



STATE APPLICATION FOR  
NATIONAL CERTIFICATION COMMISSION FOR  
ADDICTION PROFESSIONALS' EXAMINATIONS

Mail Completed Form to:

AUSAP

P.O. Box 901418  
Sandy, UT 84090

MARKING INSTRUCTIONS: Mark heavy and dark, filling the circles completely. Please print clearly.

A	B	C	D	E	F	1	2	3	4
---	---	---	---	---	---	---	---	---	---

**Candidate Information** Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

First Name M.I.

Mr.  
 Mrs.  
 Ms.  
 Dr.

Last Name Suffix (Jr., Sr., etc.)

Home Address - Number and Street Apartment Number

City State Zip / Postal Code

Cell / Text Number **Best way to contact me**

Receive phone call     Email     Text

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

**Choice of Examination Language:**

English     Spanish

**Special Needs**

If you have any special needs / requirements please describe below:

**You must fill out a Special Accommodations request**

**Eligibility and Background Information**

Darken only one choice for each question, unless otherwise directed.

- A. FOR WHICH EXAMINATION ARE YOU APPLYING?**  
 Level I     Level II     MAC
- B. HAVE YOU TAKEN THIS EXAMINATION BEFORE?**  
 No     Yes  
 If yes, indicate month, year and name under which the examination was taken.  
 Date (month/year): \_\_\_\_\_  
 Name: \_\_\_\_\_
- C. ARE YOU CURRENTLY CERTIFIED IN ADDICTION COUNSELING BY NCC AP?**  
 Level I     Level II     MAC     None
- D. ARE YOU A MEMBER OF NAADAC?**  
 No     Yes (NOTE: Membership is not required)
- E. HOW DID YOU ACQUIRE YOUR ALCOHOLISM AND DRUG ABUSE COUNSELING TRAINING?**  
 Specialty training in alcoholism/drug abuse counseling  
 Specialty training as part of a degree program  
 Alcoholism/drug abuse counseling course as part of degree program  
 Continued education courses  
 On-the-job training  
 Other \_\_\_\_\_

- F. IN WHAT TYPE OF SETTING DO YOU PRACTICE?**  
 Private Practice     State/federal agency  
 Private treatment center     Employee assistance program  
 Halfway house     Other - explain below \_\_\_\_\_  
 Hospital program
- G. IN WHICH OF THE FOLLOWING DO YOU SPEND AT LEAST TEN HOURS PER WEEK?**  
 Counseling clients with alcohol/drug-related problems  
 Other counseling  
 Clinical supervision  
 Assessment and referral  
 Prevention/Community service  
 Outreach  
 Research/Evaluation  
 Administration  
 Professional and staff development  
 Other \_\_\_\_\_
- H. PERCENT OF WORKING TIME CURRENTLY SPENT IN ALCOHOLISM AND DRUG ABUSE COUNSELING:**  
 Less than 25%     51% to 75%  
 25% to 50%     More than 75%

(Continue on page 2)



**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

**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.

- |  |                                |                              |
|--|--------------------------------|------------------------------|
| <b>Race:</b>                           | <b>Age Range:</b>              | <b>Gender:</b>               |
| <input type="radio"/> African American | <input type="radio"/> Under 25 | <input type="radio"/> Male   |
| <input type="radio"/> Asian            | <input type="radio"/> 25 to 29 | <input type="radio"/> Female |
| <input type="radio"/> Hispanic         | <input type="radio"/> 30 to 39 |                              |
| <input type="radio"/> Native American  | <input type="radio"/> 40 to 49 |                              |
| <input type="radio"/> White            | <input type="radio"/> 50 to 59 |                              |
| <input type="radio"/> Other            | <input type="radio"/> 60 +     |                              |

**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 National Certification Commission for Addiction Professionals (NCC AP) 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: \_\_\_\_\_

**Testing Dates / Locations**

1st Choice Date: \_\_\_\_\_ Time Choice: \_\_\_\_\_  
2nd Choice Date: \_\_\_\_\_ Time Choice: \_\_\_\_\_

All Registrations for any testing must be made through AUSAP. Any deviation will incur a \$50 administrative fee due before test results will be released.

**Locations** (full addresses can be found on our website www.ausap.org)

- Logan
- Ogden
- Richfield
- West Valley City
- St. George

The tests are held every quarter hour beginning at 9am (varies per location)

**State Board Approval**

Level I  APPROVED BY: \_\_\_\_\_

Level II  \_\_\_\_\_ Date: \_\_\_\_\_

MAC  \_\_\_\_\_ State Board Representative Signature

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

**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 \_\_\_\_\_