohol and drug counselor who, prior to *[(18 months from the effective date of this amendment)]* ***June 2, 2021***, was engaging in clinical supervision and is unable, due to extenuating circumstances, to obtain the CCS certification by *[(18 months from the effective date of this amendment)]* ***June 2, 2021***, may apply for an extension. If the Committee determines that the licensee is unable to obtain the CCS certification due to extenuating circumstances, the Committee shall grant the licensee an extension. Such application shall be filed with the Committee at least 30 days prior to *[(18 months from the effective date of this amendment)]* ***June 2, 2021***;

2. A New Jersey licensed physician, who is certified by the American Society of Addiction Medicine (ASAM) or a psychiatrist with added qualifications in chemical dependency from the American Psychiatric Association; *[and]*

[page=1764] 3. A New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, who holds a current Certified Clinical Supervisor (CCS) certification from an ICRC member board*[,] *; and

4. A New Jersey licensed clinical alcohol and drug counselor who is also a New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, is deemed a qualified supervisor by the other respective professional licensing board, and who has three years of clinical experience in alcohol and drug counseling.

i. The three years of clinical experience shall include hours earned as part of an individual's internship training. At least one year of the required experience shall be obtained after holding a license as a clinical alcohol and drug counselor.

ii. If the other professional licensing board does not have specific statutory or regulatory requirements to qualify a licensee to supervise clinical mental health services, the Committee will, on a case-by-case basis, consider that dual-licensee's supervisory experience to determine whether to waive the CCS requirement.*

(b) - (1) (No change.)

13:34C-6.2A Clinical supervision of credentialed interns who hold an active license as a health care provider

(a) The following individuals may be qualified clinical supervisors of credentialed interns who hold an active license as a health care provider as defined in N.J.A.C. 13:34C-1.2, provided such individuals are not precluded from providing such supervision by the laws or regulations in this State pertinent to their health care practice:

1. A New Jersey licensed clinical alcohol and drug counselor. Effective ***[(18 months from the effective date of this amendment)]* *June 2, 2021***, to be a qualified clinical supervisor, a New Jersey licensed clinical alcohol and drug counselor shall hold a current Certified Clinical Supervisor (CCS) certification from an ICRC member board.

i. A New Jersey licensed clinical alcohol and drug counselor who, prior to ***[(18 months from the effective date of this amendment)]* *June 2, 2021***, was engaging in clinical supervision and is unable, due to extenuating circumstances, to obtain the CCS certification by ***[(18 months from the effective date of this amendment)]* *June 2, 2021***, may apply for an extension. If the Committee determines that the licensee is unable to obtain the CCS certification due to extenuating circumstances, the Committee shall grant the licensee an extension. Such application shall be filed with the Committee at least 30 days prior to ***[(18 months from the effective date of this amendment)]* *June 2, 2021***;

2. A New Jersey licensed physician certified by the American Society of Addiction Medicine or a psychiatrist with added qualifications in chemical dependency from the American Psychiatric Association; ***[and]***

3. A New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, who holds a current Certified Clinical Supervisor (CCS) certification from an ICRC member board ***[.]* *; and**

4. A New Jersey licensed clinical alcohol and drug counselor who is also a New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, is deemed a qualified supervisor by the other respective professional licensing board, and who has three years of clinical experience in alcohol and drug counseling.

i. The three years of clinical experience shall include hours earned as part of an individual's internship training. At least one year of

the required experience shall be obtained after holding a license as a clinical alcohol and drug counselor.

ii. If the other professional licensing board does not have specific statutory or regulatory requirements to qualify a licensee to supervise clinical mental health services, the Committee will, on a case-by-case basis, consider that dual-licensee's supervisory experience to determine whether to waive the CCS requirement.*

(b) - (k) (No change.)

13:34C-6.3 Clinical supervision of a supervised practice for certified alcohol and drug counselors

(a) The following individuals may be qualified clinical supervisors of certified alcohol and drug counselors:

1. A New Jersey licensed clinical alcohol and drug counselor. Effective *[(18 months from the effective date of this amendment)]* ***June 2, 2021***, to be a qualified clinical supervisor, a New Jersey licensed clinical alcohol and drug counselor shall hold a current Certified Clinical Supervisor (CCS) certification from an ICRC member board.

i. A New Jersey licensed clinical alcohol and drug counselor who, prior to *[(18 months from the effective date of this amendment)]* ***June 2, 2021***, was engaging in clinical supervision and is unable, due to extenuating circumstances, to obtain the CCS certification by *[(18 months from the effective date of this amendment)]* ***June 2, 2021***, may apply for an extension. If the Committee determines that the licensee is unable to obtain the CCS certification due to extenuating circumstances, the Committee shall grant the licensee an extension. Such application shall be filed with the Committee at least 30 days prior to *[(18 months from the effective date of this amendment)]* ***June 2, 2021***;

2. A New Jersey licensed physician, certified by the American Society of Addiction Medicine or a psychiatrist; *[and]*

3. A New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, who holds a current Certified Clinical Supervisor (CCS) certification from an ICRC member board*[,] *; and

4. A New Jersey licensed clinical alcohol and drug counselor who is also a New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional counselor, is deemed a

qualified supervisor by the other respective professional licensing board, and who has three years of clinical experience in alcohol and drug counseling.

i. The three years of clinical experience shall include hours earned as part of an individual's internship training. At least one year of the required experience shall be obtained after holding a license as a clinical alcohol and drug counselor.

ii. If the other professional licensing board does not have specific statutory or regulatory requirements to qualify a licensee to supervise clinical mental health services, the Committee will, on a case-by-case basis, consider that dual-licensee's supervisory experience to determine whether to waive the CCS requirement.*

(b) - (m) (No change.)

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