



## RE-CREDENTIALING APPLICATION FORM FOR MASTER ADDICTION COUNSELOR

**Thank you for applying for re-credentialing as a Master Addiction Counselor (MAC).**

**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.

### **I. Personal Data**

**Please note:** Please provide complete contact information in the space below. If you have experienced a change in your name, you must submit a copy of the legal document showing that change.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (w): \_\_\_\_\_ (cell): \_\_\_\_\_ (f): \_\_\_\_\_

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. State Credential/License**

Please submit copies of current credentials or licenses as a Substance Use Disorder/Addiction counselor or Professional Counselor (social worker, mental health, marriage & family, professional counselor, psychologist, psychiatrist, medical doctor) issued by a state or credentialing authority. **Applications cannot be processed without copies of your current credentials and/or licenses.**

In addition, please list current credentials or licenses here:

Credential/License	Number	State/Authority	Expiration Date
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### **III. Career History**

Please provide your Substance Use Disorder/Addiction counseling career history for the past two years only. Please list your current position first and work backwards until you have documented up to your last certification term start date. Attach additional pages as needed.

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

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

Job title: \_\_\_\_\_

Position held from (*month/year*) \_\_\_\_\_ to (*month/year*) \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_

Brief job description:

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

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

Job title: \_\_\_\_\_

Position held from (*month/year*) \_\_\_\_\_ to (*month/year*) \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_

Brief job description:

#### **IV. Continuing Education Hours**

A total of 40 contact hours of education/training (online or in-person) is required within the two years between the start date of your current credential and the upcoming expiration date. There is no longer a requirement to present the training certificates acquired during these two years unless your application is audited by the NCC AP.

Please read and attest to the statement below through your signature.

*“I certify that I have completed the necessary 40 hours of education/training within the appropriate time frame to support this application, and that I will provide documentation of that training to the NCC AP within 30 days of any audit request by that body.”*

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*Signature*

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*Date*

#### **V. NAADAC 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 action, including loss of your credential. The full NAADAC/NCC AP Code of Ethics is located in full at [www.naadac.org/code-of-ethics](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.”*

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*Signature*

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*Date*

#### **VI. 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.”*

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*Signature*

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*Date*

## VII. Payment/Fee Information

**Credential:** MAC

**Renewal Fee:** \$ 200.00 (non-refundable)

Amount Enclosed: \$\_\_\_\_\_.00 (check/money order payable to NCC AP)

Credit card amount: \$\_\_\_\_\_.00

Company card

Personal card

MasterCard

Visa

America Express

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*Full name of card holder (please print)*

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*Credit card number*

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*Expiration Date*

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*Signature*

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*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/Updated Personal Data

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

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

Completed Career History Section

Completed Continuing Education Section

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**