



# MARYLAND Department of Health

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

## ALCOHOL AND DRUG TRAINEE APPLICATION INSTRUCTIONS

### **\*\* IMPORTANT \*\***

**BEFORE** submitting your application, please:

- ☐ Retain a copy of all documents for your records. Documents **will not** be returned once received by the Board.
- ☐ All forms must be legible, complete, signed, and dated (where applicable) or processing may be delayed.
- ☐ Include a check or money order in the amount of \$150.00 payable to:  
*Board of Professional Counselors and Therapists*. Fees are **non-refundable and non-transferable**.
- ☐ Applications **may not** be submitted via fax or email. Please mail to:

*Board of Professional Counselors and Therapists*  
Attn: Alcohol and Drug Trainee Coordinator  
4201 Patterson Avenue, Suite 316  
Baltimore, MD 21215

- ☐ **\*\*\*NEW\*\*\*** Submit a copy of the receipt from your criminal history background check **with** your application. The form for the background check is on the Board's website. Background check reports are sent directly to the Board by CJIS.

**ELIGIBILITY/REQUIREMENTS:** *The following is a summary only. For complete requirements and definitions, see Md. Code Ann. Health Occ. II, §17-101, et. seq. and COMAR 10.58.07 which may be found on the Board's website, [www.dh.maryland.gov/bopc](http://www.dh.maryland.gov/bopc).*

□ **Applicant must be pursuing** (and provide supporting documentation):

- 1) Licensure as a graduate or clinical alcohol and drug counselor (LGADC/LCADC); **or**
- 2) Certification as an alcohol and drug counselor (CAC-AD or CSC-AD).

□ **Educational Requirements:**

**Option 1:** Associate's degree or higher in health and human services counseling field (or a program of study determined by the Board to be substantially equivalent) from a Board approved, regionally accredited educational institution which **includes** 1 semester/2 quarter credit hours in the ethics of drug and alcohol counseling;

**OR**

**Option 2:** Have completed 15 semester/25 quarter credit hours from among the following topic areas:

- |  |   |
|--|---|
| - Medical aspects of chemical dependency | - Group counseling                                |
| - Individual counseling                  | - Family counseling                               |
| - Theories of counseling                 | - Human development                               |
| - Abnormal psychology                    | - Treatment of co-occurring disorders             |
| - Ethics of Alcohol and Drug Counseling* | - Topics in substance related addictive disorders |
| - Addictions Treatment Delivery          |   |

\*15 semester credit hours/ 25 quarter credit hours **must** include either 1 credit hour in the ethics of alcohol and drug counseling or 15 CEUs in the ethics of alcohol and drug counseling.

***Topic Areas for Option 2:***

**(a) Medical Aspects of Chemical Dependency:** (1) Brain structure and function as it relates to psychoactive drugs and (2) Classes of psychoactive drugs, including their addiction potential, withdrawal syndromes, and associated medical problems.

**(b) Individual Counseling:** (1) The formation of therapeutic relationships and (2) Therapeutic communication skills.

**(c) Group Therapy:** (1) Therapeutic factors in groups (2) Stages of development, (3) Types of therapy groups.

**(d) Abnormal Psychology:** (1) Major categories of mental disorders and (2) Theoretical models of mental disorders.

**(e) Addictions Treatment Delivery:** (1) Screening (2) Intake (3) Orientation (4) Case Management (5) Crisis intervention (6) Education and prevention (7) Referral (8) Consultation

(9) Reports and record keeping (10) Assessment and diagnosis based on standard criteria and (11) Treatment planning.

**(f) Topics in Alcohol and Drug Counseling:** (1) Various theories of addictive disorders (2) Models of treatment and (3) Other topics related to alcohol and drug dependency.

**(g) Theories of Counseling:** Major theoretical schools and theorists.

**(h) Family Counseling:** (1) Family systems theory and dynamics (2) Family processes in addiction and (3) Family recovery models.

**(i) Human Growth and Development:** (1) Developmental stages and (2) Expected milestones.

**(j) Ethics** (with a focus on Alcohol & Drug) covering: (1) Self disclosure of recovering counselors (2) Ethics of being a two-hatter (3) Self-help fellowship participation (4) Avoiding dual relationships (5) Relapsing Counselor (6) Confidentiality Laws.

**(k) Treatment of Co-Occurring Disorders:** (1) Screening, assessment and treatment of people with co-occurring disorders (2) types of integrated treatment. Courses in dual diagnosis, treatment of substance abuse and mental health disorder.

□ **Supervision:** Applicant must include verification that applicant's supervisor is:

1) A licensed clinical alcohol and drug counselor (LCADC);

2) A certified professional counselor-alcohol and drug (CPC-AD); or

3) One of the following, who has been approved by the Board:

(i) A certified associate counselor- alcohol and drug (CAC-AD);

(ii) A licensed clinical professional counselor (LCPC);

(iii) A licensed clinical marriage and family therapist (LCMFT);

(iv) A licensed clinical professional art therapist (LCPAT); or

(v) A mental health care provider licensed under the Health Occupations Article, Annotated Code of Maryland.

\* Individuals listed in (3) above shall document a minimum of 5 years of experience delivering alcohol and drug counseling services. COMAR 10.58.14.03.

□ **Miscellaneous:**

▪ Trainee authorization is valid for a period of 2 years. Authorization may be renewed in 2-year increments, provided all renewal requirements are satisfied, and in no event, shall the total trainee period exceed 6 years from the original date of authorization.

▪ Failure to provide an explanation of all criminal convictions will result in delays in processing the application.



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## ALCOHOL AND DRUG TRAINEE APPLICATION

*Please type or print all information.*

### I. VETERANS AND SPOUSAL PREFERENCE

Are you an active service member or the spouse of any active service member? ☐ Yes ☐ No

Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one year of filing this application? ☐ Yes ☐ No

### II. DEMOGRAPHIC INFORMATION

Name: \_\_\_\_\_  
*Last First MI Maiden*

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street City State Zip*

Prior address: \_\_\_\_\_  
*(If less than 3 years at current address) Street City State Zip*

Mailing Address: \_\_\_\_\_  
*(If different than above) Street City State Zip*

Business: \_\_\_\_\_  
*Name Street City State Zip*

Gender and Ethnicity: *This information is optional and may be used for statistical purposes by authorized personnel.*

Gender: ☐ Male ☐ Female

Ethnicity: Are you of Hispanic or Latino origin? ☐ Yes ☐ No

*Check all that apply:*

☐ American Indian or Alaska Native

☐ Asian

☐ White

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

**III. LICENSURE/CERTIFICATION:** I attest that, at the end of my trainee status period, I intend to obtain licensure/certification as (*check one*):

- ☐ a licensed clinical alcohol and drug counselor (LCADC);
- ☐ a licensed graduate alcohol and drug counselor (LGADC);
- ☐ a certified associate counselor – alcohol and drug (CAC-AD); or
- ☐ a certified supervised counselor (CSC-AD) – alcohol and drug.

**IV. INFORMATION REGARDING BACKGROUND**

*Please answer Yes or No to each question.*

**YES      NO**

- ☐      ☐ 1. Has any state licensing or disciplinary board ever taken any disciplinary action against your license or certification, including, but not limited to, charges, admonishment, reprimand, revocation, or suspension?

*If YES, you must attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a **certified** copy of the disciplinary/court document from the issuing agency.*

**Please note:** If this question is not answered, your application will be returned and a new application and fee will be required. If you answered, “Yes”, but do not include a written explanation **AND** certified copies, your application will be returned and a new application and fee will be required.

- ☐      ☐ 2. Have you pled guilty, *nolo contendere*, or been convicted of, received probation before judgment, or had a conviction set aside for any criminal act (excluding traffic violations)?

*If YES, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a **certified** copy of the disciplinary/court document from the issuing agency, if applicable.*

**Please note:** If this question is not answered, your application will be returned and a new application and fee will be required. If you answered, “Yes”, but do not include a written explanation **AND** certified copies, your application will be returned and a new application and fee will be required.

3. Were you ever granted “Alcohol and Drug Trainee Status” prior to this application?

*If yes, when does it expire? \_\_\_\_/\_\_\_\_/\_\_\_\_.*

- ☐      ☐ 4. Are you currently (or have you ever been) licensed or certified as a:

*Check all that apply.*

- |                                 |                                 |                                 |                                |                                |
|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> CSC-AD | <input type="checkbox"/> CAC-AD | <input type="checkbox"/> CPC-AD | <input type="checkbox"/> LGADC | <input type="checkbox"/> LCADC |
| <input type="checkbox"/> LCPC   | <input type="checkbox"/> LGPC   | <input type="checkbox"/> LCMFT  | <input type="checkbox"/> LBMFT | <input type="checkbox"/> LCPAT |

☐ LGPAT      ☐ None of the above.

**\*\*\* If you hold one of the above credentials, please indicate why you are applying for trainee status.**

- ☐ ☐ 5. Are you currently licensed or certified by another **Maryland** board in mental health counseling or other health occupation? *If so*, specify license/certificate (Ex: LCSW-C, Psychologist, Registered Nurse, etc.) \_\_\_\_\_.

**\*\*\* If you hold a credential under the Maryland Health Occupation Article, please indicate why you are applying for trainee status.**

- ☐ ☐ 6. Are you currently licensed or certified by a mental health or addictions counseling board *outside of Maryland*?

***If yes, please complete the “Out of State” application for certification/ licensure in Alcohol and Drug Counseling which can be found on the Board’s website.***

**V. EDUCATION:** List colleges or universities attended to satisfy academic requirements for licensure or certification. Do not list degrees unrelated to counseling. Please list the most recent colleges/universities first and provide **official** transcripts. Attach additional sheets, if necessary.

A. \_\_\_\_\_  
Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dates attended: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
Degree awarded: \_\_\_\_\_ Date awarded: \_\_\_\_\_  
Major field of study: \_\_\_\_\_

B. \_\_\_\_\_  
Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dates attended: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
Degree awarded: \_\_\_\_\_ Date awarded: \_\_\_\_\_  
Major field of study: \_\_\_\_\_

C. \_\_\_\_\_  
Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dates attended: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
Degree awarded: \_\_\_\_\_ Date awarded: \_\_\_\_\_  
Major field of study: \_\_\_\_\_

**VI. QUALIFICATIONS:** Applicant shall meet one of following requirements:

- **OPTION 1:**    **Applicant must:**
  - Have an **Associate’s degree** or higher;

- in a **health or human services counseling field (or a substantially equivalent program of study as approved by the Board);**
- from an **accredited educational institution approved by Board;**
- which **includes** 1 semester or 2 quarter credit hours in the **ethics** of alcohol and drug counseling.

\*CEUs are not accepted under Option 1.

\*Ethics course must appear on official transcript.

\*Official transcript(s) must be enclosed with this application.

- OR -

- **OPTION 2:**    **Applicant must:**
  - Have **completed 15 semester /25 quarter credit hours in alcohol and drug counseling from among the topic areas:**
    - Medical aspects of chemical dependency
    - Individual counseling
    - Theories of counseling
    - Treatment of co-occurring disorders
    - Addictions treatment delivery
    - Ethics of A/D counseling
    - Group counseling
    - Family counseling
    - Human development
    - Abnormal psychology
    - Topics in substance related/addictive disorders

\*15 semester / 25 quarter credit hours **must include** either 1 credit in the ethics of alcohol and drug counseling or 15 CEU hours in the ethics of alcohol and drug counseling.

\* Official transcript(s) must be enclosed with this application.

\*Complete the chart below. If the title of your course differs from those listed, you must include a catalog course description or syllabus for each course. A course applied to one topic area **may not** be used to fulfill another topic area.

Topic Area	Course Title and Number (Must appear on transcript)	Credits Earned	College/Univ.	Date	Grade
Medical Aspects of Chemical Dependency					
Indiv. Counseling					
Group Counseling					
Abnormal Psychology					
Addictions Treatment Delivery					
Family Counseling					
Theories of Counseling					
Topics in A&D Dependency					

Human Development					
Ethics in A&D Counseling (course description /syllabus must indicate alcohol/drug counseling)					
Co-Occurring Disorders					

**Total Credits Earned: \_\_\_\_\_ VII. SUPERVISOR INFORMATION**

Name of Supervisor	Supervisor's Lic./Cert. No.	Exp. Date	Ref. No.
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Supervisor's Place of Employment and Address	Office Phone
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\_\_\_\_\_  
Supervisor's Signature

#### **VIII. AFFIDAVIT**

In making this application to the Maryland Board of Professional Counselors and Therapists (the "Board") for the issuance of a Alcohol and Drug Trainee (ADT) status:

- ☐ I agree to abide by the rules and regulations of the Board and to take all examinations necessary for the processing of my application.
- ☐ Upon issuance of ADT status, I agree to abide by the Code of Ethics as set forth in COMAR;
- ☐ I understand that the fee submitted with this application is **NON-REFUNDABLE**.
- ☐ I agree to hold the Board, its members, officers, agents, and examiners free from any damage or claim of damage or complaint by reason of any action taken in connection with this application, the attendant examination, the grades with respect to any examination, and/or the failure or refusal of the Board to issue me a license or certificate.
- ☐ I grant permission to the Board to seek any information or references it deems appropriate or necessary in verifying my credentials as it pertains to this application.
- ☐ I understand, by law, it is my responsibility to notify the Board, in writing, of any change of address.

I do hereby affirm that all of the statements made herein are true and correct to the best of my knowledge and belief. I voluntarily consent to a thorough review of the information in this application and other activities for the purpose of verifying my qualifications for licensure.



\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

ATTACH APPLICANT  
PHOTO

(Recent 2"x2")

**NOTARY**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, before  
me, a Notary Public of the State and City/County aforesaid, personally  
appeared \_\_\_\_\_ and made oath in due form that the contents of the  
foregoing Affidavit are true.

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_



*Wes Moore, Governor · Arund Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary*

**BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS**  
**4201 Patterson Avenue, Baltimore, Maryland 21215**

**NOTICE OF CRIMINAL HISTORY RECORDS CHECK**

Please read carefully: Effective January 1, 2014, the Maryland Board of Professional Counselors and Therapists (the Board) requires that all applicants for licensure, certification and trainees status complete a criminal history records check in accordance with SS17-501 and 17-501.1 of the Health Occupations Article, Annotated Code of Maryland.

A Criminal History Records Check (CHRC) includes a national and state criminal history background search. The criminal history records check requires you to be fingerprinted. In order to be fingerprinted, you will need to complete and present the LiveScan Pre-Registration Form (attached).

You must present this form to the fingerprinting site because it provides the Criminal Justice Information System (CJIS) authorization number **#1300005490** and the FBI ORI number **#MD920512Z** assigned specifically to the Board. This allows the information to be forwarded directly to the Board.

For additional information contact CJIS at **410-764-4501**. For current listings of the fingerprinting providers, please go to <https://dpsscs.maryland.gov/publicservs/fingerprint.shtml>

**FOR FAST AND ACCURATE SERVICE**

- 1.** When requesting a criminal history records check for licensing purposes, you must have an agency name and authorization number (see above).
- 2.** Your background check is being sent to the Board.
- 3.** You must bring with you a valid form of government identification ( e.g. driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).
- 4.** Complete the LiveScan Pre-registration Application and bring it to any fingerprinting center/provider.
- 5.** Bring payment as indicated above. The Board will receive the results from the criminal history records check directly from CJIS within 5-7 business days. The Board will contact you if it has any questions regarding the report. Please do not contact the Board to check whether the report has been received.
- 6.** Please do not send the Live Scan Pre-registration Application to the Board. You must present it at the fingerprint center/provider location.

7. If you live out of State and need to complete your fingerprints, please contact the Board at 410-764-4732 to have a fingerprint card mailed to you.

8. For those who are renewing their license, please notify the Board that you have completed your fingerprints so that we may update the licensing database.

### **FBI PRIVACY & APPLICANT RIGHTS STATEMENTS**

**For all applicants and licensees completing a CHRC:** Please sign and date the FBI Privacy Rights Statement to acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights (attached). Please include a copy of the signed form with your license application.



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT IN FORMATION** (PLEASE TYPE OR PRINT CLEARLY)

Name:

Date of birth:                      ISSN:                      | Gender: ☒ Male   ☒ Female    (Please check)

Height:    ft.        inches    |    Weight:        lbs.                      |    Eye Color:                      |    Hair Color:

Race:        Black              White        ☒ Asian/Pacific Islander        ☒ Native American        ☒ Other    (Please check)

Place of Birth:                      |    Citizenship:

Current address:

City:                      |    State:                      |    ZIP Code:        -

Daytime Phone:                      |    Evening Phone:                      |    Driver's License #:

**AGENCY INFORMATION**

Agency Authorization #: 1300005490

ORI # (if required): MD920512Z                      |    Reason fingerprinted? Licensing/Cert.

Position Applied for: N/A

Request Type: (Choose one ONLY)  
Adult Dependent Care

☐ Attorney/Client  
Child care

☐ Criminal Justice  
Gold Seal/ Adoption  
Gold Seal/Letter/VISA

☐ Government Employment

Government Licensing or Certification

☐ Immigration/VISA  
Individual Challenge

☐ Individual Review  
MSP Licensing  
Private Party Petition

☐ Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:

Address:

City, State, Zip code:

## Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

Updated 11/6/2019

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I acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights.

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Print Name

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Signature

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Date

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.      <sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>  
<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).