



***NAADAC TOBACCO ADDICTION SPECIALIST
CERTIFICATION APPLICATION***

Complete all six sections of this application, including Personal Data, Certification/Education Record, Career History, Verification of Work Experience, Application Checklist, Candidate Affirmation, and Demographic Information. Sign and date the application. Unsigned applications are considered incomplete and cannot be processed.

Mail this application form, along with the required photocopies of appropriate state license/certification, and training verification to:

NAADAC Certification Commission
901 N. Washington Street, Suite 600
Alexandria, VA 22314-1535

Section I. Personal Data

Name _____

Address _____

City/State/ZIP+4 _____

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

FAX _____ / _____ (e-mail) _____

Employer _____

Please indicate if you are a NAADAC member: ___ no ___ yes
NAADAC ID # _____ Expiration Date _____

Section II. Certification/Education Record

List below your current State License/Certification, including the issuing State/Authority and the expiration date and number

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, CEUs, etc.)

_____ Graduate Level Hours

_____ Undergraduate Hours

_____ Certificates of Training

_____ Other

_____ Total

Section III. Career History

In providing your career history, please list your current position first and work backwards until you have documented three to five years of supervised full-time work experience. Attach additional pages as needed.

Employer:

Address:

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

Supervisor: Telephone ___/_____

Brief job description

Section IV. Verification of Work Experience

In the space provided below, have your supervisor (or other knowledgeable individual) verify your work experience and the contents of this application.

I verify that this candidate has been under my supervision for ___1 ___2 ___3 years and has competently performed the required duties of a/an _____, 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

Telephone/Date

Section V. Application Checklist

- _____ Application Form
- _____ Demographic Profile
- _____ State License/Certification Copy
- _____ Education/Training Certificate Copies
- _____ Examination Grade Sheet
- _____ Bachelor's Degree transcript copy or
- _____ Masters Degree transcript copy sent to NAADAC
- _____ Supervisor's Signature (Section IV)
- _____ Your Signature (Section VI)

Section VI. 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 [available on the NAADAC website at <http://naadac.org/documents/display.php?DocumentID=11>] 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 education and employment history in the healing arts. I understand that the NAADAC Certification Commission retains ownership of this certificate and may, from time to time, make available certificate holder names and other information to potential service users.

Signature/Date _____ / _____

Section VII. 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 government agency representatives and decision-makers of major insurance carriers, HMOs, etc. Through collection of this data concerning Tobacco Addiction Specialists, we can sharpen the focus of our lobbying efforts and more effectively promote the certificate while representing you and your colleagues.

Please circle the appropriate letter.

1. Are you certified/licensed as an:
 - a. Alcoholism/Drug Abuse Counselor
 - b. Prevention Specialist
 - c. Clinical Supervisor
 - d. RN
 - e. LPN
 - f. CRNP
 - g. RPh
 - h. MD

2. Primary Job Function:
 - a. Clinical Staff
 - b. Counselor
 - c. Clinical Supervisor
 - d. Program Director
 - e. Administrator/CEO
 - f. Other _____

3. Work Setting:
 - a. Hospital
 - b. Residential Facility
 - c. Local/State/Federal Agency

- d. Private Practice
- e. Criminal Justice System
- f. Other _____

4. Are you certified/licensed as a:
- a. Licensed Professional Counselor
 - b. Rehabilitation Counselor
 - c. Social Worker
 - d. Psychologist
 - e. Nurse
 - f. Physician
 - g. Psychiatrist
 - h. Clergy
 - i. Other _____

5. Years of employment in the healing arts:
- a. 0-3
 - b. 4-6
 - c. 7-10
 - d. over 10

6. Highest degree earned:
- a. High School Diploma/Equivalent
 - b. Associate Degree
 - c. Bachelor's Degree
 - d. Master's Degree
 - e. Doctoral Degree
 - f. Other _____

Optional Information

Information related to race, ethnic background, age, and gender is requested to ensure that we comply 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-based representation from all aspects of society, will materially assist in our overall promotion efforts for the Tobacco Addiction Specialist credential.

7. Race:

- a. Caucasian
- b. Native American
- c. African American
- d. Hispanic/Latino
- e. Asian/Pacific Islander
- f. Other _____

8. Gender:

- a. Male
- b. Female

9. Year of Birth: _____

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