

MARYLAND BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS  
4201 PATTERSON AVENUE – 316  
BALTIMORE, MARYLAND 21215 410-764-4732  
[health.maryland.gov/bopc/](http://health.maryland.gov/bopc/)

INSTRUCTIONS  
ALCOHOL AND OTHER DRUG COUNSELING  
OUT OF STATE APPLICANTS  
LCADC –Licensed Clinical Alcohol and Drug Counselor

- (1) **Application**: Submit a completed Out-of-State Board application, identifying the level of certification or licensure that you are requesting (enclosed);
- (2) **Fee**: Submit **(\$250.00) NON REFUNDABLE** application fee with the Out of State Board Application.
- (3) **Out of State Verification Form** Complete items 1-10 and send this form to the state(s) where you are currently licensed or certified. The credentialing state(s) must complete items 11-17, attach their state certification/licensure requirements with scope of practice, and then forward this form directly to the Maryland Board.
- (4) **Out of State Licensure**: Submit verification and copies of all professional licenses ever held in another state, territory or jurisdiction where you were authorized to practice alcohol and other drug counseling.
- (5) **Education**: Fill out the Education section and submit an official, sealed transcript to the Board documenting completion of at least a Master’s degree in a Health or Human services counseling field from an accredited college or university.
- (6) Submit a completed Coursework Outline Form (enclosed);
- (7) **Examination**: Submit documentation of having taken and passed the EMAC (Examination of Master Addiction Counselor) developed by NBCC (National Board of Certified Counselors). If you have not taken the EMAC exam, you may take it upon receiving Board approval.
- (8) Take and pass the a a d a Test after receiving Board approval. The Maryland a is administered at the Board’s office twice monthly.
- (9) Submit verification of the required clinical experience on the **“Professional Experience Verification Form.”** The Form is enclosed. The Board will accept verification from employers, supervisors, or colleagues. **In the case of a colleague, the colleague must have a mental health credential. Provide documentation.**

### **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.**



**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Maryland Board of Professional Counselors and Therapists**

**4201 Patterson Avenue**

**Baltimore, MD 21215**

**410-764-4732**

**410-358-1610 (fax)**

**[health.maryland.gov/bopc/](http://health.maryland.gov/bopc/)**

**OUT OF STATE BOARD APPLICATION FOR  
LCADC: Licensed Clinical Alcohol and Drug Counselor**

Application Date: \_\_\_\_\_  
(Date)

**MUST BE TYPED or PRINTED**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

E-mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_  
(Home) (Work)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Race: Caucasian African American. Native American Asian Hispanic Other

Gender: Female Male

**EDUCATION:** *Master's Degree (60 credits or less) or Doctorate in a Health or Human Services Counseling field.* Directions: Please list your relevant educational history below, beginning with your most recent college education. **Official Transcripts are required**

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

**EXAMINATION REQUIRED**

Have you successfully passed the following national exam?  
EMAC (Examination of Master Addiction Counselor) developed by the NBCC (National Board of Certified Counselors)     Yes     No

If the answer is yes, please include documentation of passing score with application.  
If no, you may take the examination upon receiving Board approval.

**INFORMATION REGARDING BACKGROUND**

a. Have you ever been denied an initial application, reinstatement or renewal of a license and /or certificate by any state licensing or disciplinary board?     Yes     No

If "yes" explain reason(s).

b. Has an investigation or charges ever been brought against you by any licensing or disciplinary board     Yes     No

If yes, explain circumstance(s).

***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 the Board, in its discretion, may determine that your application cannot proceed if you do not answer this question, fail to disclose and provide the requested information, or you have not successfully completed parole, probation or other court ordered supervision.

I hereby certify that the information provided in this application is true, accurate and complete to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

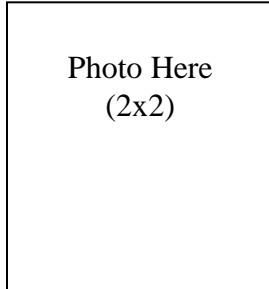
**AFFIDAVIT: The following statement must be executed by a Notary Public.**

State of \_\_\_\_\_, County of \_\_\_\_\_

Name \_\_\_\_\_, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure or certification as an Alcohol and Other Drug counselor in Maryland, that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_. 20\_\_\_\_\_.

My commission expires on \_\_\_\_\_. Signature of Notary:\_\_\_\_\_



SEAL

**MARYLAND BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS**  
**4201 Patterson Avenue – Suite 316**  
**Baltimore, Maryland 21215**  
[health.maryland.gov/bopc](http://health.maryland.gov/bopc)  
**410-764-4732 – Main Number**

**LCADC (Licensed Clinical Alcohol & Drug Counselor)**  
**Alcohol and Other Drug Counselors**  
**Out of State Licensure or Certification Verification Form**

Applicant must complete items 1 thru 10 below and then forward this form to the state(s) where licensed.

1. Name:		2. Date Of Birth:	
3. Address (street, city, state, zip code):			
Telephone No.			
4. Social Security Number:		7. Academic Institution:	
5. License/Certificate Name and No.:		8. Degree:	
6. Years of Experience practicing as an AOD Counselor:		9. Date Rec'd.:	10. Total credits:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Items 11 thru 17 must be completed by the state(s) where the license or certificate is currently held. Return this form directly to the Maryland Board of Professional Counselors and Therapists.**

**Do not return to applicant. PLEASE ATTACH STATE CERTIFICATION REQUIREMENTS AND SCOPE OF PRACTICE.**

11. License/Certificate Title:	
12. Issuing State:	13. Date of Original Issue:
14. Issued by: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement/ Reciprocity <input type="checkbox"/> Grandfathering	15. License/certificate is : <input type="checkbox"/> Active (Expiration Date: _____) <input type="checkbox"/> Inactive (Expired on: _____)
16. If applicant was credentialed by examination, indicate title of the licensing/certification exam taken:  Other:	
17. Has this license/certificate ever been revoked, suspended, restricted or placed on probation?  Yes <input type="checkbox"/> No    IF YES, PLEASE EXPLAIN ON REVERSE SIDE. Attach Final Order.	

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**SEAL**

**COURSE FORM FOR OUT OF STATE LCADC: Licensed Clinical Alcohol & Drug Counselor**  
**PLEASE ATTACH OFFICIAL TRANSCRIPTS**

**Please note: “Health or human services counseling field” includes programs such as Human Services, Psychology, Social Work, Substance Abuse Counseling, Addictions, Counseling, Psychiatric Nursing, Human Development, Counselor Education, Education Psychology, or Rehabilitation Counseling. Other degree programs are considered on a case-by-case basis, but MUST include preparation for counseling/therapy as a major component of the program. All courses must be from an accredited college. COUNTINUING EDUCATIONS UNITS ARE NOT ACCEPTED.**

**An applicant for LCADC must:** 1. Hold a master’s or a doctoral degree in a health and human services field from an accredited educational institution approved by the Board. 2. Complete a minimum of (3 undergraduate semester credit hours, **OR** 5 undergraduate quarter credit hours) covering:

**(A) Alcohol and Other Drug-Specific Ethics**, including the following content: (a) Self-disclosure of recovery status (b)Ethics of being a two-hatter (c) Self-help fellowship participation (d) Avoiding dual relationships(e)Relapsing counselors (f)Confidentiality laws

**(B) Medical aspects of chemical dependency ( or Pharmacology)**, including the following content: (a)Brain structure and function as it relates to psychoactive drugs (b) Classes of psychoactive drugs, including the addiction potential, withdrawal symptoms, and associated medical problems

3. Complete a minimum of (3 GRADUATE semester credit hours **OR** 5 GRADUATE quarter credit hours) in each of the following primary topics or content areas: **(A) Personality Development** **(B) Diagnosis and Treatment of Mental and Emotional Disorders** (*must cover the current edition of the Diagnostic and Statistical Manual - DSM*); and **(C) Psychopathology**.

<i>Office Use Only</i>	REQUIRED ALCOHOL AND OTHER DRUG COUNSELING COURSEWORK	WRITE IN CREDITS EARNED	WRITE IN NUMBER(S) & TITLES OF REQUIRED COURSES	WRITE IN YEAR AND SCHOOL WHERE COURSES TAKEN	WRITE IN EXPLANATION- If needed
	ALCOHOL AND DRUG ETHICS 3 semester credits or 5 quarter credits (UNDERGRADUATE OR GRADUATE)				
	MEDICAL ASPECTS OF CHEMICAL DEPENDENCY (PHARMACOLOGY) 3 semester credits or 5 quarter credits (UNDERGRADUATE OR GRADUATE)				
	PERSONALITY DEVELOPMENT 3 semester credits or 5 quarter credits (GRADUATE LEVEL)				
	DIAGNOSIS AND TREATMENT OF MENTAL & EMOTIONAL DISORDERS 3 semester credits or 5 quarter credits (GRADUATE LEVEL)				
	PSYCHOPATHOLOGY 3 semester credits or 5 quarter credits (GRADUATE LEVEL)				



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4201 Patterson Avenue – Suite 316  
Baltimore, MD 21215 (410)  
764-4740  
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**Professional Experience Verification Form**

The person named below has applied to the Maryland Board of Professional Counselors and Therapists to become a **Licensed Clinical Alcohol and Drug Counselor, LCADC**. Your documentation of the applicant's alcohol and other drug counseling experience will enable the Board to evaluate whether this applicant meets the requirements for licensure. **Please attest to the following statement and return the form to the applicant in the sealed envelope with the sealed flap signed.**

(Print name of applicant) \_\_\_\_\_ has a (check one)

- Master's degree with **60 graduate credits** and 3 years with a minimum of 2,000 hours of supervised clinical experience in alcohol and drug counseling with 2 years completed after the award of the master's degree.
- Master's degree with **less than 60 graduate credits** and has 3 years experience practicing as a clinical alcohol and drug counselor with a minimum of 2,000 hours of clinical alcohol and drug experience.
- Doctoral degree** and has a minimum of 2 years practicing as a clinical alcohol and drug counselor with 2,000 hours of clinical alcohol and drug counseling experience

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**I HEREBY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF.**

Check one:  Applicant's supervisor  Applicant's employer  Applicant's colleague (*in the case of colleague, submit documentation of colleague's mental health credential*)

Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Your Business Address: \_\_\_\_\_

\_\_\_\_\_  
(Zip code)

Daytime Contact: \_\_\_\_\_

Email \_\_\_\_\_



*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), and submit a copy of the signed form to the Board at [mdh.bopct@maryland.gov](mailto:mdh.bopct@maryland.gov).



**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:	Hair 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>
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 type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

**Mail Response to:**

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

Name: <hr/>
Address: <hr/>
City, State, Zip code: <hr/>

# 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.

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