

NCAC I & II Application

Test Exception Application for AUSAP Credential Holders

This application will allow accepted applicants to apply for the Nationally Certified Addiction Counselor (NCAC) Level I or Level II. This credential is awarded and administered by the NAADAC – National Certification Commission.

Application Period April 1, 2009 to September 30, 2010

For more information contact Jeremy Boberg at jboberg@arkrecovery.com or Shirley Beckett Mikell at shirley@naadac.org.

Application Information

1. Complete all six sections of this application. Sign and date the application. Incomplete and/or unsigned applications will not be processed.
2. Mail the application form, along with the required photocopies of appropriate state license/certification, training verification and the appropriate fee, to:

NAADAC-National Certification Commission

AUSAP Credential Processing
1001 N Fairfax Street, Ste 201
Alexandria VA 22314

3. Please include the following information about your AUSAP credential.

Date _____ Level _____ Score _____ (Exam must have been within three years of this application if test requirement applies).

Section One: Personal Data

Please Print.

Name _____

Address _____

City/State/ZIP _____

Phone (w) _____ / _____ (h) _____ / _____

Fax _____ / _____ (e-mail) _____

Employer _____

NAADAC Member # (Not Needed for Application) _____

Applications Accepted April 1, 2010 – September 30, 2010

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Section Two: Payment Information

- \$70 NAADAC member (membership verification required)
- \$170 non-NAADAC members
- \$200 NAADAC membership enrolment and certification fee at NAADAC member rate
(includes 12 month NAADAC membership at the NAADAC/AUSAP Professional rate.)

Amount Enclosed: _____

Check (payable to NAADAC) Money Order

MasterCard Visa America Express

Card Number _____

Expiration Date: Month _____ Year _____

Section Three: Certification/Education Record

Current AUSAP Credential

Please indicate each state recertification

Credential	Expiration Date	Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: A copy of your current AUSAP credential must be attached.

Training Hours Summary

Please attach copies of all training events (college transcripts, diplomas conference/seminar attendance certificates, CEUs or other valid form of training) up to a total of 270 contact hours. This must include six hours of Ethics and six hours of HIV/AIDS training.

_____ Graduate Level Hours _____ Undergraduate Hours

_____ Certificate of Training _____ Other

_____ Total Hours

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Section Four: Career History

In providing your alcoholism and/or drug abuse counseling career history, please list your current position first and work backwards until you have documented three years (NCAC I) or five years (NCAC II) supervised full-time work experience in the addiction profession. Attach additional pages as needed.

Employer: _____

Address: _____

Job title: Position held from (month/year) _____ to (month/year) _____

Supervisor:

Telephone _____ / _____

Brief job description

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Section Five: Verification of Work Experience

In the box provided below, have your supervisor (or other knowledgeable individual) verify your counseling skills and the contents of this application.

I verify that this candidate has been under my supervision for ___ years and has competently performed the required counseling skills/functions, that to the best of my knowledge, the career history as stated above is accurate, and that the candidate engages in ethical practices.

Signature/Title

Telephone/Date

Phone or E-mail

Section Six: Application Checklist *(Please Check All completed sections)*

- ___ Application Form
- ___ Demographic Profile
- ___ Copy of AUSAP Credential
- ___ Education/Training Certificate Copies (to include 6 hrs. of Ethics & 6 hrs. HIV/AIDS)
- ___ Credential Examination Grade Sheet or statement of test score from AUSAP
- ___ Bachelor's Degree Transcript Copy (NCAC II only)
- ___ Supervisor's Signature (Section Five)
- ___ Your Signature (Section Seven)
- ___ Payment - Current NAADAC Member \$70, Non-Member Certification \$170, Certification and Instant enrollment in NAADAC/AUSAP Membership \$200

Section Seven: Candidate Affirmation

I certify that the information on this application is accurate, correct, and complete; and that I have read the NAADAC Code of Ethics and subscribe to it. I also certify that the credential presented is not encumbered in any manner and that I do not hold a license/certification from any other state that is or has been subject to criminal or ethical complaint. The NAADAC Certification Commission is authorized to contact any institution, organization, or individual listed on or included with this Application for verification of my alcoholism and/or drug abuse counseling history. I understand that the National Certification Commission retains ownership of NCAC certificates and may, from time to time, make available certificate holder names and other information to potential service users. I further understand that my name will be listed on the certification page of the NAADAC web site.

Signature/Date _____

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Demographic Information

Providing any or all of the following information will have no effect on the evaluation of your portfolio. The information requested below is necessary for the National Certification Commission and NAADAC to accurately portray the profile of our credential holders as we meet with governmental officials and decision-makers of major insurance carriers, HMOs, etc. Through collection of this data concerning NCAC credentialed counselors, we can sharpen the focus of our lobbying efforts and more efficiently represent you and your colleagues.

Please circle the appropriate letter.

1. Are you certified/licensed as an:

- a. Alcoholism/Drug Abuse Counselor
- b. Prevention Specialist
- c. Clinical Supervisor

2. Primary Job Function:

- a. Counselor
- b. Clinical Supervisor
- c. Program Director
- d. Administrator/CEO
- e. Other _____

3. Work Setting:

- a. Hospital
- b. Residential Facility
- c. Local/State/Federal Agency
- d. Private Practice
- e. Criminal Justice System
- f. Other _____

4. Are you certified/licensed as a:

- a. Licensed Professional Counselor
- b. Rehabilitation Counselor
- c. Social Worker
- d. Psychologist
- e. Nurse
- f. Physician
- g. Psychiatrist
- h. Clergy
- i. Other _____

5. Years of employment in the alcoholism and drug abuse profession:

- a. 0-3
- b. 4-6
- c. 7-10
- d. over 10

6. Highest degree earned:

- a. High School Diploma/Equivalent
- b. Associate Degree
- c. Bachelor's Degree
- d. Master's Degree
- e. Doctoral Degree
- f. Other _____

Optional Information

Information related to race, ethnic background, age, and sex is requested to assist in ensuring that we are complying with general guidelines pertaining to equal opportunity. As we work with various agencies, it is apparent that this information, positively showing equality of opportunity and broad base representation from all aspects of society, will materially assist in our overall efforts.

7. Race:

- a. Caucasian
- b. Native American
- c. African American
- d. Hispanic/Latino
- e. Asian/Pacific Islander
- f. Other _____

8. Sex:

- a. Male
- b. Female

9. Year of Birth: _____