



STATE/COMMONWEALTH APPLICATION FOR
**NATIONAL CERTIFICATION EXAMINATION
 FOR ADDICTION COUNSELORS**



Eligibility and Background Information

I. TREATMENT OR MODALITY YOU PROVIDE:

- Inpatient only Halfway house
- Outpatient only Other
- Inpatient and outpatient

J. PROFESSIONAL BACKGROUND:

- Counselor Nurse
- Rehabilitation Therapist Physician other than Psychiatrist
- Administrator Psychiatrist
- Social Worker Clergy
- Psychologist Other

K. EXPERIENCE IN ALCOHOLISM AND ADDICTION COUNSELING:

- Less than 3 years 5 years
- 3 years 6 to 10 years
- 4 years More than 10 years

L. HIGHEST ACADEMIC LEVEL:

- Less than high school graduate
- High school graduate or equivalent
- Vocational or technical school graduate
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Other

M. IN WHICH OF THE FOLLOWING ARE YOU LICENSED OR HOLD CERTIFICATION OR REGISTRATION?

- (Darken all that apply.)*
- Social work Nursing
 - Psychology Employee assistance programming
 - Counseling Marriage and family therapy
 - Medicine Other

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Race:

- African American Native American
- Asian White
- Hispanic Other

Age Range:

- Under 25 40 to 49
- 25 to 29 50 to 59
- 30 to 39 60+

Gender:

- Male
- Female

Release Authorization

Must be completed by all candidates authorizing release of test results to a state/commonwealth.

State/Commonwealth

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Please print the two letter state/commonwealth abbreviation in the boxes provided. For Bureau of Prisons print "BP".

I hereby authorize the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NACC) to release the results of my Certification Examination for Addiction Counselors to the state/commonwealth indicated. I understand that these test results will be used only for state/commonwealth certification at this time.

CANDIDATE SIGNATURE: _____ **DATE:** _____

Candidate Signature

I have read the Candidate Information Leaflet and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with the Leaflet and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____

Office Use Only

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
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State Board Approval

- Level I
- Level II
- MAC

APPROVED BY: _____ **DATE:** _____
State Board Representative Signature

45230

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