

**MARYLAND BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS**  
**4201 PATTERSON AVENUE – 316**  
**BALTIMORE, MARYLAND 21215 410-764-4732**  
[www.dhmh.maryland.gov/bopc/](http://www.dhmh.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 Maryland Law Test after receiving Board approval. The Maryland Law Test 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 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)**

**[www.dhmh.maryland.gov/bopc/](http://www.dhmh.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.

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 any state licensing or disciplinary board ever taken any action against your license and/or certification, including but not limited to limitations of practice, required education, admonishment, reprimand, revocation, suspension? ☐ Yes ☐ No

If yes, explain circumstance(s).\_\_\_\_\_

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

If yes, explain circumstance(s).\_\_\_\_\_

d. Have you pled guilty, nolo contendere, or been convicted of or received probation before judgment or any criminal act (excluding traffic violations)? ☐ Yes ☐ No

If "yes" provide the following information: Date of Conviction:\_\_\_\_\_

Where convicted \_\_\_\_\_ Charge \_\_\_\_\_

If conviction was set aside, give date and explain using additional pages if necessary. Include required information on all felony convictions attaching additional sheets behind this page if necessary. \_\_\_\_\_

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:\_\_\_\_\_

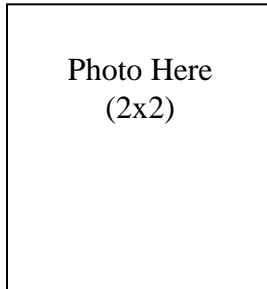
**AFFIDAVIT: The following statement must be executed by a Notary Public.**

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  
[www.dhmh.maryland.gov/bopc](http://www.dhmh.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: ___ Examination ___ Endorsement/ Reciprocity ___ Grandfathering	15. License/certificate is :  ___ Active (Expiration Date: _____) ___ 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    ___ 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)				

**MARYLAND BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS**  
**4201 Patterson Avenue – Suite 316**  
**Baltimore, MD 21215 (410)**  
**764-4740**  
[www.dhmmh.maryland.gov/bopc](http://www.dhmmh.maryland.gov/bopc)

**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

---

**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 \_\_\_\_\_