



## RE-CREDENTIALING APPLICATION FOR NATIONAL CLINICAL SUPERVISION ENDORSEMENT (NCSE)

Thank you for applying for the renewal of your National Clinical Supervision Endorsement (NCSE).

### **I. Personal Data**

Dr.  Mr.  Ms.  \_\_\_\_\_

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 list your information in the NCC AP online directory)

### **II. State Credential/License**

Please submit copies of current credentials or licenses in Substance Use Disorder/Addiction and/or related counseling subjects (social work, mental health counseling, psychology) 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 three years only. Please list your current position first and work backwards until you have documented up to your last endorsement term start date. Attach additional pages as needed.

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

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

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

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

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Please Print*

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

Brief job description:

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

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

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

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

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Please Print*

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 three years between the start date of your current endorsement and the upcoming expiration date. At least 20 hours of the 40 contact hours must be specific to clinical supervision. There is no longer a requirement to present the training certificates acquired during these three 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, including at least 20 hours of clinical supervision-specific 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.”*

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*Signature*

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*Date*

#### **V. NAADAC/NCC AP Code of Ethics**

All those holding a NCC AP Endorsement are required to adhere to the NAADAC/NCC AP Code of Ethics. Ethics code violations may result in disciplinary action, including loss of your NCSE. The 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 NCSE national endorsement, 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 NCSE and may, from time to time, make available endorsement holder names and other information to potential service users.”*

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*Signature*

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*Date*

## VII. Payment/Fee Information

**Endorsement:** NCSE

**Renewal Fee:** \$200.00

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

Credit card amount: \$ . 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

Completed/Updated Personal Data.

Enclosed copy of current credentials or licenses in Substance Use Disorder/Addiction and/or related counseling subjects (social work, mental health counseling, psychology) issued by a state or credentialing authority.

Completed Career History Section.

Signed Continuing Education Section.

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

Signed Candidate's Affirmation.

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

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

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