

**Instructions:** *PRINT OUT THIS FORM* before you fill it out.

Application Form for SAP Listing

1. Mail the application form, along with the required photocopies of appropriate state license/certification, training verification, and the appropriate fee, to:  
NAADAC Certification Commission  
901 N. Washington Street, Suite 600  
Alexandria, VA 22314-1535

\*NAADAC Member fee: \$100 \*Non-Member fee: \$150

\*Please note: Price quoted includes 3 year subscription to NAADAC's website

2. Please indicate if you are a NAADAC member: \_\_\_ no \_\_\_ yes  
ID # \_\_\_\_\_ Expiration Date \_\_\_\_\_

3. Please include the following information about your written SAP examination.  
Date \_\_\_\_\_ Score \_\_\_\_\_ Whose Exam \_\_\_\_\_

**I. Personal Data**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP+4 \_\_\_\_\_

Phone (w) \_\_\_\_\_ / \_\_\_\_\_ (h) \_\_\_\_\_ / \_\_\_\_\_

FAX \_\_\_\_\_ / \_\_\_\_\_ (e-mail) \_\_\_\_\_

Employer \_\_\_\_\_

Payment:

Amount Enclosed: \_\_\_\_\_ Check (payable to NAADAC) \_\_\_ Money Order

\_\_\_ MasterCard \_\_\_ Visa \_\_\_ America Express

Card No./Exp. Date \_\_\_\_\_

**II. Certification/Education Record**

*Current State License/Certification*

Please indicate each state recertification

Credential Issuing State/Authority Expiration Date Number

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**Note:** Copies of current state license/certification must be attached.

**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 (for NCAC I , NCAC II or MAC) in the field. Attach additional pages as needed.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

Supervisor: Telephone \_\_\_ / \_\_\_\_\_

Brief job description

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#### **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 for ___1 ___2 ___3 years this applicant has competently performed the required counseling skills/functions, that to the best of my knowledge, the career history as stated above is accurate, and that the candidate engages in ethical practice.</p> <p>_____</p> <p>Signature/Title</p> <p>_____</p> <p>Telephone/Date</p>
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#### **V. 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/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 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 our lobbying efforts and more efficiently represent you and your colleagues.

*Please circle the appropriate letter.*

<p>1. Are you certified/licensed as an:</p> <p>a. Alcoholism/Drug Abuse Counselor</p> <p>b. Prevention Specialist</p> <p>c. Clinical Supervisor</p> <p>2. Primary Job Function:</p> <p>a. Counselor</p> <p>b. Clinical Supervisor</p> <p>c. Program Director</p> <p>d. Administrator/CEO</p> <p>e. Other</p> <p>_____</p> <p>3. Work Setting:</p> <p>a. Hospital</p> <p>b. Residential Facility</p> <p>c. Local/State/Federal Agency</p> <p>d. Private Practice</p> <p>e. Criminal Justice System</p> <p>f. Other</p> <p>_____</p>	<p>4. Are you certified/licensed as a:</p> <p>a. Licensed Professional Counselor</p> <p>b. Rehabilitation Counselor</p> <p>c. Social Worker</p> <p>d. Psychologist</p> <p>e. Nurse</p> <p>f. Physician</p> <p>g. Psychiatrist</p> <p>h. Clergy</p> <p>i. Other</p> <p>_____</p> <p>5. Years of employment in the alcoholism and drug abuse profession:</p> <p>a. 0-3</p> <p>b. 4-6</p> <p>c. 7-10</p> <p>d. over 10</p> <p>6. Highest degree earned:</p> <p>a. High School Diploma/Equivalent</p> <p>b. Associate Degree</p> <p>c. Bachelor's Degree</p> <p>d. Master's Degree</p> <p>e. Doctoral Degree</p> <p>f. Other</p> <p>_____</p>
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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.

<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> <hr/>	<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> <hr/>
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