



RE-CREDENTIALING APPLICATION FORM FOR NICOTINE DEPENDENCE SPECIALIST (NDS)

Thank you for applying for re-credentialing as a Nicotine Dependence Specialist (NDS).

I. Personal Data

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 a healing art (i.e. substance use or mental health disorders, nursing, respiratory therapy, or pharmacology, etc.) 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 career history in a healing art (i.e. substance use or mental health disorders, nursing, respiratory therapy, or pharmacology, etc.) 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:

Past 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 two years between the start date of your current credential and the upcoming expiration date. For the NDS credential, 20 hours must be nicotine-specific education/training; the other 20 hours may be on other behavioral-health-related topics. 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 nicotine-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.”

Signature

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.

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

Signature

Date

VI. Candidate’s Affirmation

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

Signature

Date

VII. Payment/Fee Information

Credential: NDS

Renewal Fee: \$200.00

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

Credit card amount: \$_____.00

Company card

Personal card

MasterCard

Visa

America Express

Full name of card holder (please print)

Credit card number

Expiration Date

Signature

Date

Candidate's Checklist

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 credentials or licenses in a healing art (i.e. substance use or mental health disorders, nursing, respiratory therapy, or pharmacology, etc.) 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.

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

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