



CREDENTIAL APPLICATION FOR MASTER ADDICTION COUNSELOR

I. Personal Data:

Please note: If any documentation required for the MAC credential application was issued under a previous name, you must submit a copy of the legal document to verify the change. (If by divorce, copy only that portion of the document showing the name change.)

Dr. Mr. Ms. _____

Name: _____

Address: _____

City/State/ZIP+4: _____

Phone (work): _____ (cell): _____ Fax: _____

E-mail: _____

I do not give the NCC AP permission to publish my information on the NAADAC website
(Leaving the check box unchecked gives us permission to post your information)

II. Payment/Fee Information

Credential: MAC

Application Fee: \$ 235.00 (non-refundable)

Amount Enclosed: \$_____.____ (check/money order payable to NCC AP)

Credit card amount: \$_____.____ Company card Personal card

MasterCard Visa America Express

Full name of card holder (please print)

Credit card number

Expiration Date

Signature

Date

III. MAC Credential Eligibility and Application Requirements

Please note: Incomplete applications will be subject to an additional \$50 administrative fee. Please make sure to complete all sections of the application and include all required supporting documentation.

1. Candidate must have a Master's Degree or higher in Substance Use Disorders/Addiction and/or related counseling subjects (social work, mental health counseling, marriage & family, psychology) from a regionally accredited institution of higher learning.

Official Master's Degree or higher transcript must be sent directly to the NCC AP from the candidate's college/university.

2. Candidate must hold a current credential/license as a Substance Use Disorders/Addiction counselor or Professional Counselor (social worker, mental health, marriage & family, professional counselor, psychologist, psychiatrist, medical doctor) issued by a state or credentialing authority.

Candidate must submit evidence of their current credential/license as a Substance Use Disorders/Addiction counselor or Professional Counselor (social worker, mental health, marriage & family, professional counselor, psychologist, psychiatrist, medical doctor) issued by a state or credentialing authority.

3. Candidate must have at least three years full-time or 6,000 hours of supervised experience as a Substance Use Disorders/Addiction counselor.

Supervisor(s) or other health care professionals who have personally observed the candidate's Substance Use Disorders/Addiction work must complete pages 6-7 verifying the candidate's work experience based on the Eight Counselor Skills Group over the last 3 years.

4. Candidate must provide evidence of earning 500 contact hours (CEs) of education/training in Substance Use Disorders/Addiction. At least 50% of training hours must be face-to-face. Training hours must include at least six hours of ethics training and six hours of HIV/other pathogens training within the last six years.

Please note the following equivalencies: 1 hour of education/training = 1 CE; 1 quarter college credit = 10 CEs; and 1 semester college credit = 15 CEs.

5. Candidate must submit a signed statement that they have read and adhere to the [NAADAC/NCC AP Code of Ethics](#).
6. Candidate must mail application and all supporting documents with the non-refundable application fee of \$235 to:

NCC AP
44 Canal Center Plaza, Suite 301
Alexandria, VA 22314

7. A passing score on the Master Addiction Counselor examination is required. Registration information for the examination will be provided once the candidate's credential application is approved.

IV. State Credential/License & Education Record

Indicate each state issued credential/license:

Credential /License	State/Authority	Expiration Date	Number
---------------------	-----------------	-----------------	--------

Note: Copies of current credential(s)/license(s) as a Substance Use Disorders/Addiction counselor or Professional Counselor (social worker, mental health, marriage & family, professional counselor, psychologist, psychiatrist, medical doctor) issued by a state or credentialing authority **must** be submitted. **Applications cannot be processed without copies of your current credential(s)/license(s).**

Training Hours Summary: Please submit copies of all training events (conference/seminar attendance certificates, college transcript(s) and any other continuing education credits). All CE certificates must show the title of the training, name of the presenter/education provider (complete with their signature) and date that the training occurred. You may not apply the same title training more than once every two years. We ask that you do not submit duplicated CE certificates.

- 1 hour of education/training = 1 CE
- 1 quarter college credit = 10 CEs
- 1 semester college credit = 15 CEs

Please note required hours:

_____ Contact hours of education and training in Substance Use Disorder/Addiction (488 CEs required)

_____ Undergraduate or graduate CEs

_____ Other training CEs

_____ Contact hours of ethics education and training within the last six years (six CEs required)

_____ Contact hours of HIV and other pathogens education and training within the last six years (six CEs required)

_____ **Total hours (500 CEs required)**

Note: MAC Candidates must have an official Master's Degree transcript mailed directly from their college/university to NCC AP, 44 Canal Center Plaza, Suite 301, Alexandria, VA 22314.

V. Career History

In providing your Substance Use Disorders/Addiction counseling career history, please list your current position first and work backwards until you have documented the required three years full-time or 6,000 hours of work experience in the Substance Use Disorders/Addiction profession. Attach additional pages as needed.

Current Employer: _____

Address: _____

Job title: _____

Position held from: (*month/year*) _____ to (*month/year*) _____

Supervisor's Name: _____ Phone: _____

Supervisor's Email Address: _____

Brief job description:

Previous Employer: _____

Address: _____

Job title: _____

Position held from: (*month/year*) _____ to (*month/year*) _____

Supervisor's Name: _____ Phone: _____

Supervisor's Email Address: _____

Brief job description:

VI. Supervisor's Verification of Candidate's Work Experience - to be completed by the Supervisor

THE EIGHT COUNSELOR SKILLS GROUP IN THE NATIONAL CERTIFICATION COMMISSION FOR ADDICTION COUNSELORS PROCESS

Supervisor, please initial each of the counselor skills that applies to this candidate and indicate the number of years/months supervision was provided.

 I. INTAKE AND SCREENING

Client intake is a process of collecting client demographic and biopsychosocial/spiritual and other pertinent formation. It is tied to the screening process in that both processes involve the preliminary gathering and sorting of information. Screening tools are used to determine if an individual has a substance abuse problem. If yes, then it is appropriate to perform a full clinical assessment/ evaluation. The intake, screening and assessment session can take two to three hours and is conducted in a secure and confidential area. The intake itself is more of an administrative process used to determine a client's entrance into a program or referral to a more appropriate program.

 II. CLINICAL ASSESSMENT

The primary purpose of a clinical assessment is to develop a full picture of the client's substance abuse patterns and determine general treatment needs. The second function is to initiate the treatment process if doing so is in the client's best interests. It is critical for the client to be engaged in the intake and screening process. Together, client and counselor choose what behavioral changes the client is ready and willing to make after reviewing the assessment outcomes and counselor recommendations for treatment options.

 III. TREATMENT PLAN

The treatment plan is an outline for treatment and services based on the client's specific needs developed from the intake, screening and assessment process. It is a blueprint, a design and a projected strategy individualized to each client. Each client must have an individualized treatment plan based on an inventory of his or her strengths and limitations/disabilities.

 IV. COUNSELING THERAPIES AND TECHNIQUES

The interactive process of providing therapies and techniques to treat a client to live their life healthy and self-determined. The counselor implements the most appropriate types of therapies and techniques using a strong theoretical base as a means of assisting each client in gaining intrinsic motivation in order to effectively follow a path toward successful recovery. Counseling services include: individual, group, family, and crisis intervention counseling.

 V. DOCUMENTATION

Documentation and record-keeping begin with the first point of contact with the client, electronic or face-to-face. Documentation continues throughout the course of intake, assessment, evaluation,

treatment planning, treatment services, referral, case management and finally discharge and continuing care planning.

____ VI. CASE MANAGEMENT

Case management is a coordinated approach to the delivery of health, substance use disorders, mental health disorders and social services. Case management helps link clients with appropriate services to help them achieve their treatment plan goals. . It is a mechanism for helping clients navigate the fragmented social services system. As a client’s treatment moves from one level of care to another, the case management process ensures needed resources. Consultation and case review by a clinical supervisor is a vital component of case management.

____ VII. DISCHARGE AND CONTINUING CARE

Discharge and continuing care planning is the process of planning treatment and/or other support activities designed to maintain the gains achieved in the treatment and recovery process in which the client has already been actively engaged. Discharge planning occurs as the treatment relationship enters the final stage with the client.

A continuing care plan is a documented plan of action developed before discharge or transfer to another level of care. The plan’s purpose is to assist the client served in sustaining the progress that has been achieved by linking the client with supportive resources in the environment to which the client is being returned.

____ VIII. LEGAL, ETHICAL AND PROFESSIONAL DEVELOPMENT

This skill group includes federal, state and local legislation governing the counselor/client relationship and adherence to the national code of ethics for addiction counselors. Counselor knowledge and competencies are vital components of a counselor’s ability to provide quality of care and ensure appropriate and professional care. Professional development includes self-awareness and evaluation and an attitude of “life-long learning.” Continual education of new theories and practices along with the science of addiction is required.

“I verify that this candidate has been under my supervision for ____year(s) and has competently performed the required Eight Counseling Functions.

To the best of my knowledge, the time of my supervision of this candidate as indicated above is accurate and that this candidate engages in ethical practice.”

Supervisor’s Signature

Date

Supervisor’s Name (*please print*)

Phone

Supervisor’s Email

VII. Candidate's Affirmation

"I certify that I meet the eligibility requirements for the MAC national credential, and that the information in this application and its supporting documents is accurate, correct and complete. I also certify that the state credential/license presented is not encumbered in any manner and that I do not hold a credential/license from any other state that is or has been subject to criminal or ethical complaint. The National Certification Commission for Addiction Professionals (NCC AP) is authorized to contact any institution, organization or individual listed on or included with this application for verification of my substance use disorders counseling history. I understand that the NCC AP retains ownership of the MAC credential and may, from time to time, make available credential holder names and other information to potential service users."

Candidate's Signature: _____

Date: _____

VIII. NAADAC/NCCAP Code of Ethics

All those holding NCC AP credentials are required to adhere to the NAADAC/NCC AP Code of Ethics. Ethics code violations may result in disciplinary actions, including loss of your credential. The full NAADAC/NCC AP Code of Ethics is located in full at <http://www.naadac.org/code-of-ethics>.

"I hereby attest that I have read, understand, and will adhere to the NAADAC/NCC AP Code of Ethics."

Candidate's Signature: _____

Date: _____

Candidate's Checklist

Please note: Incomplete applications will be subject to an additional \$50 administrative fee. Please make sure to complete all sections of the application and include all required supporting documentation.

Completed Personal Data Section and included a copy of legal document showing name change if applicable.

Included check/money order or provided credit card information. (The NCC AP has a no refund policy for incomplete applications.)

Completed State Credential/License & Education Section.

Enclosed a copy of current credential/license as a Substance Use Disorders/Addiction counselor or Professional Counselor (social worker, mental health, marriage & family, professional counselor, psychologist, psychiatrist, medical doctor) issued by a state or credentialing authority.

Requested official Master's Degree or higher transcript to be sent directly to NCC AP.

Enclosed copies of Education/Training Certificates that includes six hours of ethics and six hours of HIV/other pathogens training within the last six years.

Completed Career History Section.

Enclosed Supervisor's Verification of Candidate's Work Experience. Supervisor has indicated the number of years and signed their verification.

Completed Candidate Affirmation.

Signed statement that candidate has read, understands, and will adhere to the NAADAC/NCC AP Code of Ethics.

Application and supporting documentation **must** be mailed to the address below.

**NCC AP - Certification Department
44 Canal Center Plaza, Suite 301
Alexandria, VA 22314**