



# MARYLAND Department of Health

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

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## BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS 4201 Patterson Avenue, Suite 316, Baltimore, Maryland 21215-2299

### ALCOHOL and DRUG TRAINEE RENEWAL APPLICATION

#### General Information:

To renew, the trainee shall:

- A. Complete the application and document progress made during the current 2-year period toward the stated education or supervised experience required for the licensure or certification sought at the end of the trainee period, including:
  - (i) A verification from the approved supervisor documenting the number of hours of supervised experience obtained during the 2-year period; and
  - (ii) A copy of an official transcript from an educational institution approved by the Board documenting progress made in completing the required education; and
- B. Pay the required renewal fee set forth in COMAR 10.58.02 (\$200).

*The Board may deny renewal if the applicant fails to document progress as set forth above.*

You are **NOT** eligible for trainee status renewal if you:

- were originally issued 5-year authorization;
- have earned an alcohol and drug license or certification (CSC-AD, CDC-AD, LGADC, LCADC);
- have earned another mental health license under this Board (LCPC, LGPC, LCMFT, LGMFT, LCPAT, LGPAT); or
- have earned a licensed credential from another health occupation board (Social Work, Psychology, Physicians, Nursing, etc.).

**\*\*\*You cannot practice alcohol and drug counseling with an expired trainee authorization.**



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### **Instructions:**

1. Complete and sign Renewal Application and include all required documentation;
2. Include check or money order in the amount of \$200 payable to the Board of Professional Counselors and Therapists (*all fees are non-refundable and non-transferrable*); and

3. Applications **may not** be submitted via fax or email. Please mail to:  
*Board of Professional Counselors and Therapists*  
 Attn: Tawana Brown, Trainee Coordinator  
 4201 Patterson Avenue, Suite 316  
 Baltimore, MD 21215

### **ADT Renewal Application**

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

ADT#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

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

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

Current Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
*Name*
*Street*
*City*
*State*
*Zip*

During the current 2-year period for which I have been an Alcohol and Drug Trainee, I have made the following progress toward licensure or certification under this Board: (Complete all that apply)

1. I have completed the following courses (include copy of transcript):
  
  
  
  
  
  
  
  
  
  
2. I have earned and documented supervised clinical experience hours as set forth and verified by a Board approved supervisor as follows:  
  
Supervision Verification (to be completed by current supervisor):  
  
I, \_\_\_\_\_ verify that \_\_\_\_\_  
completed \_\_\_\_\_ hours of supervised clinical experience during the current 2-year trainee period toward the requirements for certification or licensure under this Board.
  
  
3. I have taken the following exam (list the name of the exam(s), the date(s) the exam was taken, and provide a copy of the exam score(s). If you have registered to take or re-take an exam, please attach the registration receipt):

I attest that the information provided in this Renewal Application is true to the best of my knowledge, information, and belief.

Trainee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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