

**Certified Addiction Counselor I and II (CAC I and II)**

**NEW LICENSE APPLICATION**

**CHECKLIST- By EXAMINATION**

**IMPORTANT:**

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before submitting your **ONLINE** application portal. It is important to submit in all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
<b>1. All Pages of Application</b>		
All pages of the <a href="#">online application</a> must be completed and submitted.	<b>ONLINE</b>	<input type="checkbox"/>
<b>2. Demographic Information</b>		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	<b>ONLINE</b>	<input type="checkbox"/>
<b>3. Social Security Number</b>		
If you do not have social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B).	<b>ONLINE</b>	<input type="checkbox"/>
<b>4. One (1) Recent Passport Type Photo (2x2 size) of the Applicant's Face with white background</b>		
The photo must be original and cannot be a computer-generated copy, or paper copy.	<b>ONLINE</b>	<input type="checkbox"/>
<b>5. One (1) photocopy of a current government issued photo ID</b>		
This can be a driver's license or passport.	<b>ONLINE</b>	<input type="checkbox"/>
<b>6. Name Change Documents (If applicable)</b>		
Applicant must provide a copy of a legal name change document for <u>EACH</u> time that it has changed. Acceptable documents are <u>marriage certificates</u> , <u>divorce decrees</u> or <u>court orders</u> .	<b>ONLINE</b>	<input type="checkbox"/>
<b>7. Official score report from National Exam (If applicable)</b>		
NAADAC Examination score must be transferred <b>from the examining body</b> . This must be submitted electronically from the NAADAC examining body, if this test has been already completed.	<b>ELECTRONICALLY (By Examining Body)</b>	<input type="checkbox"/>
<b>8. Supplemental information (Form A)</b>		
All applicant must complete the <a href="#">supplemental information A</a> . Please make sure to indicate what level of CAC you are applying for with Board and if you have taken the NAADAC exam.	<b>ONLINE</b>	<input type="checkbox"/>

CHECKLIST ITEMS (Cont.)	SUBMISSION METHODS	Check Mark
<b>9. Coursework Completion (Form B)</b>		
<p>This form is required documents for all the applicants applying by Examination. All courses must be completed, and the completed form must be uploaded on the application portal.</p> <ul style="list-style-type: none"> <li>• <a href="#">CAC I Course Requirements Form</a></li> <li>• <a href="#">CAC II Course Requirements Form</a></li> </ul>	<b>ONLINE</b>	<input type="checkbox"/>
<b>10. Supervision Experience (Form C)</b>		
<p>All applicants are required to submit the <a href="#">Supervision Experience Form C</a>. Supervisor(s) must sign the form verifying EACH task and the number of hours completed. <b>The form must be emailed directly from the supervisor to the Board (<a href="mailto:dccac@dc.gov">dccac@dc.gov</a>)</b>. Any supervisor that signs for hours on this form must be qualified to be an approved supervisor.</p> <ul style="list-style-type: none"> <li>• <b>CAC I:</b> An applicant for certification as an addiction counselor I must have obtained at <b>least five hundred (500) hours of supervised experience</b>, with a minimum of <b>forty (40) hours in each of the following areas under the CAC regulation section <a href="#">8703.1</a></b>.</li> <li>• <b>CAC II:</b> An applicant for certification as an addiction counselor II must have obtained at <b>least one hundred eighty (180) hours of supervised experience</b>. Of the one hundred eighty (180) hours, at least <b>one hundred twenty (120) of the hours shall consist of performing at least ten (10) hours in each of the following tasks with substance abuse clients under the CAC regulation section <a href="#">8703.2</a></b>.</li> </ul>	<b>E-MAIL or MAIL</b> <i>(Preferably via E-Mail and must come directly from Licensing Boards)</i>	<input type="checkbox"/>
<b>11. Verification of Appropriate Supervision (Form D)</b>		
<p>This <a href="#">Verification of Appropriate Supervision Form</a> is to be filled out by the supervisor when the applicant’s supervision is completed. <b>This form must be sent directly from the supervisor to the Board via email at <a href="mailto:dccac@dc.gov">dccac@dc.gov</a></b>.</p> <p>Qualified supervisors are Licensed professional counselors, psychologist, social workers, marriage family therapist, medical doctor, or registered nurse.</p>	<b>E-MAIL or MAIL</b> <i>(Preferably via E-Mail)</i>	<input type="checkbox"/>
<b>12. Official Sealed Transcript (s)</b>		
<p>An Official Transcript showing the required education must be mailed in a sealed envelope from the issuing institution the applicant attended to <i>2201 Shannon Place, SE, 1<sup>st</sup> FL, Washington DC 20020</i> <b>OR</b> sent electronically via email (<a href="mailto:dccac@dc.gov">dccac@dc.gov</a>) from issuing institution/issuing body.</p> <ul style="list-style-type: none"> <li>• <b>CAC I-</b>Must have graduated with at least <b>Associate’s degree</b> in a health or human services related Field listed under section <a href="#">8702.1</a>.</li> <li>• <b>CAC II-</b>Must have graduated with at least <b>Bachelor’s degree</b> in a health or human services related Field listed under section <a href="#">8702.4</a>.</li> </ul> <p><b><u>Foreign Educated Only:</u></b> <i>Transcripts from a foreign school in a foreign language must have</i></p>	<b>E-MAIL or MAIL</b> <i>(Preferably via E-Mail and must come directly from the school/issuing institution)</i>	<input type="checkbox"/>

<b>13. Criminal Background Check (CBC)</b>		
<p>All other applicants must do (or re-do) their CBC with the online application. If answering “YES” to any of the screening questions, an explanation of the incident(s) must be provided by the applicant. For information, please visit the website: <a href="https://dchealth.dc.gov/node/120532">https://dchealth.dc.gov/node/120532</a>. <i>{\$50 payment must be paid via online with the application. A link will be provided to you afterward via email}</i>.</p>	<b>ONLINE</b>	<input type="checkbox"/>
<b>14. Screening Question Responses</b>		
<p>Applicants must answer all questions, including <b>Clean Hands</b>. If answered “Yes”, the applicant must also submit any and <u>all relevant documents</u> related to the reason for the “Yes” answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.)</p>	<b>ONLINE</b>	<input type="checkbox"/>
<b>15. National Practitioner Databank (NPDB) Self Query Report</b>		
<p>The Self-Query Report must be requested from the <b>NDPB</b> (<a href="https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp">https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp</a>) no more than <b>thirty (30) days</b> prior to submission of the application.</p>	<b>ONLINE</b>	<input type="checkbox"/>
<b>16. Payment (Fee)</b>		
<p><b>\$240 (USD)</b> for Application and License Fee.</p>	<b>ONLINE</b>	<input type="checkbox"/>