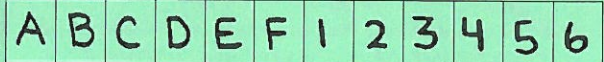




NATIONAL CERTIFICATION EXAMINATION
FOR ADDICTION COUNSELORS



MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.



Candidate Information

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

Mr. First Name _____ Middle Initial _____
 Mrs. _____
 Ms. _____
 Dr. _____
 Last Name _____ Suffix (Jr., Sr., etc.) _____
 Home Address - Number and Street _____ Apartment Number _____
 City _____ State/Commonwealth _____ Zip/Postal Code _____
 Daytime Phone _____ - _____ - _____ Evening Phone _____ - _____ - _____
 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

Examination Date:

- March June September December

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?

- 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
 Continuing 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
 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)



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:** _____

State Board Approval

Level I **APPROVED BY:**

Level II

MAC

_____ **DATE:** _____

State Board Representative Signature

FOR OFFICE USE ONLY

1550 1560 1570
1580 1590 1600
1610

Fee: _____

CC Check

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