



STATE APPLICATION FOR
INTERNATIONAL CREDENTIALING
ADDICTION PROFESSIONALS' EXAMINATIONS

Mail Completed Form to:
AUSAP
P.O. Box 901418
Sandy, UT 84090

Eligibility and Background Information

I. TREATMENT OR MODALITY YOU PROVIDE:

- Inpatient only
- Outpatient only
- Inpatient and Outpatient
- Halfway House
- Other - explain _____

J. PROFESSIONAL BACKGROUND:

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

K. EXPERIENCE IN ALCOHOLISM AND ADDICTION COUNSELING:

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

Additional Information

Special Accommodations

- ASL Translator
- Extended Time
- Large Font
- Scribe
- Private Room
- Reader

Other: _____

Optional

Age Range:

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

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. FROM WHICH INSTITUTION DID YOU ACHIEVE YOUR DEGREE?

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

(Darken all that apply)

- Social Work
- Psychology
- Counseling
- Medicine
- Nursing
- Employee assistance programming
- Marriage and family therapy
- Other _____

** You may be required to provide a professionals / see our website for additional information

Release Authorization

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

State

Please print the two letter state abbreviation in the boxes provided.

I hereby authorize the International Certification and Reciprocity Consortium (IC&RC) to release the results of my Certification Examination for Addiction Counselors to the state indicated. I understand that those test results will be used only for state certification at this time. **

CANDIDATE SIGNATURE: _____

DATE: _____

State Board Approval

- ADC
- AADC
- CS
- PS

APPROVED BY:

_____ Date: _____
State Board Representative Signature

** A copy of the test results will also be provided to Utah Department of Professional Licensing