

# NATIONAL CERTIFICATION EXAMINATION FOR MASTER ADDICTION COUNSELORS

## Handbook for Candidates

### SPRING TESTING PERIOD

Application Deadline: January 15, 2007  
First Day of Testing: Saturday, March 10, 2007  
Last Day of Testing: Saturday, March 17, 2007

### SUMMER TESTING PERIOD

Application Deadline: April 15, 2007  
First Day of Testing: Saturday, June 9, 2007  
Last Day of Testing: Saturday, June 16, 2007

### FALL TESTING PERIOD

Application Deadline: July 15, 2007  
First Day of Testing: Saturday, September 8, 2007  
Last Day of Testing: Saturday, September 15, 2007

### WINTER TESTING PERIOD

Application Deadline: October 15, 2007  
First Day of Testing: Saturday, December 8, 2007  
Last Day of Testing: Saturday, December 15, 2007



**PTC**<sup>®</sup>  
**PROFESSIONAL TESTING CORPORATION**  
1350 BROADWAY • 17th FLOOR  
NEW YORK, NY 10018  
(212) 356-0660  
WWW.PTCNY.COM

# **National Association of Alcoholism and Drug Abuse Counselors**

## **Code of Ethics**

### **I DO AFFIRM**

That in the practice of my profession, I shall assert the ethical principles of autonomy, beneficence, and justice as a guide to my professional conduct.

That I shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation, or economic condition.

That I shall espouse objectivity and integrity, and maintain the highest standards in the services I offer.

That I recognize the profession is founded on national standards of competency which promote the best interests of society, of the client, of myself and of the profession as a whole. I also recognize the need for ongoing education as a component of professional competency.

That I shall uphold the legal and accepted moral codes which pertain to professional conduct.

That I shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

That I shall assign credit to all who have contributed to the published material and for the work upon which the publication is based.

That I shall respect the best interest and promote the welfare of the person or group with whom I am working.

That I shall embrace, as a primary obligation, the duty of protecting clients rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

That I shall safeguard the integrity of the counseling relationship and shall ensure that the client has reasonable access to effective treatment.

That I shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

That I shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interest of the client first, and then of the counselor, the agency, and the profession.

That I shall to the best of my ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

## **CERTIFICATION**

The National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NCC) supports the concept of voluntary certification by competency evaluation of addiction counselors. Certification focuses specifically on the individual and is an indication of one's current level of knowledge in alcoholism and drug abuse counseling.

By certifying individuals as addiction counselors, the NAADAC Certification Commission assumes no responsibility for the integrity or work performance of any Master Addiction Counselor.

## **OBJECTIVES OF MASTER'S LEVEL CERTIFICATION**

To promote competency in alcoholism and drug abuse counseling by:

1. Promoting the formal recognition of the professionalism of addiction counselors at the graduate/professional degree level.
2. Providing a national standard for requisite knowledge in alcoholism and drug abuse counseling.
3. Recognizing formally those individuals who meet the standards established by the NAADAC Certification Commission.
4. Encouraging continued professional growth in alcoholism and drug abuse counseling for the purpose of improving the quality of care to addicted persons.
5. Establishing, measuring, and monitoring the level of knowledge required for certification in alcoholism and drug abuse counseling at the highest educational levels.
6. Assisting employers, labor unions, government entities, health care providers, educators, and other practitioners as well as the public in identifying qualified addiction counselors who have pursued studies at the graduate level.

## **ADMINISTRATION**

The certification program is sponsored by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NCC). Questions concerning eligibility should be addressed to:

**NAADAC Certification Commission**  
**901 North Washington Street, Ste. # 600**  
**Alexandria, VA 22314**  
**(703) 741-7686 or (800) 548-0497**

The National Certification Examinations for Addiction Counselors are administered for the NCC by the Professional Testing Corporation (PTC). Questions concerning the examinations should be referred to PTC at the following address:

**Professional Testing Corporation**  
**1350 Broadway - 17th Floor**  
**New York, NY 10018**  
**(212) 356-0660**  
**[www.ptcny.com](http://www.ptcny.com)**

The National Certification Examination for Addiction Counselors - Masters Level is offered to support the following credentialing processes:

1. Initial certification as a Master Addiction Counselor (MAC).
2. Upgrade from National Certified Addiction Counselor (NCAC) Level I or Level II.

### **ELIGIBILITY REQUIREMENTS**

Candidates for the Master Addiction Counselor must meet ALL the following criteria:

1. Have a master's degree in a healing art or related field from a regionally accredited college or university with emphasis in the counseling of addicted clients and provide an official transcript (raised seal, special paper, multicolored signature block, etc) directly to the NCC.
2. Current state level license or certification as an alcoholism and/or drug abuse counselor OR current state license in a healing art: i.e., Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), nurse, physician, psychologist, etc.
3. Document three years (6,000 hours) of supervised alcoholism and/or drug abuse counseling experience. Two years of that experience must be post-master's degree award.
4. Document 500 contact hours of education in specific alcoholism and drug abuse counseling matters. This education may be from any time in the educational background and may be from college courses, seminars, workshops, etc.

Note: All counselors seeking national level certification must document at least six hours of HIV/AIDS training and six hours of ethics training as part of the total hours.

5. Read the NAADAC Code of Ethics (inside back cover), and sign the statement on the Application form affirming adherence to this code.
6. Send all the required information along with the completed Application and required fee to the Professional Testing Corporation using the enclosed mailing label. All pages of the Application must be completed.

NOTE: Academic institutions should furnish official transcripts to the NAADAC Certification Commission and NOT to the Professional Testing Corporation.

7. Take and pass the written Master Addiction Counselor examination.
8. Receive final approval of the NAADAC Certification Commission.

## **DEFINITIONS**

### **State Licensure/Certification:**

-Defined as a certificate issued by the state level agency responsible for alcoholism and/or drug abuse counselors in that state OR the body responsible for issuing licenses to individuals in the other healing arts. A current copy of state license/certificate must be included with the Application.

-Examples of certifications which DO NOT fulfill this criterion include:

- a. Entry level license/certification including associate, intern, counselor-in-training, apprentice, provisional, etc.
- b. License/certification in prevention, hypnotherapy, acupuncture, etc.

### **Experience:**

- a. Full time employment during which most of the time involved counseling of clients with alcoholism and/or drug abuse problems.
- b. Unpaid employment providing services similar to those indicated above.
- c. Teaching, training, or clinical supervision PROVIDED it has been preceded by supervised experience as an alcohol and/or drug abuse counselor.
- d. EAP, ACOA, and codependency counseling.
- e. Prevention, intervention, and DUI experience PROVIDED there is, or has been, sustained client counseling in these positions.
- f. Internship (may be applied to experience OR education, but not both).

### **Supervision:**

-Supervision is provided by the individual who oversees the work and/or signs off on the candidate's reporting/client records. This individual is the candidate's supervisor by position and his/her credentials need not be presented as part of the application.

-Supervision for those in private practice may consist of oversight by a medical director or knowledgeable colleague attesting that the candidate is indeed in the practice of alcoholism and drug abuse counseling.

### **Education:**

-Contact hours are defined as the actual number of hours of classroom or workshop hours spent in the activity, exclusive of breaks, or the actual supervised (direct or indirect) hours spent in training practice, internships, or apprenticeships primarily involved in alcoholism/drug abuse counseling activities.

-Instructors may receive credit for alcoholism/drug abuse counseling related courses presented. The instructor receives the same number of hours as the student received. Credit will be given only once for a course regardless of the number of times it is completed. There are no hours available for preparation activities.

-No education credit is offered for writing a book or other articles for publication.

## **DOCUMENTATION OF EDUCATION**

What is needed?

- a. An OFFICIAL transcript of the applicable master's degree from a regionally accredited institution must be forwarded to the NAADAC Certification Commission at the address on page 1 of this Handbook. This document must feature the raised seal of the institution, bear its colored signature block, or be on special institution paper. Photocopied, notarized, or other reproduced copies are not acceptable.
- b. Documentation of other educational hours claimed from undergraduate studies, seminars, workshops, etc. This may consist of copies of certificates of training, undergraduate transcripts (student copies are acceptable in this case), in-service training rosters, etc.
- c. The following conversions are used to translate college credit hours and CEU's into contact hours:

1 quarter academic hour = 10 contact hours

1 semester academic hour = 15 contact hours

1 trimester academic hour = 5 contact hours

1 CEU = 10 contact hours

## **ATTAINMENT OF CERTIFICATION**

The portfolios of counselors who successfully complete the eligibility review and the appropriate written examination will be presented to the NAADAC Certification Commission for final award of the Master Addiction Counselor (MAC) credential. Candidates will be notified directly of the test results approximately six weeks after the date of the examination. Portfolios of passing candidates will be presented to the NAADAC Certification Commission for final review and approval which may consume an additional six weeks. Upon receipt of the Master Addiction Counselor certificate, the counselor is encouraged to use the MAC designation after the name in all professional endeavors. Validation of certification is available at all times through the NCC administrative offices.

## **RECERTIFICATION**

The MAC certification is awarded for a period of two years, at which time the candidate must meet current eligibility requirements to maintain certification.

## **REVOCACTION OF CERTIFICATION**

Certification may be revoked for any of the following reasons:

1. Falsification of any information, including experience data, requested in the Application.
2. Misrepresentation of certification status.
3. Revocation of the underlying state level certificate or license.
4. Violation of the NAADAC Code of Ethics (see back of handbook).

## **APPEALS PROCEDURE**

Upon notification of ineligibility for the MAC, a candidate wishing to appeal the decision must institute the process within 30 days of the date of notice from the Commission. The appeal, addressed to the NAADAC Certification Commission, must indicate specific grounds for reconsideration by the Commission.

## **APPLICATION PROCEDURE**

Handbooks for Candidates and Applications for Admission to the National Certification Examinations for Addiction Counselors may be obtained from the Professional Testing Corporation, 1350 Broadway - 17th Floor, New York, NY 10018, (212) 356-0660, [www.ptcny.com](http://www.ptcny.com).

Read and follow the directions on the Application and in this Handbook for Candidates.

## **COMPLETION OF APPLICATION**

### **PART I**

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

**CANDIDATE INFORMATION:** Starting at the top of the Application, print your name, address, daytime phone number, evening phone number, e-mail address, and language preferred in which you wish you take this exam, English or Spanish, and your choice of testing period in the appropriate row of empty boxes.

**ELIGIBILITY AND BACKGROUND INFORMATION:** All questions must be answered. Mark only one response unless otherwise indicated.

**OPTIONAL INFORMATION:** These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

**CANDIDATE SIGNATURE:** When you have completed all required information, sign and date the Application in the space provided.

### **PART II**

NOTE: Any questions on this portion of the Application should be addressed to the Certification Administrator at NAADAC: (800) 548-0497 or (703) 741-7686.

1. Complete Sections A through E in full. Enter information requested and enclose copies of state certificate/license, CEU's, in-service records, etc.

2. Section F - VERIFICATION OF WORK EXPERIENCE

The accuracy of the career history, as stated in this Application, as well as competency in accepted counseling techniques and practice, and adherence to ethical standards must be verified by the candidate's supervisor of the immediate past 12 months. The statement in Section F must be signed by the candidate's current supervisor. If this individual has been the supervisor for less than 12 months, the immediate previous supervisor, covering the remaining time period, should also sign the Application.

3. Section G - CANDIDATE AFFIRMATION

The candidate must sign both parts of the Application, in the lower right of side 1, Part I and the lower left of side 2, Part II. (Note: Unsigned Applications will not be accepted.)

4. RETURN APPLICATION - Use enclosed address label.

Mail the completed Application together with:

- nonrefundable Application fee (see Fees below).
- copy of current state certificate/license in alcoholism and/or drug abuse counseling or related healing art.
- documentation of contact hours of education/training.

Applications must be postmarked by the deadline shown on the cover of this Handbook and mailed to:

**MAC EXAMINATION  
 PROFESSIONAL TESTING CORPORATION  
 1350 BROADWAY -17TH FLOOR  
 NEW YORK, NY 10018**

**FEES**

Please note: Fees are NOT refundable.

1. Application Fee for the National Certification Examination for Addiction Counselors - Masters Level:

NAADAC Members .....	\$235.00
Non-NAADAC Members .....	\$335.00

Applications for NAADAC membership must be received in the National office by the test application deadline in order to establish eligibility for the Member fee. All others must pay the non-NAADAC member fee.

2. Rescheduling or Retesting Fee..... \$165.00

NOTE: Candidates wishing to retest or reschedule must submit, along with their fee, a new Part I of the Application. It is not necessary to resubmit Part II when rescheduling or retesting. However, candidates are limited to a maximum of 3 retests and/or reschedules within a 24 month period of their initial application.

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**MAC EXAMINATION**

**DO NOT SEND CASH.**

## **REFUNDS**

**There will be no refund of fees. Fees will not be transferred from one testing period to another.**

## **EXAMINATION ADMINISTRATION**

The National Certification Examination for Addiction Counselors - Masters Level is administered during an established one-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by LaserGrade Computer Testing, Inc. LaserGrade has over 700 testing sites in the United States as well as other countries. Scheduling is done on a first-come, first-serve basis. To find potential testing centers near you visit: [www.lasergrade.com](http://www.lasergrade.com) or call LaserGrade at (800) 211-2754. **Please note: Hours and days of availability vary at different centers. You will not be able to schedule your examination appointment until you have received an Eligibility Notice from PTC.**

## **SCHEDULING YOUR EXAMINATION APPOINTMENT**

Within 6 weeks prior to the first day of the testing window, you will be sent an Eligibility Notice. The Eligibility Notice plus photo identification must be presented in order to gain admission to the testing center. **A candidate not receiving an Eligibility Notice at least three weeks before the beginning of the one-week testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.**

The Eligibility Notice will indicate where to call to schedule your examination appointment as well as the dates in which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

**It is highly recommended that each candidate becomes familiar with the testing site.**

**It is the candidates responsibility to call Lasergrade to schedule the exam appointment.**

## **SPECIAL NEEDS**

Special testing arrangements may be made for special needs individuals submitting the Application, examination fee, and a letter describing the nature of the disability and the special accommodations needed for testing. Requests for special testing needs individuals must be received at least **EIGHT** weeks before the testing period begins.

## **CHANGING YOUR EXAMINATION APPOINTMENT**

If you need to cancel your examination appointment or reschedule to a different date within the one-week testing period you must contact LaserGrade at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

**If you fail to arrive for your appointment or cancel without giving the required notice, you will forfeit your testing fee.**

## **RULES FOR THE EXAMINATION**

1. No signaling devices, including pagers, cellular phones, and alarms, may be operative during the examination.
2. No books or other reference materials may be taken into the examination room.
3. Simple, non-programmable calculators are permitted. A calculator is also available on screen if needed.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should carefully read the directions that are provided on screen at the beginning of the examination session.

## **REPORT OF RESULTS**

Candidates will be notified by PTC within four weeks of the closing of the testing period whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported.

## **REEXAMINATION**

The National Certification Examination for Addiction Counselors - Masters Level may be taken as often as desired upon filing of a new Application and appropriate fee. There is no limit to the number of times the examination may be repeated.

## **CONFIDENTIALITY**

1. The NCC will release individual test scores in writing only to the individual candidate.
2. Any questions concerning test results should be referred to the Professional Testing Corporation.

## **CONTENT OF THE EXAMINATION**

1. The National Certification Examination for Addiction Counselors - Masters Level is a written examination composed of up to 200 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting below.
3. The questions are developed by senior alcoholism and drug abuse counselors with extensive experience and expertise from across the country. They are reviewed for construction, accuracy, and appropriateness by the NAADAC Certification Commission.
4. The NAADAC Certification Commission, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The National Examination for Addiction Counselors - Masters Level covers three areas and is weighted approximately as follows:
  - I. Pharmacology of Psychoactive Substances.....35%
  - II. Counseling Practice.....30%
  - III. Professional Issues.....35%

## **CONTENT OUTLINE**

### **I. PHARMACOLOGY OF PSYCHOACTIVE SUBSTANCES**

- A. Definitions of Pharmacology
  1. Relationship to Addiction Counseling
  2. Content Areas of Pharmacology
    - a. Terminology
    - b. Physiological Effects
    - c. Psychological Effects
    - d. Withdrawal Syndrome
    - e. Drug Interactions
    - f. Treatment Applications
      - 1) Antabuse
      - 2) Use of Pharmaceuticals
- B. Drug Classification
  1. Alcohol
    - a. Terminology
    - b. Physiological Effects
    - c. Psychological Effects
    - d. Withdrawal Syndrome
    - e. Drug Interactions
    - f. Treatment Applications
  2. Depressants
    - a. Terminology
      - 1) Anti-Anxiety (Minor tranquilizers)
      - 2) Barbiturates
      - 3) Sedative-Hypnotics
      - 4) Psychotropics (Major tranquilizers)
    - b. Physiological Effects
    - c. Psychological Effects
    - d. Withdrawal Syndrome
    - e. Drug Interactions
    - f. Treatment Applications

3. Cocaine
    - a. Terminology
    - b. Physiological Effects
    - c. Psychological Effects
    - d. Withdrawal Syndrome
    - e. Drug Interactions
    - f. Treatment Applications
  4. Other Stimulants
    - a. Terminology
      - 1) Amphetamines
      - 2) Nicotine
      - 3) Caffeine
    - b. Physiological Effects
    - c. Psychological Effects
    - d. Withdrawal Syndrome
    - e. Drug Interactions
    - f. Treatment Applications
  5. Opiates
    - a. Terminology
      - 1) Natural Derivatives
      - 2) Synthetics
      - 3) Antagonists
    - b. Physiological Effects
    - c. Psychological Effects
    - d. Withdrawal Syndrome
    - e. Drug Interactions
    - f. Treatment Applications
  6. Hallucinogens
    - a. Terminology
      - 1) Natural Derivatives
      - 2) Synthetics
      - 3) Antagonists
    - b. Physiological Effects
    - c. Psychological Effects
    - d. Withdrawal Syndrome
    - e. Drug Interactions
    - f. Treatment Applications
  7. Cannabinoids
    - a. Terminology
    - b. Physiological Effects
    - c. Psychological Effects
    - d. Withdrawal Syndrome
    - e. Drug Interactions
    - f. Treatment Applications
  8. Other
    - a. Inhalants
    - b. Designer Drugs
    - c. Steroids
    - d. OTC Drugs
- C. The Addiction Process
1. The Disease Model
  2. Tolerance Mechanisms
  3. Detoxification
  4. Stages of Addiction
  5. Dual Disorders

- D. The Recovery Process
  - 1. Medical Stabilization
  - 2. Non-Pharmaceutical Treatment Applications
  - 3. Unsafe Medication in Recovery
  - 4. Safe Medication in Recovery
  - 5. Dual Disorders

## II. COUNSELING PRACTICE

- A. Client Evaluations
  - 1. Screening
  - 2. Intake
  - 3. Assessment
  - 4. Diagnostic Criteria
- B. Treatment Planning
  - 1. Problems, Identification, and Ranking
  - 2. Goals and Objectives
  - 3. Treatment Process and Resources Defined
  - 4. Levels of Care
- C. Counseling
  - 1. Problems and Ramifications
  - 2. Examination of Attitudes/Feelings
  - 3. Consideration of Alternative Solutions
  - 4. Skills
    - a. Individual
    - b. Group
    - c. Family/Significant Others
    - d. Intervention
- D. Patient Care/Management
  - 1. Case Management
  - 2. Crisis Management
    - a. Identification
    - b. Resolution
  - 3. Referral
  - 4. Reports and Record Keeping
  - 5. Consultation
- E. Education
  - 1. Orientation
  - 2. Alcohol and Drug Information
  - 3. Non-Drug Issues
    - a. Mental
    - b. Emotional
    - c. Psychological
    - d. Nutritional
    - e. Disease
    - f. Recreation/Leisure
  - 4. Self-Help Programs
  - 5. Research
- F. Continuing Care
- G. Special Issues/Populations
  - 1. Adolescence
  - 2. Geriatrics
  - 3. Gender
  - 4. Sexual
  - 5. Cultural
  - 6. Relapse
  - 7. Suicide
  - 8. Dual/Multiple Diagnosis
  - 9. Survivors of Abuse

10. Chronic Illness and Communicable Diseases
11. Disabilities
12. Criminal Justice

### **III. PROFESSIONAL ISSUES**

- A. Law and Regulation
  1. Patient Rights
    - a. Confidentiality
    - b. Informed Consent
    - c. Reporting
      - 1) Child/Spousal Abuse
      - 2) Duty to Warn
  2. Discrimination
  3. Drug Testing
  4. Methadone Regulations
  5. Record Keeping and Documents
  6. Infectious Diseases
    - a. HIV
    - b. Hepatitis
    - c. TB
    - d. STDs
  7. Continuous Quality Improvement
  8. Federal Controlled Substances
  9. Department of Transportation Regulations
  10. Managed Care
    - a. Utilization Review
    - b. Outcome Studies
- B. Ethics
  1. Non-Discrimination
  2. Counselor Responsibility
  3. Competence
  4. Legal and Moral Standards
  5. Public Statements
  6. Publication Credit
  7. Client Welfare
  8. Confidentiality
  9. Client Responsibility
  10. Interprofessional Relationships
  11. Remuneration
  12. Societal Obligations
- C. Supervision
  1. Administrative
  2. Clinical
- D. Research and Outcome Studies

## **SAMPLE QUESTIONS**

1. In the early stages of alcoholism, the drinker is
  1. unable to stop drinking.
  2. drinking in the morning.
  3. completely out of control.
  4. likely to experience a blackout.
2. Most drugs taken by the oral route of administration are primarily absorbed in the
  1. mouth.
  2. stomach.
  3. small intestine.
  4. large intestine.
3. A program must allow the court to see a client's file when
  1. a subpoena is presented.
  2. a court order is presented.
  3. the client verbally requests it.
  4. any involved attorney requests it.
4. What is the most common method for administration of marijuana?
  1. Eating
  2. Smoking
  3. Injection
  4. Free basing
5. An effect of cocaine that contributes to its abuse potential is its
  1. long half-life.
  2. long duration of action.
  3. short duration of action.
  4. slow absorption in the brain.
6. Which of the following has the greatest influence on the effects of alcohol?
  1. Time of day
  2. Height of the individual
  3. Body weight of the individual
  4. Amount of food in the stomach

## **Correct Answers to Sample Questions:**

**1.4; 2.3; 3.2; 4.2; 5.3 ;6.3**

## **BIBLIOGRAPHY**

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Zimberg, S. and J. *Practical Approaches to Alcoholism Psychotherapy*. Plenum Press, 1978.

For the purpose of clarifying the scope of practice of addiction counselors to certification candidates and to the general public, addiction is defined as the condition or state wherein an individual is physiologically and/or psychologically dependent upon alcohol or other drugs.

PTC06106



NATIONAL CERTIFICATION EXAMINATION FOR ADDICTION COUNSELORS



Eligibility and Background Information

I. TREATMENT OR MODALITY YOU PROVIDE:

- Inpatient only, Outpatient only, Inpatient and outpatient, Halfway house, Other

J. PROFESSIONAL BACKGROUND:

- Counselor, Rehabilitation Therapist, Administrator, Social Worker, Psychologist, Nurse, Physician other than Psychiatrist, Psychiatrist, Clergy, Other

K. EXPERIENCE IN ALCOHOLISM AND ADDICTION COUNSELING:

- Less than 3 years, 3 years, 4 years, 5 years, 6 to 10 years, More than 10 years

L. HIGHEST ACADEMIC LEVEL:

- Less than high school graduate, High school graduate or equivalent, Vocational or technical school graduate, Some college, Associate degree, Bachelor's degree, Master's degree, Doctoral degree, Other

M. IN WHICH OF THE FOLLOWING ARE YOU LICENSED OR HOLD CERTIFICATION OR REGISTRATION?

- Social work, Psychology, Counseling, Medicine, Nursing, Employee assistance programming, Marriage and family therapy, Other

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity.

Race:

- African American, Asian, Hispanic, Native American, White, Other

Age Range:

- Under 25, 25 to 29, 30 to 39, 40 to 49, 50 to 59, 60+

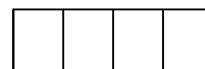
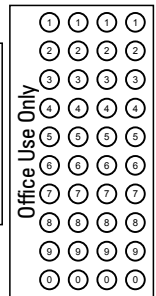
Gender:

- Male, Female

Candidate Signature

I have read the Candidate Information Leaflet and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with the Leaflet and is accurate, correct, and complete.

CANDIDATE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**APPLICATION FOR NATIONAL CERTIFICATION EXAMINATION FOR MASTERS ADDICTION COUNSELORS - PART II** SIDE 1

**DIRECTIONS:** Please complete all items in Part II, sides 1 and 2. Failure to complete all requested information will delay processing of your Application and may make you ineligible to sit for the examination.

**SECTION A. PERSONAL AND EXAMINATION DATA**

Name: \_\_\_\_\_ Choice of Testing Date: \_\_\_ March \_\_\_ June \_\_\_ September \_\_\_ December  
(Print) Last First Middle

Telephone: Work: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip + 4

**SECTION B. CURRENT STATE LICENSE/CERTIFICATION** (Enter information requested and enclose copy of State License/Certification.)

<u>Credential</u>	<u>Number</u>	<u>Expiration Date</u>	<u>Issuing Authority</u>	<u>Issuing State</u>
_____	_____	_____	_____	_____

**SECTION C. CAREER HISTORY IN ALCOHOLISM AND/OR DRUG ABUSE COUNSELING** (List current position first.)

(1) Institution/Practice Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Title \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

(3) Institution/Practice Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Title \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

(2) Institution/Practice Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Title \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

(4) Institution/Practice Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Title \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SECTION D. PROFESSIONAL EDUCATION AND TRAINING**

A. TRAINING HOURS SUMMARY - Please attach copies of all training event documentation (college transcripts, conference/seminar attendance certificates, CEU's, etc.). A minimum of 500 contact hours is required for the MAC.

- \_\_\_\_\_ Graduate level hours related subjects
- \_\_\_\_\_ Undergraduate level hours in related subjects
- \_\_\_\_\_ Certificates of training
- \_\_\_\_\_ Other
- \_\_\_\_\_ **TOTAL HOURS**

B. MASTER'S DEGREE

Institution which awarded Master's degree: \_\_\_\_\_

Degree awarded: \_\_\_\_\_

Date awarded: \_\_\_\_\_

C. CREDENTIALS HELD: \_\_\_\_\_

**SECTION E. CONTRIBUTION SUMMARY** (List awards, publications, offices held, or other evidence of accomplishments in the field of alcoholism and/or drug abuse counseling.)

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**SECTION F. VERIFICATION OF WORK EXPERIENCE** - In the box provided below, have your supervisor over the last twelve months verify your work experience.

I verify that this candidate has demonstrated competency in accepted counseling techniques and practice, that to the best of my knowledge the career history as stated above is accurate, and that the candidate engages in ethical practice.		
Signature _____	Title _____	Date _____

**SECTION G. CANDIDATE AFFIRMATION**

I certify that the information on this Application is accurate, correct, and complete; and that I have read the NAADAC Code of Ethics and subscribe to it. I also certify that the state license/certification presented is not encumbered in any manner and that I do not hold a license/certification from any other state that is or has been subject to criminal or ethical complaint. The NAADAC Certification Commission is authorized to contact any institution, organization, or individual listed on or included with this Application for verification of my alcoholism and/or drug abuse counseling history. I understand that the NAADAC Certification Commission retains ownership of NCAC Certificates and may, from time to time, make available certificate holder names and other information to potential service users.

**\* \* \* \* \* APPLICATION CHECK LIST \* \* \* \* \***

- \_\_\_\_\_ Application Part I, completed and signed
- \_\_\_\_\_ Application Part II, completed, signed, and verified
- \_\_\_\_\_ Copy of State Certification enclosed
- \_\_\_\_\_ Copies of Training Documentation enclosed
- \_\_\_\_\_ Appropriate Fee enclosed:
  - \_\_\_\_\_ Member \_\_\_\_\_ Nonmember

\_\_\_\_\_  
Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_