



NATIONALLY CERTIFIED ADDICTIONS COUNSELOR
Re-Credentialing Application

APPLICATION SHOULD BE RECEIVED NO LATER THAN THE 15TH OF THE MONTH

Expires:
Certificate No:
Office:
Home:
Fax:
Email:

Thank you for applying for credentialing as a nationally recognized professional in the alcohol and drug abuse counseling profession. Carefully review the information at the top of this form and make any necessary corrections or provide any missing information.

This application and a copy of your STATE level license/certification should be sent along with the appropriate payment (NAADAC members \$100, non-members \$200) by the date indicated above, in order to have your application processed in a timely fashion.

- I. Your Personal State Certification or License. State # ... Expiration date of state certification /license ... (You MUST provide a copy along with this application)
II. Continuing Education Hours. A total of 60 contact hours of education/training is required between the expiration date shown above and a similar date 2 years ago.

THERE IS NO LONGER A REQUIREMENT TO PRESENT THE TRAINING CERTIFICATES EACH TWO YEARS. YOU ARE ASKED TO READ THE STATEMENT BELOW AND ATTEST TO IT THROUGH YOUR SIGNATURE AT THE BOTTOM ON THE PAGE.

I affirm that I have completed the necessary 60 contact hours of education/training within the appropriate time frame to support this application, and that I will provide copies of that training to the NAADAC Certification Commission within 30 days of any audit request by that body.

- III. Career History. This information applies to your counseling career in the past two years only. Please list your current position first and attach other pages as necessary for any earlier positions or parallel experience.

Employer
Address
Job Title Supervisor
Brief Work Description

Payment:
Check (payable to NAADAC)
Money Order
Credit Card
Credit Card Number:
Exp Date Amount:\$

I hereby attest that all information contained in this application is true and correct, and that I have read, understand, and subscribe to the NAADAC Code of Ethics, and that I will provide any additional training verification as described above.

YOU MUST ENCLOSE YOUR FEE AND remember to complete the other side of this form.

Signature Date



Name \_\_\_\_\_

PROVIDING ANY OR ALL OF THE FOLLOWING INFORMATION WILL HAVE NO EFFECT 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, etc.

Through collection of this data concerning NCAC credentialed counselors, we can sharpen the focus of lobbying efforts and more efficiently represent you and your colleagues.

Please circle the appropriate letter.

- |  |   |
|--|---|
| <p>1. Are you certified/licensed as an:</p> <ul style="list-style-type: none"><li>a. Alcoholism/Drug Abuse Counselor</li><li>b. Prevention Specialist</li><li>c. Clinical Supervisor</li></ul> <p>2. Primary job function:</p> <ul style="list-style-type: none"><li>a. Counselor</li><li>b. Clinical Supervisor</li><li>c. Program Director</li><li>d. Administrator/CEO</li><li>e. Other _____</li></ul> <p>3. Work Setting:</p> <ul style="list-style-type: none"><li>a. Hospital</li><li>b. Residential Facility</li><li>c. Local/State/Federal Agency</li><li>d. Private Practice</li><li>e. Criminal Justice System</li><li>f. Other _____</li></ul> | <p>4. Are you certified/licensed as a:</p> <ul style="list-style-type: none"><li>a. Licensed Professional Counselor</li><li>b. Rehabilitation Counselor</li><li>c. Social Worker</li><li>d. Psychiatrist</li><li>e. Nurse</li><li>f. Physician</li><li>g. Psychiatrist</li><li>h. Clergy</li><li>i. Other _____</li></ul> <p>5. Years of employment in the alcoholism and drug abuse profession:</p> <ul style="list-style-type: none"><li>a. 0-3</li><li>b. 4-6</li><li>c. 7-10</li><li>d. over 10</li></ul> |
|--|---|

**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 the 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 individual efforts.

- |   |   |
|---|---|
| <p>7. Race:</p> <ul style="list-style-type: none"><li>a. Caucasian</li><li>b. Native American</li><li>c. African American</li><li>d. Hispanic/Latino</li><li>e. Asian/Pacific Islander</li><li>f. Other _____</li></ul> | <p>8. Sex:</p> <ul style="list-style-type: none"><li>a. Male</li><li>b. Female</li></ul> <p>9. Year of Birth: _____</p> |
|---|---|