

**National Certified Addiction Counselor, Level I (NCAC I)
National Certified Addiction Counselor, Level II (NCAC II)
Master Addiction Counselor (MAC)
Application Form**



II

I. Personal Data

Name _____

Address _____

City/State/ZIP+4 _____

Phone (w) _____ / _____ (h) _____ / _____

FAX _____ / _____ (e-mail) _____

Employer _____

Payment (please refer to www.naadac.org or call 800.548.0497 for current fees)

Amount Enclosed

_____ Check (payable to NAADAC) _____ Money Order

_____ MasterCard _____ Visa _____ America Express

For Credit card payment please include:

Card Number _____

Expiration Date (month) _____ (year) _____

1. Complete all sections of this application
 - a. Personal Data,
 - b. Certification/Education Record,
 - c. Career History,
 - d. Verification of Work Experience,
 - e. Application Checklist and the
 - f. Candidate Affirmation.

Demographic Information is optional.

Sign and date the application. Unsigned applications will be considered incomplete.

2. Mail the application form, along with the required photocopies of appropriate state license/certification, training verification and the appropriate fee, to:
NAADAC Certification Commission
1001 N. Fairfax Street, Suite 201
Alexandria, VA 22314

3. Please indicate the level for which you are applying:

___ NCAC I (please consult eligibility requirements. If you do not meet eligibility requirements for the credential you apply for, your application will not be accepted.)

___ NCAC II (please consult eligibility requirements. If you do not meet eligibility requirements for the credential you apply for, your application will not be accepted.)

___ MAC (please consult eligibility requirements. If you do not meet eligibility requirements for the credential you apply for, your application will not be accepted.)

4. Please indicate if you are a NAADAC member: ___no ___yes

ID # _____ Expiration Date _____

5. Please include the following information about your written examination.

State _____ Date _____ Level _____ Score _____
(Must have been within four years of this application)

II. Certification/Education Record

Current State License/Certification

Please indicate each state re-certification

Credential	Issuing State/Authority	Expiration Date	Number
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Note: Copies of current state license/certification must be attached.

Training Hours Summary

Please attach copies of all training events (college transcripts, conference/seminar attendance certificates and any other continuing education credits) up to a total of 500 contact hours.

Please Note:

MAC candidates must have official transcript sent directly to NAADAC from their graduate institution.

_____ Graduate Level Hours

_____ Undergraduate Hours

_____ Certificate of Training

_____ Other

_____ Total

III. Career History

In providing your alcoholism and/or drug abuse counseling career history, please list your current position first and work backwards until you have documented three or five years supervised full-time work experience in the addiction services profession. Attach additional pages as needed.

Employer: _____

Address: _____

Job title: Position held from (month/year) _____ to (month/year) _____

Supervisor: Telephone _____ / _____

Brief job description

IV. Verification of Work Experience

In the box provided below, have your supervisor (or other knowledgeable individual) verify your counseling skills and the contents of this application.

<p>I verify that this candidate has been under my supervision for ___ years and has competently performed the required counseling skills/functions. To the best of my knowledge, the career history as stated above is accurate and this candidate engages in ethical practice.</p> <hr/> <p>Signature/Title</p> <hr/> <p>Telephone/Date</p>
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V. Candidate Affirmation

I certify that I have taken and passed the (check one):

_____ National Certified Addiction Counselor, Level I (NCAC I)

_____ National Certified Addiction Counselor, Level II (NCAC II)

_____ Master Addiction Counselor (MAC)

level exam, and 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/MAC certificates and may, from time to time, make available certificate holder names and other information to potential service users.

Signature/Date _____

Demographic Information

Providing any or all of the following information will have no impact on the evaluation of your portfolio.

The information requested below is necessary for the NAADAC Certification Commission and NAADAC to accurately portray the profile of our credential holders as we meet with governmental officials and decision-makers of major insurance carriers, HMOs and other bodies. Through collection of this data concerning credentialed counselors, we can sharpen the focus of our lobbying efforts and more efficiently represent you and your colleagues.

Please circle the appropriate letter.

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| <p>1. Are you certified/licensed as an:</p> <ul style="list-style-type: none">a. Alcoholism/Drug Abuse Counselorb. Prevention Specialistc. Clinical Supervisor <p>2. Primary Job Function:</p> <ul style="list-style-type: none">a. Counselorb. Clinical Supervisorc. Program Directord. Administrator/CEOe. Other _____ <p>3. Work Setting:</p> <ul style="list-style-type: none">a. Hospitalb. Residential Facilityc. Local/State/Federal Agencyd. Private Practicee. Criminal Justice Systemf. Other _____ | <p>4. Are you certified/licensed as a:</p> <ul style="list-style-type: none">a. Licensed Professional Counselorb. Rehabilitation Counselorc. Social Workerd. Psychologiste. Nursef. Physiciang. Psychiatristh. Clergyi. Other _____ <p>5. Years of employment in the alcoholism and drug abuse profession:</p> <ul style="list-style-type: none">a. 0-3b. 4-6c. 7-10d. over 10 <p>6. Highest degree earned:</p> <ul style="list-style-type: none">a. High School Diploma/Equivalentb. Associate Degreec. Bachelor's Degreed. Master's Degreee. Doctoral Degreef. Other _____ |
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Optional Information

Information related to race, ethnic background, age and sex is requested to assist in ensuring that we are complying with general guidelines pertaining to equal opportunity. As we work with various agencies, it is apparent that this information, positively showing equality of opportunity and broad base representation from all aspects of society, will materially assist in our overall efforts.

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| <p>7. Race:</p> <ul style="list-style-type: none">a. Caucasianb. Native Americanc. African Americand. Hispanic/Latinoe. Asian/Pacific Islanderf. Other _____ | <p>8. Sex:</p> <ul style="list-style-type: none">a. Maleb. Female | <p>9. Year of Birth: _____</p> |
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Application Checklist-Please submit documents in order listed below

1. ____ Application Form
2. ____ Demographic Profile
3. ____ State License/Certification Copy
4. ____ Education/Training Certificate Copies (to include 6 hrs. of Ethics & 6 hrs. of HIV/AIDS)
5. ____ Examination Grade Sheet
6. ____ MAC candidates must have official transcript sent directly to NAADAC from their graduate institution. (MAC application only)
7. ____ Supervisor's Signature (Section IV)
8. ____ Applicant's Signature (Section V)
9. ____ Payment (Please refer to the NAADAC website for current certification fees)