

STATE APPLICATION FOR INTERNATIONAL CREDENTIALING ADDICTION PROFESSIONALS' EXAMINATIONS

Mail Completed Form to: **AUSAP**

P.O. Box 901418 Sandy, UT 84090

С Ŧ 2 MARKING INSTRUCTIONS: Mark heavy and dark, filling the circles completely. Please print clearly. A \mathcal{B} \mathcal{D} 4 Candidate Information Please enter your Name exactly as it appears on your current Government-Issued Photo I.D. First Name 0 Mr \mathbf{o} Mrs. 0 Ms. 0 Dr. Last Name Suffix (Jr., Sr., etc.) Home Address - Number and Street Apartment Number City State Zip / Postal Code Daytime Phone Best way to be contacted O Email O Receive phone call O Text Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.) Special Needs If you have any special needs / requirements please describe below: Choice of Examination Language: O English O Spanish Eligibility and Background Information Darken only one choice for each question, unless otherwise directed. FOR WHICH EXAMINATION ARE YOU APPLYING? IN WHAT TYPE OF SETTING DO YOU PRACTICE? O ADC O AADC O cs O PS O Private Practice O State/federal agency HAVE YOU TAKEN THIS EXAMINATION BEFORE? O Private treatment center O Employee assistance program O No O Yes O Halfway house Other - explain below If yes, indicate month, year and name under which the examination was taken. O Hospital program IN WHICH OF THE FOLLOWING DO YOU SPEND AT Date (month/year): **LEAST TEN HOURS PER WEEK?** Name: ARE YOU CURRENTLY CERTIFIED IN ADDICTION ☐ Counseling clients with alcohol/drug-related problems **COUNSELING BY IC&RC?** ☐ Other counseling O ADC O AADC O cs O PS ☐ Clinical supervision O N/A ☐ Assessment and referral ARE YOU A MEMBER OF NAADAC / AUSAP? Prevention/Community service O No O Yes (NOTE: Membership is not required) ☐ Outreach HOW DID YOU ACQUIRE YOUR ALCOHOLISM AND F. Research/Evaluation DRUG ABUSE COUNSELING TRAINING? Administration O Specialty training in alcoholism/drug abuse counseling Professional and staff development O Specialty training as part of a degree program PERCENT OF WORKING TIME CURRENTLY SPENT O Alcoholism/drug abuse counseling course as part of degree program O Continued education courses IN ALCOHOLISM AND DRUG ABUSE COUNSELING: On-the-job training O Less than 25% O 51% to 75% **Q** 25% to 50% O More than 75% Other



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Eligi	bility and Background Informati	on			
I.	TREATMENT OR MODALITY YO	OU PRO	OVIDE:	L.	HIGHEST ACADEMIC LEVEL:
	O Inpatient only	O	Halfway House		O Less than high school graduate
	O Outpatient only	0	Other - explain		O High school graduate or equivalent
	O Inpatient and Outpatient				O Vocational or technical school graduate
J.	PROFESSIONAL BACKGROUN	D:			O Some college
	O Counselor	0	Nurse		O Associate degree
	O Rehabilitation Therapist	O	Physician other than Psychiatrist		O Bachelor's degree
	O Administrator	O	Psychiatrist		O Master's degree
	O Social Worker	O	Clergy		O Doctoral degree
	O Psychologist	0	Other	_	O Other
K.	EXPERIENCE IN ALCHOLISM AND ADDICTION COUNSELING:			М.	FROM WHICH INSTITUTION DID YOU ACHIEVE
	O Less than 3 years	O	5 years		YOUR DEGREE?
	O 3 years	O	6 to 10 years		
	O 4 years	O	More than 10 years	N.	IN WHICH OF THE FOLLOWING ARE YOU LICENSED
Add	itional Information				OR HOLD CERTIFICATION OR REGISTRATION? (Darken all that apply)
Spec	cial Accomodations		Optional		O Social Work
O	ASL Translator		Age Range:		O Psychology
0	Extended Time		O Under 25		O Counseling
0	Large Font		O 25 to 29		O Medicine
0	Other ** see below		O 30 to 39		O Nursing
0	Private Room		O 40 to 49		O Employee assistance programming
0	Reader		O 50 to 59		O Marriage and family therapy
Othe	er:		O 60+		O Other
** Yc	ou may be required to provide a pro	ofession	als		
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.					
					se the results of my Certification Examination d only for state certification at this time. **
CAN	DIDATE SIGNATURE:				DATE:
Stat	e Board Approval				
	ADC APPROVED BY:				
_	AADC		Date:		
0	O CS State Board Representative Signature				
0	PS				