



NAADAC Committee Application Form

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To serve on a NAADAC Committee, current NAADAC membership in good standing is required. To apply, please email your resume and completed application to naadac@naadac.org.

Basic Information

Full Name: _____ Credentials: _____

Employer: _____ Title: _____

NAADAC Member Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Committee Information

Full Committee descriptions are available at www.naadac.org/naadac-committees.

Which committee(s) are you interested in joining?

Standing Committees

- | | |
|--|---|
| <input type="checkbox"/> Awards Committee | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Bylaws/Policies & Procedures Committee | <input type="checkbox"/> Military & Veteran Advisory Committee |
| <input type="checkbox"/> Clinical Standards Committee | <input type="checkbox"/> Nominations & Elections Committee |
| <input type="checkbox"/> LGBTQIA+ Subcommittee | <input type="checkbox"/> Professional Standards & Practices Committee |
| <input type="checkbox"/> Clinical Supervision Subcommittee | <input type="checkbox"/> Public Policy Committee |
| <input type="checkbox"/> Integration of Holistic Services Subcommittee | <input type="checkbox"/> Student Committee |
| <input type="checkbox"/> Prevention Subcommittee | <input type="checkbox"/> Critical Issues in the Black Community Committee |
| <input type="checkbox"/> Aging Populations Subcommittee | |
| <input type="checkbox"/> Working with Diverse Populations Subcommittee | |
| <input type="checkbox"/> Criminal Justice Subcommittee | |
| <input type="checkbox"/> Editorial Advisory Committee | |
| <input type="checkbox"/> Ethics Committee | |

Ad Hoc Committees

- Adolescent Specialty Committee
- International Committee

Please explain how your qualifications/experience will contribute to this committee(s).

What interests you in joining this specific committee(s)? Do you have specific ideas to share with this committee(s)?
Please separate your responses by committee if applying for multiple committees.

Other qualifications:

Have you chaired or been a member of a NAADAC committee before? Yes No
If yes, please list which committee(s) & dates served:

Signature: _____ Date: _____
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