



NICOTINE DEPENDENCE SPECIALIST



CREDENTIAL APPLICATION

I. Personal Data If any documentation required for the NDS 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: NDS

Application Fee: \$ 235.00

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. NDS Credential Eligibility and Application Requirements

NICOTINE DEPENDENCE SPECIALIST

1. Candidate must have a Bachelor's Degree or higher in a healing art (i.e., substance use or mental health disorders, nursing, respiratory therapy, or pharmacology, etc.) 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 in a healing art (i.e., substance use disorders, nursing, respiratory therapy, or pharmacology, etc.) issued by a state or credentialing authority.

Candidate must submit evidence of their current credential/license in a healing art (i.e., substance use disorders, nursing, respiratory therapy, or pharmacology, etc.) issued by a state or credentialing authority.

3. Candidate must have at least three years full-time or 6,000 hours of employment in a health care profession (i.e., substance use disorders, nursing, respiratory therapy, or pharmacology, etc.).

Supervisor(s) or other health care professionals who have personally observed the candidate's work in substance use disorders, nursing, respiratory therapy, or pharmacology, etc must complete pages 5-6 verifying the candidate's work experience based on the Eight Counselor Skills Group for a total of three years full-time or 6,000 hours.

4. Candidate must provide evidence of earning at least 270 contact hours of education and training in a healing art to include: 40 hours of nicotine-specific education, 6 hours of Ethics and 6 hours of HIV/other pathogens. Note: Nicotine, Ethics and HIV/other pathogens education must be 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 Nicotine Dependence Specialist exam. Registration information for the exam will be provided once your credential application is approved. (Exam fee is an additional \$150.)

IV. State Credential/License

Note: Copy of current credential or license in a healing art (i.e., substance use disorders, nursing, respiratory therapy, or pharmacology, etc.) issued by a state or credentialing authority **must** be submitted. **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 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.

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

Candidate's Worksheet of Education and Training

_____ Undergraduate level or higher hours (documented by transcript).

_____ Trainings hours (documented by CE certificates).

_____ Nicotine-specific education hours in past six years (40 hours is required – documented by CE certificates).

_____ Ethics Trainings hours in past six years (6 hours is required-documented by certificates).

_____ HIV/other pathogens trainings hours in past six years (6 hours is required-documented by CE certificates).

_____ Total hours (270 CEs required).

VI. Career History

In providing your healing art 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 a health care profession (i.e. substance use or mental health disorders, nursing, respiratory therapy, or pharmacology, etc.). 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 Name: _____ Phone: _____

Supervisor's Email Address: _____

Brief job description:

Previous Employer: _____

Address: _____

Job title: _____

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

Supervisor Name: _____ Phone: _____

Supervisor's Email Address: _____

Brief job description:

VII. Supervisor's Verification of Candidate's Work Experience

Supervisor, please initial each of the counselor skills that applies to this candidate and indicate the number of years/hours supervision was provided. (Note: candidate is required to have 3 years full-time or 6,000 hours.)

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

I. TREATMENT ADMISSION (Screening, Intake and Orientation)

The interaction with the client to determine suitability for alcoholism and/or drug abuse treatment. Information necessary for admission, appropriate assessment and appropriate treatment is collected; the client is oriented to the counseling process, rules, and expectations including financial responsibilities.

II. CLINICAL ASSESSMENT

To synthesize and interpret the data collected during the treatment admission in order to determine the client's immediate problems, internal/external resources that may facilitate or inhibit the treatment process. This assessment forms the basis for the treatment goals and program established for the client.

III. ONGOING TREATMENT PLANNING

A specific, individualized plan that addresses the therapeutic needs of the client and places him/her in the appropriate placement on the continuum of care. The client's strengths and weaknesses must be considered in setting priorities for long and short term goals and treatment. This plan must ultimately be formulated with the client.

IV. COUNSELING SERVICES (Individual, Group, Family, Crisis Intervention, Client Education)

The interactive process of providing assistance to a client to help him/her change and maintain attitudes, beliefs and behaviors that are more constructive. The counselor must determine the most appropriate type of assistance and the counseling intervention to facilitate the change in behaviors, attitudes and beliefs. Counseling services include individual, family, group and crisis intervention counseling.

V. DOCUMENTATION

This encompasses maintaining and recording the results of the treatment process accurately, descriptively and in a timely fashion. The legal document describes treatment including forms, release and consent forms and records.

VI. CASE MANAGEMENT

This encompasses case consultation, and interfacing with other agencies and professionals to provide the services needed by the client in order to achieve the treatment goals. Consultation and case review by a clinical supervisor is a vital component of managing the counseling process and providing quality care.

____ VII. DISCHARGE AND CONTINUING CARE

Discharge involves the reinforcement of the changed attitudes, beliefs and behavior(s), assessment that there are no pressing needs, following up on the client's status, making appropriate referrals for continuing services of necessary, and assessing the adequacy of support systems. Information on relapse prevention, continuation of self-help programs and other support mechanisms should be provided to client as part of the termination process.

____ VIII. LEGAL, ETHICAL, AND PROFESSIONAL GROWTH ISSUES

This skill group includes the Federal or state legislation governing the counselor/client relationship, adherence to the Code of Ethics for alcoholism and drug abuse counselors are expected to follow in their practice and areas of continuing self-education and growth. The dynamic nature of the therapeutic process demands continual self-evaluation, monitoring and self-awareness.

*“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.**

VIII. Candidate’s Affirmation

“I certify that I meet the eligibility requirements for the Nicotine Dependence Specialist (NDS) 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 NDS 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/NCC AP 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 <https://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 copy of current credential or license in a healing art (i.e., substance use disorders, nursing, respiratory therapy, or pharmacology, etc.) issued by a state or credentialing authority.
- Enclosed copies of official Bachelor’s Degree or higher transcript and education/training certificates to include 40 hours of nicotine-specific training, 6 hours of Ethics training and 6 hours of HIV/other pathogens training.
- Completed Career History Section.
- Enclosed Supervisor’s Verification of Candidate’s Work Experience. Supervisor has 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.