



MARYLAND Department of Health

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

OUT OF STATE **CERTIFIED ASSOCIATE COUNSELOR - ALCOHOL AND DRUG** **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 \$250.00 payable to:
Board of Professional Counselors and Therapists. Fees are **non-refundable and non-transferable**.
- Applications **may not** be submitted via fax or email.
- Submit a copy of the receipt from your criminal history background check (CHRC) **with** your application. The form for the background check is attached to this application.
- Include the completed, sealed Professional Experience Verification form.
- Complete *Section A* of the Out of State License/Certification Verification form (attached) then send to the state where you are licensed/certified. The state must complete *Section B* and send directly to the Board.
- The application process is as follows:
 1. Submit complete application to the Board.
 2. Board will review your application and criminal history records check report.
 3. If the application is complete and you are deemed eligible for certification, you will be notified to register for the The Maryland Law Assessment.
 4. Once the Board receives your passing exam score, you will be notified to pay the certification fee and a certificate will be issued.

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.

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. 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.

Code of Maryland Regulations (COMAR) 10.58.07.19 provides:

.19 Certification Eligibility — CAC-AD — Out-of-State Applicants.

A. An applicant certified as a certified associate counselor-alcohol and drug in another state territory, or jurisdiction, is eligible for certification if the applicant:

(1) Files a completed application accompanied by the required fees specified in COMAR 10.58.02.02;

(2) Provides verification that the applicant:

(a) Has no history of disciplinary action, past or pending, in a state, territory, or jurisdiction in which the applicant holds a license to practice clinical professional counseling; and

(b) Has not committed any act or omission that would be grounds for discipline or denial of certification under Health Occupations Article, §17-509, Annotated Code of Maryland;

(3) Provides:

(a) A copy of a current certification from each state, territory, or jurisdiction, in which the applicant is authorized to practice alcohol and drug counseling; and

(b) Documentation, satisfactory to the Board, that the applicant is currently certified in good standing to practice alcohol and drug counseling in another state, territory, or jurisdiction;

(4) Provides documentation or transcripts confirming completion of a bachelor's degree in a health or human services counseling field from an accredited educational institution approved by the Board;

(5) Provides:

(a) Documentation, satisfactory to the Board, of not less than 3 years of supervised experience in alcohol and drug counseling with a minimum of 2,000 hours experience; and

(b) Verification, on a form that the Board requires, from employers, supervisors, or colleagues that the applicant has practiced alcohol and drug counseling for the length of time stated in §A(5)(a) of this regulation; and

(6) Achieves a passing score on:

(a) An examination testing the applicant's knowledge of Maryland law and regulations governing alcohol and drug counselors; and

(b) The examination developed by the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC/AODA).

B. The Board shall waive the course requirements specified in Regulations .03B and .04B of this chapter, except for documentation from an accredited educational institution approved by the Board showing completion of:

(1) 12 educational workshop hours in the ethics of alcohol and drug counseling; or

(2) 1 semester credit hour or 2 quarter hours in the ethics of alcohol and drug counseling.



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OUT OF STATE

CERTIFIED ASSOCIATE COUNSELOR - ALCOHOL AND DRUG (CAC-AD)

APPLICATION

Use this form if you are licensed/certified as an alcohol and drug counselor in another state, territory or jurisdiction.

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. 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.

IV. EDUCATION: Applicant shall hold at least a bachelor's degree in a health and human services counseling field from an accredited educational institution approved by the Board.

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: _____

V. ADDITIONAL COURSE REQUIREMENT: Applicant must complete a minimum of 1 semester/ 2 quarter credit hours or 12 continuing education hours covering ethical issues pertaining to alcohol and drug counseling. Examples of course content: self-disclosure of recovery status; ethics of being a two-hatter; self-help fellowship participation; avoiding dual relationships; relapsing counselors, and confidentiality laws.

Course number/title: _____ Credits: _____

School: _____ Date completed: _____

VI. EXAMINATIONS: Applicant must pass the ICRC/AODA or NCAC Level II exam and the Maryland Law Assessment.

Have you passed the ICRC or NCAC Level II exam? No Yes (include copy of official exam score).

VII. EXPERIENCE: Applicant must document no less than 3 years of supervised experience in alcohol and drug counseling with a minimum of 2,000 hours of experience. Applicant must also include completed, sealed Professional Experience Verification (form attached).

From/To: (mo./yr)	Employer	Supervisor	Job Title	Job Duties	Hours of supervised experience

VIII. AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists (the “Board”) for the issuance of a Certified Associate Counselor - Alcohol and Drug credential:

- 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 certification, 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 certification

Applicant's Signature Date



NOTARY REQUIRED

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 is true.

Notary Public _____ Commission Expires: _____.



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PROFESSIONAL EXPERIENCE VERIFICATION

The person named below has applied to the Maryland Board of Professional Counselors and Therapists for certification as a Certified Associate Counselor – Alcohol and Drug (CAC-AD).

Your verification of the applicant’s alcohol and drug counseling experience will enable the board to evaluate whether this applicant is eligible for certification.

Please attest to the following statement and return this form to the applicant in a sealed envelope with the sealed flap signed by you.

I, _____, attest that _____ has a bachelor’s degree in a
Reference’s Name (printed) *Applicant’s Name*

health and human services counseling field and has 3 years of supervised experience in alcohol and drug counseling with a minimum of 2,000 hours experience.

Relationship to Applicant: Supervisor Employer Colleague (must be a mental health professional)

I further attest that the above information is true to best of my knowledge, information and belief.

Reference’s Name (Printed)

Reference’s Signature

Date

Business Address: _____

Daytime phone: _____ Email: _____



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OUT of STATE LICENSE/CERTIFICATION VERIFICATION

CERTIFIED ASSOCIATE COUNSELOR - ALCOHOL AND DRUG (CAC-AD)

SECTION A: To be completed by Applicant.

Name: _____ Date of Birth: _____

Address: _____

SSN: _____ College/Univ.: _____

Degree: _____ Date Degree Awarded: _____

Lic. /Cert. #: _____ No. Years' Experience as A/D Counselor: _____

I authorize the information requested below to be provided to the Maryland Board of Professional Counselors and Therapists.

Signature Date

SECTION B: To be completed by the state, territory, or jurisdiction where the license/certificate is currently held. Please return directly to the Board. Do not return to the Applicant. Please include your state's certification requirements and scope of practice.

License/Certificate Title: _____ Date of Original Issue: _____

Issuing State: _____ Issued by: Examination Endorsement Other

If issued by examination, title of exam: _____

License/Certificate is: Active, Expires: _____

Inactive, Expired: _____

Has this license/certificate ever been revoked, suspended, restricted or placed on probation? Yes No

If yes, please attach a copy of the order and/or explanation.

Name Date

Signature Title

SEAL