



# MARYLAND Department of Health

*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

## **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 \$150.00 payable to:  
*Board of Professional Counselors and Therapists*. Fees are **non-refundable and non-transferable**.
- Applications **may not** be submitted via fax or email. Please mail to:

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

- \*\*\*NEW\*\*\*** Submit a copy of the receipt from your criminal history record check (CHRC) **with** your application. The form for the CHRC is included in the application. Reports are sent directly to the Board by CJIS.

ELIGIBILITY/REQUIREMENTS: *The following is a summary only. For complete requirements and definitions, see Md. Code Ann. Health Occ. II, §17-101, et. seq. and COMAR 10.58 which may be found on the Board's website, [www.dh.maryland.gov/bopc](http://www.dh.maryland.gov/bopc).*

- Education:** Applicant shall at a minimum:
  - 1) Hold a bachelor's degree or higher from a regionally accredited educational institution approved by the Board in a ***health and human services counseling field***; **OR**
  - 2) Hold a bachelor's degree from a regionally accredited educational institution approved by the board in a program of studies judged by the board to be substantially equivalent in subject matter under COMAR 10.58.07.06A(3)(a); **AND**
  - 3) Complete a minimum of 33 semester credit hours or 50 quarter credit hours in alcohol and drug counselor training from a regionally accredited institution of higher education approved by the Board including:

(i) A 3-semester credit hour or 5 quarter credit hour course taken at a regionally accredited educational institution **in each** of the following courses:

1. Medical aspects of chemical dependency;
2. Addictions treatment delivery;
3. Group counseling;
4. Individual counseling;
5. Ethics that includes alcohol and drug counseling issues; and
6. Abnormal psychology; and

(ii) **Any three** of the following 3 semester credit hour or 5 quarter credit hour courses taken at a regionally accredited educational institution:

1. Family counseling;
2. Theories of counseling;
3. Human development;
4. Topics in substance related and addictive disorders; and
5. Treatment of co-occurring disorders; **and**

4) Complete an internship in alcohol and drug counseling that totals 6 semester credit hours or 10 quarter credit hours.

**Supervised Clinical Experience:** Complete not less than 1 year with a minimum of 2,000 hours of supervised clinical experience in alcohol and drug counseling under the supervision of a Board-approved alcohol and drug supervisor, submit completed Supervision Verification form (included);

**Professional References:** Submit three (3) professional assessments (forms included in application).

**Examinations:** Upon determination of eligibility by the Board, an applicant must pass the following:

- 1) The NCAC Level II exam; **and**
- 2) Maryland Law Assessment.

Both examinations are administered by testing services at several locations within the State.

**A Criminal History Records Check (CHRC)** (form included with application). Applicant must include a copy of the receipt from the CHRC with this application. This allows the Board to access the report online from CJIS.

### **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

## CERTIFIED ASSOICATE COUNSELOR - ALCOHOL AND DRUG

### APPLICATION

*Please type or print all information.*

#### **I. VETERANS AND SPOUSAL PREFERENCE**

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

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

#### **II. DEMOGRAPHIC INFORMATION**

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

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

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

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

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

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

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

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

Gender:  Male  Female

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

*Check all that apply:*

American Indian or Alaska Native  Asian  White

Black or African American  Native Hawaiian or Pacific Islander

### III. 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 **certified** copy of the disciplinary/court document from the issuing agency.*

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.*

4. Were you ever granted "Alcohol and Drug Trainee Status" prior to this application?

5. Are you currently (or have you ever been) licensed or certified as a:

*Check all that apply.*

CSC-AD     CAC-AD     CPC-AD     LGADC     LCADC

LCPC     LCMFT     LBMFT     LGPC

LCPAT     LGPAT     None of the above.

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

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

7. Are you currently licensed or certified by a mental health or addictions counseling board outside of Maryland?

*If yes, please complete the "Out of State" application for certification in Alcohol and Drug Counseling which can be found on the Board's website:*

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

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

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

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

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

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

**V. QUALIFICATIONS:** \*Complete the chart below. If the title of your course differs from those listed, you must include a catalog course description or syllabus for each course. A course applied to one topic area **may not** be used to fulfill another topic area. \* Official transcript(s) must be attached to this application. Do not include continuing education courses/workshops.

Topic Area	Course Title and Number (Must appear on transcript)	Credits Earned	College/Univ.	Date	Grade
Medical Aspects of Chemical Dependency <i>*Required</i>					
Indiv. Counseling <i>*Required</i>					
Group Counseling <i>*Required</i>					
Abnormal Psychology <i>*Required</i>					
Addictions Treatment Delivery <i>*Required</i>					
Ethics that includes A&D Counseling Issues (course description /syllabus must indicate alcohol/drug counseling) <i>*Required</i>					
Internship/Practi- cum/Field Placement (6 credits or 10 quarter credits) <i>*Required</i>					
	<i>Electives: At least 3 from the courses below:</i>				
Family Counseling					
Topics in A&D Dependency					
Theories of Counseling					
Human Development					
Treatment of Co- occurring disorders					

**Total Credits Earned:** \_\_\_\_\_

**VI. SUPERVISED EXPERIENCE:** Applicant must complete not less than 1 year with a minimum of 2,000 hours of supervised clinical experience in alcohol and drug counseling under the supervision of a Board-approved alcohol and drug supervisor. Attach additional sheets, if necessary.

Dates To/From:	Agency/ Employer	Applicant's Job Title and Job Description	Hours of supervised experience completed	Was Applicant's practice satisfactory?	Supervisor's Name (print) Approved Supervisor Ref. #

\*\* Supervisor's signature above constitutes verification that he/she is a board-approved supervisor and that the supervised experience hours listed are true and accurate.

**VII. EXAMINATIONS:** Applicant must pass the NCAC Level II exam and the Maryland law exam. In order to sit for the required exams, applicant must meet the educational requirements and obtain authorization from the Board to register for the exams.

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

Have you passed the Maryland Law Assessment?     No     Yes (include copy of official exam score).

**VII. 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.







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## CAC-AD - SUPERVISION VERIFICATION

I, \_\_\_\_\_, certify that I supervised \_\_\_\_\_ from  
*Supervisor's Name (printed)* *Applicant's Name*

\_\_\_\_\_ until \_\_\_\_\_ at \_\_\_\_\_  
*Month/Year* *Month/Year* *Name of Facility and Location*

The Applicant completed \_\_\_\_\_ hours of experience under my supervision as a  
\_\_\_\_\_  
*Applicant's Job Title*

The Applicant's job duties consisted of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Applicant's practice was  Satisfactory  Unsatisfactory.

Please place a check mark in the box and indicate the number of hours this applicant performed one or more of the following duties under your supervision:

- Group Counseling \_\_\_\_\_ hours
- Individual Counseling \_\_\_\_\_ hours
- Family Counseling \_\_\_\_\_ hours
- Screening \_\_\_\_\_ hours
- Intake \_\_\_\_\_ hours
- Orientation \_\_\_\_\_ hours
- Case Management \_\_\_\_\_ hours
- Crisis Intervention \_\_\_\_\_ hours
- Education & Prevention \_\_\_\_\_ hours
- Referral \_\_\_\_\_ hours
- Consultation \_\_\_\_\_ hours
- Reports and Record Keeping \_\_\_\_\_ hours
- Assess and diagnosis (Diagnostic impression) \_\_\_\_\_ hours
- Treatment Planning \_\_\_\_\_ hours

Meeting with supervisor

\_\_\_\_\_hours

Total Hours \_\_\_\_\_out of 2000 hours

I certify that I am an approved alcohol and drug supervisor as specified in COMAR 10.58.07.02(2).

I further certify that I provided the supervision described above, and that it is a true and accurate representation.

\_\_\_\_\_  
Supervisor's Signature      Date

\_\_\_\_\_  
License/Certificate/Approved Supervisor Number &  
Expiration date

\_\_\_\_\_  
Supervisor Phone Number

\_\_\_\_\_  
Email

**PROFESSIONAL REFERENCE ASSESSMENT for CAC-AD**

Applicant's Name: \_\_\_\_\_

The person named above has applied to the Maryland Board of Professional Counselors and Therapists to become a Certified Associate Counselor – Alcohol and Drug. Your assessment of the applicant's characteristics will enable the Board to evaluate whether the applicant meets the Board's standards for certification. Please answer each question to the best of your ability.

Reference's Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known the Applicant? From \_\_\_\_\_ to \_\_\_\_\_.

Please rate the Applicant compared to other counselors you know on the following characteristics:

(Counselor educators should be evaluated on their ability to train students in counseling skill areas).

Skill	Outstanding	Above Avg.	Average	Below Avg.	Poor	Cannot Evaluate
Individual counseling						
Making appropriate Referrals						
Group counseling						
Personal Integrity						
Consulting						
Insight into client's problems						
Ability to relate to co-workers						
Ability to be objective						
Ethical conduct						
Concern for welfare of clients						
Sense of responsibility						
Recognition of own limits						
Supervisory abilities						
Ability to keep material confidential						

I recommend the Applicant for certification as a Certified Associate Counselor – Alcohol and Drug (CAC-AD).     Yes                       No

This recommendation is based upon my best judgment. I am willing to answer additional questions concerning this evaluation should the Board deem it necessary.

\_\_\_\_\_

Signature of Reference

Date

After completing this form, please place in a sealed envelope, sign the sealed flap, and return to Applicant.

**PROFESSIONAL REFERENCE ASSESSMENT for CAC-AD**

Applicant's Name: \_\_\_\_\_

The person named above has applied to the Maryland Board of Professional Counselors and Therapists to become a Certified Associate Counselor – Alcohol and Drug. Your assessment of the applicant's characteristics will enable the Board to evaluate whether the applicant meets the Board's standards for certification. Please answer each question to the best of your ability.

Reference's Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known the Applicant? From \_\_\_\_\_ to \_\_\_\_\_.

Please rate the Applicant compared to other counselors you know on the following characteristics:

(Counselor educators should be evaluated on their ability to train students in counseling skill areas).

Skill	Outstanding	Above Avg.	Average	Below Avg.	Poor	Cannot Evaluate
Individual counseling						
Making appropriate Referrals						
Group counseling						
Personal Integrity						
Consulting						
Insight into client's problems						
Ability to relate to co-workers						
Ability to be objective						
Ethical conduct						
Concern for welfare of clients						
Sense of responsibility						
Recognition of own limits						
Supervisory abilities						
Ability to keep material confidential						

I recommend the Applicant for certification as a Certified Associate Counselor – Alcohol and Drug (CAC-AD).     Yes                     No

This recommendation is based upon my best judgment. I am willing to answer additional questions concerning this evaluation should the Board deem it necessary.

\_\_\_\_\_

Signature of Reference

Date

After completing this form, please place in a sealed envelope, sign the sealed flap, and return to Applicant.

**PROFESSIONAL REFERENCE ASSESSMENT for CAC-AD**

Applicant's Name: \_\_\_\_\_

The person named above has applied to the Maryland Board of Professional Counselors and Therapists to become a Certified Associate Counselor – Alcohol and Drug. Your assessment of the applicant's characteristics will enable the Board to evaluate whether the applicant meets the Board's standards for certification. Please answer each question to the best of your ability.

Reference's Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known the Applicant? From \_\_\_\_\_ to \_\_\_\_\_.

Please rate the Applicant compared to other counselors you know on the following characteristics:

(Counselor educators should be evaluated on their ability to train students in counseling skill areas).

Skill	Outstanding	Above Avg.	Average	Below Avg.	Poor	Cannot Evaluate
Individual counseling						
Making appropriate Referrals						
Group counseling						
Personal Integrity						
Consulting						
Insight into client's problems						
Ability to relate to co-workers						
Ability to be objective						
Ethical conduct						
Concern for welfare of clients						
Sense of responsibility						
Recognition of own limits						
Supervisory abilities						
Ability to keep material confidential						



I recommend the Applicant for certification as a Certified Associate Counselor – Alcohol and Drug (CAC-AD).     Yes                       No

This recommendation is based upon my best judgment. I am willing to answer additional questions concerning this evaluation should the Board deem it necessary.

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

After completing this form, please place in a sealed envelope, sign the sealed flap, and return to Applicant.



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## NOTICE OF CRIMINAL HISTORY RECORDS CHECK

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

A Criminal History Records Check 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 fingerprinting providers please go to <http://www.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 (Listed above).
2. Your background check is being sent to the Board.
3. You must bring a valid form of government identification. (Examples: 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 if the report has been received.
6. Please do not send the LiveScan Pre-registration Application to the Board. You must present it at the fingerprint center/provider location.



**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 (Please check)	
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 (Please check)			
Place of Birth:		Citizenship:	
Current address:			
City:		State:	ZIP Code: -
Daytime Phone:	Evening Phone:	Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: 1300005490	
ORI # (if required): MD920512Z	Reason fingerprinted? License/Cert.
Position Applied for: N/A	
Request Type: (Choose one ONLY)	
<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:	_____