

Training Plan Requirements for Authorization to Work as a Qualified Addiction Professional (QAP)

1. The individual in training must be within 2000 hours and within 12 months of meeting the requirements of 9 CSR 10-7.140 (2)(RR).
2. The individual providing supervision, a training supervisor, must meet the qualifications to be a QAP and meet the qualifications required to provide clinical supervision by the Missouri Credentialing Board or the professional licensing board to which the trainee is preparing for licensure. The training supervisor must be knowledgeable of applicable DMH/BH program standards and competent in the assessment of substance use disorders. The training supervisor must have a professional relationship with the organization for which the trainee is performing QAP responsibilities. This relationship may be documented through the supervisor's employment with the organization or through a contract that states the relationship of the supervisor to the organization and trainee.
3. The supervision must include, at a minimum, one hour per week of face to face supervision. This may include group supervision sessions in which clinical supervision is provided to several trainees at one time. This shall be documented by beginning and ending times and dates of supervision in training records. Training records must document the training supervisor's observation and review of the trainee's work products and performance. This may be accomplished by the training supervisor's co-signature with the trainee on reports. There must also be a narrative documenting the feedback and discussion in supervisory sessions. The trainee is not eligible to perform the functions of a QAP during weeks when supervision is absent or undocumented. The trainee will sign progress notes, assessments and other work products completed as a QAP in training with existing credentials plus "QAP in training". The training supervisor will co-sign the same documents with existing credentials plus "training supervisor."
4. At least fifty percent of the training must focus on the core function areas of screening; intake; assessment; treatment planning; crisis intervention; reports and record keeping.
5. **There must be a written training plan submitted with the application that documents the training requirements for the trainee. The training plan must document how these training requirements will be accomplished and the content of completed training.** The training plan must require trainee completed assessments and other QAP trainee work products to be authenticated by the supervisor by means of a co-signature. This co-signature indicates the supervisor's thorough review of the trainee's written document and verification the work meets DMH/BH standards and represents conformity with accepted standards of practice in the field. Training must be documented in writing and maintained on file for verification at SBAR and certification survey reviews.
6. The training plan may continue until either the trainee is licensed or certified or discontinues QAP functions.

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Application for QAP Training Plan
(Please type all of the required information)

Application Fee: \$150.00

Pay by Check or CC CC Type: _____
CC# _____ Exp. Date: _____

Name: _____ Email address: _____

Address: _____ City, State, Zip: _____

Work phone: _____ Home phone: _____

Current Job title: _____

Employed at: _____ Address: _____

City, State, Zip: _____

Name of supervisor: _____ Supervisor E-mail: _____

Supervisor's Credential or License Held: _____

Indicate any applicant current credential/license(s) held: _____

Highest level of education completed: _____

If applicable, type of college degree obtained: _____

Are you working toward certification or licensure: _____

Expected date of applicant becoming certified or licensed: _____

Please submit this application form, the required \$150 fee, a resume and a typed training plan (see #5 on page 1 for training plan requirements) together for approval.

By signing below, you understand that if the applicant does not receive certification or licensure within one year of this application being approved, the Division of Behavioral Health may take certain actions against the applicant's agency. These actions may include recouping reimbursement money for QAP-defined services rendered by the applicant and counting the applicant's failure to acquire certification/licensure as a program deficiency in the certification standards during certification surveys. You also understand that it is the program's responsibility to prove that the applicant listed above obtained certification/licensure within one year of being approved. Proof must be provided regardless of whether the applicant is still employed with your agency. There will be no exceptions granted to these stipulations.

Applicant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____