



MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Board of Professional Counselors and Therapists  
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Baltimore, Maryland 21215  
(410) 764-4732  
[www.dhmh.maryland.gov/bopc](http://www.dhmh.maryland.gov/bopc)

## ALCOHOL AND DRUG TRAINEE AUTHORIZATION RENEWAL APPLICATION

### GENERAL INFORMATION

*As of July 2013, Alcohol and Drug Trainee authorizations are issued for a two (2) year period.*

**Renewal is not guaranteed and it is not automatic.**

Alcohol and Drug Trainees with the two (2) year authorization may renew the authorization before the two (2) year period expiration date.

Documentation must be provided to show significant progress toward meeting the education, supervision, and/or examination requirements for an alcohol and drug certification or license (CSC-AD, CAC-AD, LGADC, LCADC) to continue to practice as an Alcohol and Drug Trainee under the supervision of an alcohol and drug approved supervisor.

The following individuals cannot renew their trainee authorization:

- Trainees who were issued the five (5)-year trainee authorization;
  - Trainees who had trainee authorization that has expired;
  - Trainees who earned an Alcohol and Drug certification or license (CSC-AD, CAC-AD, LGADC or LCADC);
  - Trainees who earned another mental health license under this Board (LG/LCPC, LG/LGMFT, LG/LGPAT); or
  - Trainees who earned a license credential from another Health Occupations Board (such as Social Work, Psychology, Physicians, or Nursing).
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**PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING RENEWAL APPLICATION.**

**INSTRUCTIONS**

1. Complete all applicant information, home or mailing address, and current employment information. Please check to make sure your name, Trainee authorization number (ADT #) and expiration date are correct as typed on the application.

Enclose a check or money order for the **NON-REFUNDABLE RENEWAL FEE** of \$200 made out to "Board of Professional Counselors and Therapists".

2. Only complete the section(s) that applies to you (Trainee). All sections require documentation.

A. SECTION 1: Documentation of Education: Complete this section **only if** you need to take additional credits to complete your degree, or the required courses needed for certification or licensure. Provide documentation (official transcripts, proof of registration). **If you have already completed your degree and the required courses for certification or licensure, then skip section 1 and go to section 2 on Page 3.**

B. SECTION 2: Documentation of Supervision: Complete this section **only if** you need to complete additional supervised hours and/or years of experience needed to meet the supervision requirements for certification or licensure. Supervision verification requires your supervisor's signature. **If you have already completed the required years of experience and the required 2000 hours, then skip section 2 and go to section 3 on Page 3**

C: SECTION 3: Documentation of Examination: Complete this section **only if** you have completed an application for certification or licensure **AND** have been approved to take the required examinations **OR** you did not pass the required exams **AND** you need to retest. Provide documentation (Exam approval letter, exam scores).

3. Signatures: The trainee and the supervisor must sign the bottom of page 4 on the renewal form.

**IMPORTANT NOTE:**

**If you fail to renew your Alcohol and Drug Trainee authorization before its expiration you cannot reapply for Trainee status and YOU CANNOT PRACTICE ALCOHOL AND DRUG COUNSELING WITH AN EXPIRED ALCOHOL AND DRUG TRAINEE AUTHORIZATION.**

**Practicing alcohol and drug counseling with an **expired** Trainee authorization may result in disciplinary action including denial of Certification or License.**

**ALCOHOL AND DRUG TRAINEE AUTHORIZATION RENEWAL FORM**

**THIS FORM IS ONLY TO APPLY TO RENEW THE TWO (2) YEAR TRAINEE AUTHORIZATION LETTER**

**COMPLETE THE APPLICATION AND PROVIDE THE REQUESTED DOCUMENTATION.**

**SUBMIT A NON-REFUNDABLE CHECK OR MONEY ORDER FOR THE \$200.00 TRAINEE AUTHORIZATION RENEWAL FEE: MADE OUT TO "BOARD OF PROFESSIONAL COUNSELOR AND THERAPISTS" AND INFORMATION BELOW:**

APPLICANT INFORMATION						
Mr. Mrs. Ms. NAME (TYPE OR PRINT)		LAST NAME		FIRST NAME		MAIDEN NAME
ADT:		DATE OF BIRTH		SOCIAL SECURITY #		PHONE NUMBER
TRAINEE AUTH #	EXPIRATION DATE	DATE OF BIRTH		SOCIAL SECURITY #	PHONE NUMBER	EMAIL ADDRESS
HOME ADDRESS						
STREET		CITY		COUNTY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)						
STREET		CITY		COUNTY	STATE	ZIP CODE
CURRENT EMPLOYMENT INFORMATION						
NAME OF CURRENT SUPERVISOR						
PLACE OF EMPLOYMENT						
EMPLOYMENT ADDRESS		STREET		CITY	COUNTY	STATE
EMPLOYMENT PHONE NUMBER				EMPLOYMENT EMAIL		

**SECTION I: DOCUMENTATION OF EDUCATION**

Please check the appropriate box and provide requested documentation (Official transcripts, registration forms, etc.)

I need to complete \_\_\_\_\_ credits toward my AA BS/BA MS/MA PH.D. DEGREE **AND** I have registered for the courses. (Attach a copy of your official transcript and your registration form from the college or university).

I have completed my degree AA BS/BA MS/MA PH.D.; HOWEVER, I need to take the following required course(s) below and I have registered for these courses (Attach a copy of your official transcript verifying your degree and your registration form from your college or university).

My degree AA BS/BA MS/MA PH.D is **NOT** in Human Service Counseling; therefore, I need to complete \_\_\_\_\_ additional credits toward meeting the "Substantially Equivalent" educational requirements **AND** I have registered for the courses. (Attach a copy of your official transcript and your registration form from your college or university)

**REQUIRED COURSES: CHECK ONLY THE COURSES YOU STILL NEED TO TAKE TO MEET CERTIFICATION OR LICENSURE**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pharmacology                  | <input type="checkbox"/> Human Growth & Development | <input type="checkbox"/> *Diagnosis and Psychopathology             |
| <input type="checkbox"/> Individual Counseling         | <input type="checkbox"/> Family Counseling          | <input type="checkbox"/> *Psychotherapy & Treat of Mental & Emotion |
| <input type="checkbox"/> Group Counseling              | <input type="checkbox"/> Theory of Counseling       | <input type="checkbox"/> *Addictions Treatment Delivery             |
| <input type="checkbox"/> Addictions Treatment Delivery | <input type="checkbox"/> Abnormal Psychology        | <input type="checkbox"/> Topics in Addictions                       |
| <input type="checkbox"/> **Alcohol & Drug Ethics       |   |   |

\*(Additional required Graduate Level courses for LG/LCADC only)

\*\*(After October 1, 2015 Ethics course must be three (3) semester credits or 5 quarter credits)

**SECTION 2: DOCUMENTATION OF SUPERVISION**

Please check the appropriate box and have your current supervisor complete and sign the statement below

- I need to complete \_\_\_\_\_ hours towards the required 2000 hours (CSC-AD, CAC-AD, LCADC).
- I need to complete \_\_\_\_\_ years/months toward my 2 years supervised experience (CSC-AD)
- I need to complete ----- years/months towards my 3 years supervised experience (CAC-AD)
- I need to complete ----- years/months towards my 3 years clinical supervised experience (LCADC)

**SUPERVISION VERIFICATION: CURRENT SUPERVISOR MUST COMPLETE THIS SECTION**

I \_\_\_\_\_ verify that \_\_\_\_\_ has to complete the required hours and/or years indicated above  
(Name of supervisor) (Name of Trainee)

to meet the supervision requirements for certification or licensure.

Supervisor signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor phone # \_\_\_\_\_ Supervisor email \_\_\_\_\_

**SECTION 3: DOCUMENTATION OF EXAMINATION:**

**YOU MUST HAVE A CERTIFICATION OR LICENSURE APPLICATION ON FILE AND HAVE BEEN APPROVED TO TAKE EXAMS.**

Please check appropriate box and provide the requested documentation (Exam scores, exam approval letter, etc.)

- I have submitted an application for certification (CSC-AD or CAC-AD) **AND** I have met the education and supervision requirements; **HOWEVER**, I need to take the ICRC (International Certification Reciprocity Consortium) exam and the Maryland law test. (Attach a copy of exam approval letter or proof of exam payment)
- I have submitted an application for clinical or graduate licensure (LGADC or LCADC) **AND** I have met the education and supervision requirements; **HOWEVER**, I need to take the EMAC (Examination of Master Addictions Counselor) exam and the Maryland law test. (Attach a copy of exam approval letter or proof of exam payment).
- I did not pass the ICRC exam (CSC-AD/CAC-AD) or the EMAC exam (LGADC/LCADC) and I need to retake the exam. (Submit a copy of exam scores **AND** proof of exam registration)
- I passed the ICRC or EMAC exam; however, I did not pass the Maryland law test and need to retake the exam. (Submit a copy of exam scores)
- I have submitted an application for certification or licensure that is currently pending with the Board.  
Date application was submitted: \_\_\_\_\_

**SIGNATURES: TRAINEE RENEWAL WILL NOT BE PROCESSED WITHOUT TRAINEE SIGNATURE AND SUPERVISOR'S SIGNATURE**

TRAINEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BOARD USE ONLY**

**Renewal Approved: New Expiration Date** \_\_\_\_\_

**Renewal Approval: To Be Completed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Renewal Denied**

**Reason for denial** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Board signature:** \_\_\_\_\_ **Date** \_\_\_\_\_