

## OVERVIEW OF CLINICAL LICENSURE PROCESS – LCADC

(REVISED August 2020)

### THIS APPLICATION IS NOT A PRE-APPLICATION CREDENTIAL EVALUATION

**FEES** – Application Fee of **\$200.00** must be submitted with the application. **FEES ARE NON-REFUNDABLE.**

**Application:** An application for clinical licensure and attachment forms are **required** of all applicants. The application must be typed or printed legibly. The application must be notarized. Incomplete applications will be returned.

**Criminal History Records Check:** All applicants are required to complete a state and federal criminal history records check **before** they are approved to take any exam and obtain certification or licensure. (Separate form will be mailed to the applicant upon application approval).

**Education** – Applicants must hold a **60** semester credit (90 quarter credit) Master’s degree or higher in a Health or Human Services counseling field from a regionally accredited college/university **OR** hold a Master’s degree judged by the Board to be substantially equivalent in subject matter and training. Applicants must have the required 39 credits of alcohol and drug counseling coursework and 12 credits of required graduate coursework that **must include ALL of the** following:

1. 3 semester credit (5 quarter credit) courses below:
  - a. Medical Aspects of Chemical Dependency (Pharmacology)
  - b. Addictions Treatment Delivery
  - c. Ethics that includes alcohol and drug counseling issues
  - d. Group Counseling
  - e. Individual Counseling
  - f. Abnormal Psychology
  - g. Family Counseling
  - h. Theories of Counseling
  - i. Human Development
  - j. Topics in substance related and addictive disorder
  - k. Treatment of Co-Occurring Disorders
2. **AND** 6 semester credits (10 quarter credits) in an alcohol and drug internship/practicum/field placement.
3. **AND** the following **graduate level courses** (in addition to the required **39** credits):
  - a. Personality Development
  - b. Diagnosis and Treatment of Mental and Emotional Disorder
  - c. Psychopathology
  - d. Psychotherapy

**Supervision:** 2 years **AND** 2000 hours of supervised experience documented **AFTER** the awarding of a 60 semester credit (90 quarter credit) Master’s degree or higher from a regionally accredited college or university while under the supervision of a licensed clinical alcohol and drug approved supervisor or LCADC (Licensed Clinical Alcohol and Drug Counselor).

**Examination** – Applicants must pass the Master Addiction Counselor (MAC) exam and the Maryland Law Assessment Test.

(1) The MAC exam is administered via computer through NAADAC (The Association for Addiction Professionals)

### **Maryland Law Assessment (MLA):**

The purpose of the assessment is to determine if a candidate is familiar with the state laws and ethical code related to safe and effective practice across several content areas. The MLA is a no-fail, no score assessment. Content areas include supervision and ethics questions based on excerpts from the Code of Maryland Regulations (COMAR) and Md. Code Ann., Health Occupations Art., Title 17.

The MLA consists of 36 questions. You will be presented with readings and questions until all items are answered correctly. Upon successful completion, you will receive a Certificate of Completion that you will submit to the Board **with** your application for licensure or certification.

Prior Board approval is **not** required to take the MLA. However, if you take the MLA **before** you submit an application for licensure/certification with the Board, please note the following:

- Should you later decide not to apply for licensure/certification with the Board, the MLA fee will **not** be refunded.
- You are responsible for submitting the MLA Certificate of Completion to the Board **with** your application for licensure/certification. Do not email, fax or mail the certificate of completion separately to the Maryland Board. **MLA Certificates of Completion received without a completed application will not be retained.**
- MLA Certificates of Completion are valid for **one year** from the date of the MLA. If you do not apply for licensure/certification within one year from the date of the MLA, you will be required to re-take the MLA at your additional expense.

To take the MLA, use the following link: [www.academy.cce-global.org](http://www.academy.cce-global.org).

If you experience any issues, please contact the assessment administrator, CCE, Monday thru Friday 8:30am – 5pm at 336.482.2856. You may also email for technical support at [support@cce-global.org](mailto:support@cce-global.org). Please do not contact the Board regarding technical support issues.

**If you have already taken and passed the previous Maryland Law Exam, this notice does not apply to you and no further action is necessary.**

**APPLICANTS CHECKLIST FOR LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR  
CREDENTIAL - LCADC**

<b>HAVE YOU...</b>	<b>YES</b>	<b>NO</b>
1. Completed your application - Is it notarized <b>and</b> has your signature? (Page 3)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Enclosed a <b>NON- REFUNDABLE</b> check / money order for \$ <b>200.00</b> payable to the Board of Professional Counselors & Therapists?	<input type="checkbox"/>	<input type="checkbox"/>
3. Submitted photograph affixed to application (page3)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Included official transcript for appropriate education a minimum of an Master's degree in a Human Services Counseling field?	<input type="checkbox"/>	<input type="checkbox"/>
5. Listed <b>39</b> credits of alcohol and drug course work on the course description form that included the course numbers and course titles found on the official transcripts? <b>AND</b>	<input type="checkbox"/>	<input type="checkbox"/>
6. Included <b>6</b> semester credits (10 quarter credits) of an alcohol and drug internship/practicum/field placement?	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Also</b> listed <b>the required graduate level coursework</b> in Personality Development, Diagnosis and Treatment of Mental and Emotional Disorder, Psychopathology, and Psychotherapy?	<input type="checkbox"/>	<input type="checkbox"/>
8. Included any course descriptions or syllabi <b>only</b> for courses that have a different title from what is listed on the application course form?	<input type="checkbox"/>	<input type="checkbox"/>
9. Included documentation 2 years AND 2000 hours of supervised experience AFTER earning your Master's degree or higher?	<input type="checkbox"/>	<input type="checkbox"/>

## Maryland Licensed Clinical Alcohol & Drug Counselor



**Maryland Board of Professional Counselors and Therapists**  
**4201 Patterson Avenue**  
**Baltimore, MD 21215 3<sup>rd</sup> Floor**  
**410-764-4732**  
[health.maryland.gov/bopc](http://health.maryland.gov/bopc)

### FOR OFFICE USE ONLY

CERT NUM/DATE: \_\_\_\_\_  
 ICRC SCORE/DATE: \_\_\_\_\_  
 LAW SCORE/DATE: \_\_\_\_\_  
 BCKGRD RESULTS: \_\_\_\_\_  
 REVIEWER: \_\_\_\_\_  
 DATE REVIEWED: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

### THIS APPLICATION IS NOT A PRE-APPLICATION CREDENTIAL EVALUATION

### TYPE OR PRINT ALL INFORMATION

### VETERANS AND SPOUSAL PREFERENCE

- 1) Are you an active service member or the spouse of an active service member? Yes  No
- 2) Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes  No

### DEMOGRAPHIC INFORMATION

Social Security No.		Date of Birth:		Place of Birth:		
Last Name		Maiden		First Name		
				MI		
Home Address:						
	Street	City	County	State	Zip Code	
If less than 3 years provide prior address.						
	Street	City	County	State	Zip Code	
Mailing Address:(If different than above)						
	Street	City	County	State	Zip Code	
Business Name and Address:						
	Name	Street	City	County	State	Zip Code
Home Phone:	Work:	Cell:	Email:			

Province/Country if not U.S.

**GENDER AND ETHNICITY:** *This information is optional and will 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

Black or African American  White

Asian

Native Hawaiian or other Pacific Islander

**SECTION I:**

**Academic History and Credentials**

Criteria: **Master's Degree (60 semester credits) or Higher in a Health or Human Services Counseling field from a regionally accredited college or university.**

Directions: Please list your relevant educational history below, beginning with your most recent college education. **Official Transcripts are required.**

<b>College or University</b>	<b>Date(s) of Attendance</b>	<b>Degree Awarded/Major</b>

**SECTION II: LCADC Supervised Experience in Clinical Alcohol and Drug Counseling**

Criteria: Two (2) years and 2000 hours of supervised clinical experience in alcohol and drug counseling **AFTER** earning a 60 semester credit hour (90 quarter credit hour) Master’s degree under the supervision of a licensed clinical alcohol and drug approved supervisor or LCADC (Licensed Clinical Alcohol and Drug Counselor):

Directions: List your supervised experience in clinical alcohol and drug counseling. Please make sure to list the month and year of supervised experience and the full name of your supervisor(s) including their license and license number.

Dates	Agency/Employer	Supervisor	Applicant’s Position Title
<i>Ex: 10/2014 – 10/2015</i>	<i>John Doe Drug Counseling Group</i>	<i>John Doe, LCADC</i>	<i>Addiction Counselor</i>

**Additional Experience**


**SECTION III:**

**EXAMINATION**

All applicants must pass the **EMAC (Examination of Master Addiction Counselor)** written examination and **Maryland State Law Test**

**Have you taken and passed the EMAC examination**                      Yes                       No

If you have passed the EMAC examination, please include official results.

**Have you taken and passed the Maryland Law Assessment Test**  Yes                       No

If No, you must meet the education requirements before you will be authorized to take the EMAC or Law Test.

**ADDITIONAL INFORMATION**

1. Are you currently (*or have ever been*) an Alcohol and Drug Counselor Trainee?  Yes  No  
If “yes”, when does your “Trainee Status” expire?
2. Are you currently an LGADC?  Yes  No. If yes, please complete the “Transfer from LGADC to LCADC” application.
3. Are you currently licensed as an (*check appropriate box*) LCPC?  LGPC?  LCMFT?  LGMFT?   
LCPAT  LGPAT  LBA (Behavior Analyst)  None of the above
4. Are you currently licensed by another **Maryland** Board in Mental Health Counseling or other Health Occupation?  
 Yes  No      If yes, please specify license held (Ex: LCSW-C, LGSW, Psychologist, Nurse)
5. Are you currently licensed by a Mental Health Counseling Board *outside of Maryland?*  Yes  No  
If yes, please complete the “Out of State LCADC application.”
6. Do you have any physical or mental condition that currently impairs your ability to practice counseling or that would cause reasonable questions to be raised about your physical, mental, or professional competency? Yes      No      (If yes, please explain)

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

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 in any state, territory, or jurisdiction (excluding minor 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.*

Please note that if you do not answer this question or fail to disclose and provide the requested information your application will be administratively closed without further review. You will be required to submit a new application and pay the required fee. In addition, you may be required to appear before the Board regarding your failure to provide the required information.

3. Are you currently on parole, probation or under any other court ordered supervision in any state, territory, or jurisdiction related to a criminal conviction? If so, you must submit official documentation indicating the terms and conditions, start and end dates, compliance and/or completion of the parole, probation or court ordered supervision with your application.

Please note that if you fail to disclose and provide the requested information your application will be administratively closed without further review. You will be required to submit a new application and pay the required fee.



**AFFIDAVIT**

**In making this application to the Maryland Board of Professional Counselors and Therapists for the issuance of a license, I agree to abide by the rules and regulations of the Maryland Board of Professional Counselors and Therapists and to take all examinations necessary to the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics. I further understand that the fee submitted with this application is NON-REFUNDABLE.**

**I agree to hold the Maryland Board of Professional Counselors and Therapists, 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 failure of the Board to issue me a license. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.**

**I understand, by law, it is my responsibility to notify the Board in writing if I change my address of residence.**

**I do hereby affirm that all statements made herein are true and correct to the best of my knowledge and belief. Furthermore, 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 Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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 Signature** \_\_\_\_\_

**Commission Expires** \_\_\_\_\_

**ATTACH APPLICANT  
PHOTOGRAPH IN THIS  
AREA (RECENT 2"x2")**

## COURSE DESCRIPTION FORM: LCADC

**ALL COURSE WORK LISTED BELOW IS REQUIRED FOR ALCOHOL AND DRUG CLINICAL LICENSURE AND MUST BE FROM A REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY. DO NOT LIST CONTINUING EDUCATION/WORKSHOP OR TRAINING HOURS.**

**Requirements:** Master's degree 60 semester credit (90 quarter credit) in Health or Human Service Counseling field **OR** Master's Degree in a program of study judged by the Board to be substantially equivalent, that has a counseling emphasis in terms of subject matter and extent of training required for clinical licensure, from an accredited institution approved by the Board, **And** the required **39** credits of alcohol and drug coursework below that must include 3 credits in Ethics (*that includes alcohol and drug issues*) and 6 credits of an alcohol and drug internship/practicum/field placement, **And** the required graduate level coursework (12 credits) in Personality Development, Diagnosis and Treatment of Mental and Emotional Disorders, Psychopathology, and Psychotherapy.

Each course must be 3-credits (or 5 quarter credits), with the exception of **6** credits required for the internship/practicum/field placement course. *A course applied to one core area cannot be used again to fulfill another core area.* If the titles of the courses on your transcript are different from those listed below, you **must** include the catalog course description or college syllabi. If you fail to include description(s), your application will be returned and you will have to pay another review fee.

Name	Street Address/ P.O. Box	City	State	Zip Code
Email	Home Phone Number	Cell	Business Phone	

<i>Required Courses 3 credits must be in each core area below. 6 credits required for internship/practicum/Field placement.</i>	<i>Please Write in Course number(s) &amp; Course title(s) on this form. Courses must be on official transcript(s)</i>	<i>Credits Earned</i>	<i>College/University</i>	<i>Date</i>	<i>Grade</i>
<b>Required Counseling Courses LCADC (Licensed Clinical Alcohol and Drug Counselor)</b>					
<i>Ex: Pharmacology</i>	<i>ADC 102: Intro To Pharmacology</i>	<i>3</i>	<i>BCCC</i>	<i>Sept – Dec 2014</i>	<i>A</i>
(a) Medical Aspects of Chemical Dependency (Pharmacology)					
(b) Individual Counseling Techniques					
(c) Group Counseling					
(d) Abnormal Psychology					

<b>(e) Addictions Treatment Delivery</b>					
<b>(f) Ethics that includes alcohol and drug counseling issues (<i>Must be 3 semester/5 quarter credits</i>)</b>					
<b>(g) Internship/Practicum/Field Placement (<i>Must have at least 6 credits or 10 quarter credits</i>).</b>					
<b>(h) Family Counseling</b>					
<b>(i) Topics in Substance related field and addictive disorder.</b>					
<b>(j) Theories of Counseling &amp; Psychotherapy</b>					
<b>(k) Human Development</b>					
<b>(l) Treatment of Co-Occurring Disorders</b>					
<b>Required Graduate Level Counseling Courses LCADC (Licensed Clinical Alcohol and Drug Counselor)</b>					
<b>(m) Personality Development</b>					
<b>(n) Diagnosis and Treatment of Mental and Emotional Disorder</b>					
<b>(o) Psychopathology</b>					
<b>(p) Psychotherapy</b>					

***Additional Counseling Courses***

<b><i>Write in Course number(s) &amp; Course title(s). Must be on transcript</i></b>	<b><i>Credits Earned</i></b>	<b><i>College/University</i></b>	<b><i>Date</i></b>	<b><i>Grade</i></b>

**Maryland Board of Professional Counselors and Therapists**  
**Course Descriptions for Alcohol and Drug Licensure**

Each course must be at least 3 semester credit (5 quarter credit) with the exception of the 6 semester credit (10 quarter credit course requirement for the alcohol and drug internship/practicum/field placement.

**Continuing Education/Trainings/Workshops certificates are NOT ACCEPTABLE for licensure.**

- 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. **Examples of courses in this area:** (1) Intro to Psychopharmacology (2) Pharmacological Aspects of Addiction.
- B. **Addictions Treatment Delivery covering:** (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. **Examples of courses in this area:** (1) Substance Abuse Counseling (2) Addictions Counseling Theories and Approaches
- C. **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
- D. **Alcohol and Drug Counseling Internship/Practicum/Field Placement (6 credits)**
- E. **Individual Counseling covering:** (1) The formation of therapeutic relationships, and (2) Therapeutic communication skills. **Examples of courses in this area:** (1) Counseling Methods (2) Techniques of Counseling
- F. **Group Therapy covering:** (1) Therapeutic factors in groups (2) Stages of development, (3) Types of therapy groups. **Examples of courses in this area:** (1) Group Counseling (2) Group Therapy and Practice.
- G. **Family counseling covering:** (1) Family systems theory and dynamics (2) Family processes in addiction and (3) Family recovery Models. **Examples of courses in this area:** (1) Marriage and Family Counseling (or Therapy) (2) Family Systems and Intervention
- H. **Abnormal Psychology covering:** (1) Major categories of mental disorders, and (2) Theoretical models of mental disorders. **Examples of courses in this area:** (1) Abnormal Psychology (2) Psychopathology
- I. **Topics in substance related and addictive disorder:** (1) Various theories of addictive disorders (2) Models of treatment and (3) Other topics related to alcohol and drug dependency. **Examples of courses in this area:** (1) Alcoholism and Other Drug Dependency (2) Issues in Theories in Alcoholism and Other Drug Dependence
- J. **Theories of counseling covering** major theoretical schools and theorists. **Examples of courses in this area:** (1) Theories of Counseling (or Psychotherapy) (2) Introduction to Psychotherapy Theories
- K. **Human Growth and Development covering:** (1) Developmental stages and (2) Expected milestones. **Examples of courses in this area:** (1) Human Growth & Development (2) Personality Development
- L. **Treatment of Co-Occurring Disorders covering:** (1) Screening, assessment and treatment of people with co-occurring disorders (2) types of integrated treatment. **Examples of courses in this area** (1) Dual Diagnosis (2) Treatment of Substance Abuse and Mental Health Disorders

**(M-P MUST BE GRADUATE LEVEL)**

- M. Personality Development:** Overview of human behavior through examining current and respected theories relative to the nature of personality. Including growth trends in physical, emotional, social, cognitive, and personality areas. Examples of courses: Theories of Personality, Human Growth and Development
- N. Diagnosis and Treatment of Mental & Emotional Disorders covering:** An overview and application of one or more treatment modes. **Examples of courses in this area are:** (1) Treatment Techniques (2) Behavioral Therapy (3) Cognitive Theory (4) Psychodynamic Theory (5) Advanced Techniques of Counseling.
- O. Psychotherapy:** An overview of the treatment of psychological disorders or maladjustments by a professional technique as psychoanalysis, group therapy, or behavioral therapy.
- P. Psychopathology covering:** (1) Diagnosis based on the DSM and ICD criteria (2) Major categories of mental Disorders (3) An understanding of the impact of abnormal behavior not only to individuals, but to society as a whole (4) Diagnosis: **Examples of courses:** Advanced Abnormal Psychology, Psychopathology

# FREQUENTLY ASKED QUESTIONS ABOUT SUPERVISION FOR LCADC

## 1. Who is a Board Approved Supervisor for LCADC licensure?

A Licensed Clinical Alcohol and Drug Counselor or another licensed clinical mental health care provider with documented expertise in alcohol and drug counseling approved by the Board. (LCADC, LCPC, LCMFT, LSCW-C) **NOT** Certified Counselors (CAC-AD approved supervisor, or CPC-AD) or LBA (Licensed Behavior Analysts).

## 2. I had more than one supervisor. How do I document the hours?

For every professional hour you are counting as part of the total 2,000 hours, you must have a Supervision Documentation Form to verify these hours. For example, you worked at 3 different agencies and had 3 different supervisors and **all were licensed** you will need (3) forms. If they were **NOT** licensed, you may not count hours.

## 3. How many hours of supervised experience are required for licensure?

2 years and 2,000 hours documented AFTER the awarding of a 60 semester credit (90 quarter credit) Master's degree or higher. Of the 2,000 hours, 1,500 must be face-to-face client contact hours. ***Face-to-face client contact hour is at least 45 minutes of direct session time with client physically present.***

## 4. What about the other 500 hours?

These may be adjunctive psychotherapy hours (i.e., crisis intervention or support therapy services including referral, intake assessment, leadership in self-help groups, consultation, treatment planning and file notes, hospital rounds, creative arts counseling, hypnotherapy, school guidance counseling, rehabilitation counseling, hospice and grief counseling.

## 5. How many “face-to-face” clinical supervision hours must I have with my supervisor? And, what is face-to-face clinical supervision?

At least 100 Post-MA face-to face hours with supervisor. “Face-to-face” clinical supervision is at least 45 minutes of direct time with the **supervisor physically present**.

## 6. How many times must I meet with my supervisor while I am earning the 100 hours of face-face clinical supervision?

This is not specified in the regulations.

## 7. Can I use my internship/practicum hours toward the 100 hours of face-to-face clinical supervision?

No, 100 hours must be Post-Master's clinical supervision.

## 8. How many clients can I have at one time?

This is not specified in the regulations.

## 9. How do I document my supervised hours?

You may keep a log for yourself while earning the hours. At the time of application the supervisor must complete and sign the Board's Supervision Documentation Form. The form must be notarized.

## 10. Will the supervision hours I earned in another state count toward licensure in Maryland?

No, supervision hours must be earned in Maryland under a Licensed Health Care provider under the Maryland Health Occupations Article.

# SUPERVISED CLINICAL EXPERIENCE DOCUMENTATION FORM

## Alcohol and Drug Licensure

Your supervisor(s) must fill out this form, be approved by our Board, and have a clinical license (LCADC, LCMFT, LCPC, LCSW-C) **NOT A CERTIFICATION (CAC-AD) OR LBA (Licensed Behavior Analyst)**. Form must be notarized. This form should be photocopied and completed for each separate counseling experience claimed to meet the required supervision 2,000 hours.

### **REQUIRED CLINICAL SUPERVISION (See the chart)**

1. Applicant's Name \_\_\_\_\_  
(Last) (First) (Middle)

2. Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Supervisor's Name \_\_\_\_\_  
(Last) (First) (Middle)

4. Name and address of organization or agency where the applicant gained required supervised experience \_\_\_\_\_

5. Inclusive dates of applicant's counseling experience:

From \_\_\_\_\_ To \_\_\_\_\_  
(Month /Day/Year) (Month /Day/Year)

6. Number of supervised clinical hours experience applicant performed under your supervision during time frame in #4 above: \_\_\_\_\_

2,000 clinical supervised hours are required. Did this applicant complete 2,000 clinical hours under your supervision?  Yes  No

If No, indicate the number of hours \_\_\_\_\_

7. Within the dates in #4, under your supervision, did this applicant complete 1,500 face-to-face client contact hours (where the client was physically present)?  Yes  No

If No, indicate number of hours \_\_\_\_\_

8. Did you provide 100 Post-MA face-to-face supervision hours for the applicant during the dates of the dates specified in #4?  Yes  No

If No, indicate number of hours \_\_\_\_\_

Are you a LCADC?  Yes  No

1. If yes, indicate License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

2. Do you hold another Maryland Mental Health provider license?  Yes  No



a. If yes which license? LCPC  LCMFT  LCSW-C  Other (specify)

\_\_\_\_\_

b. License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

c. Alcohol and Drug Approved Supervisor Number: \_\_\_\_\_

3. As supervisor of this applicant, do you have any reservations about the applicant receiving a license for the independent practice of counseling? ?  Yes  No

If Yes, please specify (attach additional sheet if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Other comments about the applicant by supervisor certifying applicant's experience

\_\_\_\_\_  
\_\_\_\_\_

As a supervisor of the above named applicant's experience, I affirm that the information provided on this form is true and accurate.

\_\_\_\_\_  
**(PRINT NAME)**

\_\_\_\_\_  
**(SIGNATURE)**

\_\_\_\_\_  
**(Address)**

\_\_\_\_\_  
**(City)**

\_\_\_\_\_  
**(State)**

\_\_\_\_\_  
**(Zip)**

\_\_\_\_\_  
**(Phone)**

By \_\_\_\_\_

Name of Notary

Date \_\_\_\_\_

Signature of Notary

**PROFESSIONAL REFERENCE ASSESSMENT FORM**

**Applicant's Name:**

**APPLICANTS MUST COMPLETE ITEMS 1 AND 3**

The person named above has applied to the Maryland Board of Professional Counselors & Therapists to become a **Licensed Clinical Alcohol & Drug Counselor (LCADC)**. Your assessment of the applicant's characteristics will enable the Board to evaluate whether this applicant meets its standards. Please respond to all questions to the best of your ability. (Questions 1, 2 and 3 apply to reference). **PLEASE RETURN COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.**

1. Reference Name :	Profession:
Business name and Address:	Degree:
	Position Title:
	Telephone:
2. Professional Certification or License:	
State or Certifying Organization:	
3. Relationship with applicant:	
<input type="checkbox"/> Trainer or Educator	Supervisor (Be sure to complete #5 on reverse side)
<input type="checkbox"/> Professional Colleague	Other

Length of time you have known this applicant: Dates from \_\_\_\_\_ to \_\_\_\_\_

**4. Please rate the applicant compared to other counselors you know on the following characteristics. Place a check in every category. (Counselor Educators should be evaluated on the basis of their ability to train students to counseling skill areas).**

	Outstanding	Above Average	Average	Below Average	Poor	Cannot Evaluate
Individual Counseling skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate referral making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group counseling skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insight into client's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be objective on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for welfare of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of own limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to keep material confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. FOR SUPERVISORS ONLY: If you are verifying applicant's experience, you must complete this section.**

**I verify that this applicant for certification as a Licensed Clinical Alcohol and Drug Counselor(LCADC) in Maryland has spent \_\_\_\_\_ under my supervision in the following capacity:**

\_\_\_\_\_  
**Applicant's Name** \_\_\_\_\_  
**Name of Agency/ Institution**

**From** \_\_\_\_\_ **to** \_\_\_\_\_  
**Date** **Date**

**6. Recommendation:** I recommend this applicant for certification as a **Licensed Clinical Alcohol and Drug Counselor (LCADC)**.  
 Yes  No

**Additional Comments:**


7. The above information is based upon my best judgment. I am willing to answer additional questions concerning this evaluation if the Board deems it necessary.

\_\_\_\_\_  
**Signature of Reference** \_\_\_\_\_  
**Date**

**After completing this form, please enclose it in a sealed envelope, sign the sealed flap and return it to this applicant.**

**PROFESSIONAL REFERENCE ASSESSMENT FORM**

**Applicant's Name:**

**APPLICANTS MUST COMPLETE ITEMS 1 AND 3**

The person named above has applied to the Maryland Board of Professional Counselors & Therapists to become a **Licensed Clinical Alcohol & Drug Counselor (LCADC)**. Your assessment of the applicant's characteristics will enable the Board to evaluate whether this applicant meets its standards. Please respond to all questions to the best of your ability. (Questions 1, 2 and 3 apply to reference). **PLEASE RETURN COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.**

5. Reference Name :	Profession:
Business name and Address:	Degree:
	Position Title:
	Telephone:
6. Professional Certification or License:	
State or Certifying Organization:	
7. Relationship with applicant:	
<input type="checkbox"/> Trainer or Educator	Supervisor (Be sure to complete #5 on reverse side)
<input type="checkbox"/> Professional Colleague	Other

Length of time you have known this applicant: Dates from \_\_\_\_\_ to \_\_\_\_\_

**8. Please rate the applicant compared to other counselors you know on the following characteristics. Place a check in every category. (Counselor Educators should be evaluated on the basis of their ability to train students to counseling skill areas).**

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>	<b>Cannot Evaluate</b>
Individual Counseling skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate referral making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group counseling skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insight into client's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be objective on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for welfare of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of own limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to keep material confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. FOR SUPERVISORS ONLY: If you are verifying applicant's experience, you must complete this section.**

**I verify that this applicant for certification as a Licensed Clinical Alcohol and Drug Counselor(LCADC) in Maryland has spent \_\_\_\_\_ under my supervision in the following capacity:**

Applicant's Name \_\_\_\_\_ Name of Agency/ Institution \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
Date Date

**6. Recommendation:** I recommend this applicant for certification as a **Licensed Clinical Alcohol and Drug Counselor (LCADC)**.  
 Yes  No

**Additional Comments:**


7. The above information is based upon my best judgment. I am willing to answer additional questions concerning this evaluation if the Board deems it necessary.

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

**After completing this form, please enclose it in a sealed envelope, sign the sealed flap and return it to this applicant.**

**PROFESSIONAL REFERENCE ASSESSMENT FORM**

**Applicant's Name:**

**APPLICANTS MUST COMPLETE ITEMS 1 AND 3**

The person named above has applied to the Maryland Board of Professional Counselors & Therapists to become a **Licensed Clinical Alcohol & Drug Counselor (LCADC)**. Your assessment of the applicant's characteristics will enable the Board to evaluate whether this applicant meets its standards. Please respond to all questions to the best of your ability. (Questions 1, 2 and 3 apply to reference). **PLEASE RETURN COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.**

9. Reference Name :	Profession:
Business name and Address:	Degree:
	Position Title:
	Telephone:
10. Professional Certification or License:	
State or Certifying Organization:	
11. Relationship with applicant:	
<input type="checkbox"/> Trainer or Educator	Supervisor (Be sure to complete #5 on reverse side)
<input type="checkbox"/> Professional Colleague	Other

Length of time you have known this applicant: Dates from \_\_\_\_\_ to \_\_\_\_\_

**12. Please rate the applicant compared to other counselors you know on the following characteristics. Place a check in every category. (Counselor Educators should be evaluated on the basis of their ability to train students to counseling skill areas).**

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>	<b>Cannot Evaluate</b>
Individual Counseling skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate referral making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group counseling skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insight into client's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be objective on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for welfare of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of own limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to keep material confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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\_\_\_\_\_  
**Applicant's Name** \_\_\_\_\_  
**Name of Agency/ Institution**

**From** \_\_\_\_\_ **to** \_\_\_\_\_  
**Date** **Date**

**6. Recommendation:** I recommend this applicant for certification as a **Licensed Clinical Alcohol and Drug Counselor (LCADC)**.  
 Yes  No

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7.** The above information is based upon my best judgment. I am willing to answer additional questions concerning this evaluation if the Board deems it necessary.

\_\_\_\_\_  
Signature of Reference \_\_\_\_\_  
Date

**After completing this form, please enclose it in a sealed envelope, sign the sealed flap and return it to this applicant.**

## REQUIRED CLINICAL SUPERVISED EXPERIENCE- LCADC

<b>Years Required</b>	<b>Hours Required</b>	<b>Face-to-Face Client Contact Hours Required</b>	<b>Adjunctive Psychotherapy</b>	<b>Face-to Face clinical supervision hours required</b>
2 yrs after the awarding of the master's degree	2,000 hrs after Master's degree.	1,500	500	100 50 Individual and 50 may be Group

### Glossary of Terms

1. **“Face-to-face client contact hour” means direct session time with clients physically present.**
2. **“Adjunctive psychotherapy” means crisis intervention, referral, intake assessment, leadership in self-help group, consultation, guidance counseling, rehabilitation counseling, hospice and grief, school guidance counseling, career counseling, hypnotherapy, play therapy.**
3. **“Face-to-face clinical supervision” means direct supervision time with the supervisee and supervisor physically present.**
4. **“Approved supervisor” means a licensed clinical Alcohol and Drug counselor or another health care provider under the Health Occupations Article, Annotated Code of Maryland. Examples: Psychiatrist, Psychologist, Clinical Social Worker, Psychiatric Nurse, Professional Counselor.**
5. **“Clinical counseling” means to engage professionally and for compensation in alcohol and drug counseling and appraisal activities by providing services involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems, emotional conditions, or mental conditions of individuals or groups.**





*Wes Moore, Governor · Aruna 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://dpscs.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 INFORMATION** *(PLEASE TYPE OR PRINT CLEARLY)*

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height:	ft.	inches	Weight:	lbs.	Eye Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <i>(Please check)</i>		Hair Color:			
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: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care	<input checked="" type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> 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

\*\*\*\*\*

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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).