



NATIONAL CERTIFIED ADOLESCENT ADDICTION COUNSELOR



CREDENTIAL APPLICATION

I. Personal Data: If any documentation required for the NCAAC 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. Other

Name:

Address:

City/State/ZIP+4:

Phone (work): (cell): (fax):

E-mail:

II. Payment/Fee Information

Credential: NCAAC Application Fee: \$ 235.00 (non-refundable)

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

Credit card amount: \$ Company card Personal card MasterCard Visa American Express

Full name of card holder (please print)

Credit card number Exp Date CVC #

Billing address

Card holder's signature

### **III. NCAAC Credential Eligibility and Application Requirements**

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

Candidate must submit a copy of their official Bachelor's Degree or higher transcript with their application.

2. Candidate must hold a current credential/license as a Substance Use Disorders/Addiction Counselor or Professional Counselor (social worker, mental health counselor, marriage family therapist or psychologist) 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 counselor, marriage family therapist or psychologist).

3. Candidate must have at least five years full-time or 10,000 hours of supervised experience in Substance Use Disorders/Addiction and/or related counseling subjects. Must include two and a half years full-time or 5,000 hours of supervised experience working with adolescents.

Supervisor(s) or other health care professionals who have personally observed the candidate's Substance Use Disorders/Addiction work must complete section VII-a on pages 5-6 verifying the candidate's work experience based on the Eight Counselor Skills Group for two and a half years full-time or 5,000 hours.

Supervisor(s) or other health care professionals who have personally observed the candidate's Substance Use Disorders/Addiction work must complete section VII-b on page 7 verifying the candidate's work experience with adolescents for two and a half years full time or 5,000 hours.

4. Candidate must provide evidence of earning 270 contact hours (CEs) of education/training in Substance Use Disorders/Addiction to include: 70 hours of education/training related to Adolescent treatment, 6 hours of Ethics education/training and 6 hours of HIV/other pathogens education/training. Note: adolescent-related treatment education/training, Ethics education/training and HIV/other pathogens education/training must have occurred within the last six years. (Education and training hours translate as: 1 hour of education/training equals 1 CE; 1 quarter college credit equals 10 CEs and 1 semester college credit equals 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 NCC AP's NCAAC exam. (Exam fee is an additional \$150.)

#### IV. State Credential/License

**Note:** Copies of current credential(s)/license(s) as a Substance Use Disorders/Addiction Counselor or Professional Counselor (social worker, mental health counselor, marriage family therapist or psychologist) issued by a state or credentialing authority. **Applications cannot be processed without evidence of a current credential(s)/license(s). Documentation must show a date of expiration.**

#### V. Education Record

*Training Hours Summary:* Candidate must submit copies of all training events (college transcripts, conference/seminar attendance certificates 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), number of CEs earned 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 duplicate CE certificates.

#### **Candidate's Worksheet of Education and Training:**

Education and training hours translate as:

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

\_\_\_\_\_ Undergraduate or higher level hours (documented by transcript).

\_\_\_\_\_ SUD training hours (documented by CE certificates).

\_\_\_\_\_ Adolescent-related treatment training hours (70 hours is required - documented by CE certificates).

\_\_\_\_\_ Ethics training that occurred within the last six years (6 hours required - documented by CE certificates).

\_\_\_\_\_ HIV/other pathogens training that occurred within the last six years (6 hours required - documented by CE certificates).

\_\_\_\_\_ **Total hours (270 CEs required)**

## VI. 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 five years full-time or 10,000 hours of work experience in the Substance Use Disorders/Addiction profession. Attach additional pages as needed. Or, you can submit your resume.

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:

**VII-a. 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)/hours 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 Email Address

**\*\* Supervisor must indicate the number of years/hours in the space provided above.**

**VII-b. Supervisor’s Verification of Candidate’s Work Experience with Adolescent Population**

*“I verify that this candidate has been under my supervision in working with the adolescent population for \_\_\_\_\_ year(s).*

*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

**VIII. Candidate’s Affirmation**

*“I certify that I meet the eligibility requirements for the NCAAC 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 NCAAC credential and may, from time to time, make available credential holder names and other information to potential service users.”*

\_\_\_\_\_  
Candidate’s Signature

\_\_\_\_\_  
Date

## IX. 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

- Completed Personal Data Section and included a copy of legal document showing name change if applicable.
- Enclosed check/money order or provided credit card information. (The NCC AP has a no refund policy for incomplete applications.)
- Enclosed a copy of current credential/license as a Substance Use Disorders/Addiction Counselor or Professional Counselor (social worker, mental health counselor, marriage family therapist or psychologist).
- Enclosed copies of official Bachelor’s Degree or higher transcript and education/training certificates to include 70 hours of adolescent-related treatment, 6 hours of Ethics and 6 hours of HIV/other Pathogens education/training.
- Completed Career History Section.
- Enclosed Supervisor’s Verification of Candidate’s Work Experience for Sections VII-a and VII-b. Supervisor(s) indicated the number of years/hours 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.
- Made a copy of your application and supporting documents for your records.

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

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

**NOTE: The initial application review may take up to 50 business days from date received by NCC AP Staff.**