

**NEW CERTIFICATION APPLICATION FOR ADDICTION COUNSELORS**  
**BOARD OF PROFESSIONAL COUNSELING**  
**CERTIFIED ADDICTION COUNSELOR I and II**

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at **1-877-672-2174**, Monday through Friday, 8:30 AM to 4:30PM EST. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)**

<b>SECTION 1. REQUESTED REGISTRATION TYPE/FEEs (includes non-refundable application fee – see instructions)</b>		
<input type="checkbox"/> <b>CACI</b> – Certified Addiction Counselor I by Examination	\$190.00	<b>Make check or money order payable to <u>D.C. Treasurer</u></b>
<input type="checkbox"/> <b>CACII</b> – Certified Addiction Counselor II by Examination	\$190.00	
<input type="checkbox"/> <b>CACI</b> – Certified Addiction Counselor I by Endorsement	\$190.00	
<input type="checkbox"/> <b>CACII</b> – Certified Addiction Counselor II by Endorsement	\$190.00	
<input type="checkbox"/> <b>Application for Re-Examination (NAADAC Exam Only)</b>	\$85.00	
<input type="checkbox"/> Duplicate Print of Certification (limit 5) ____ X \$34.00 =	\$ ____ .00	
<input type="checkbox"/> <b>CRIMINAL BACKGROUND CHECK: All applicants are required to undergo a Criminal Background Check</b> For payment and to schedule an appointment (Call 1-877-783-4787 or <a href="http://www.L1enrollment.com">www.L1enrollment.com</a> )		<b>MAIL TO:</b> Department of Health Health Professional Licensing Administration Board of Professional Counseling 899 North Capitol St., NE, First Floor Washington, DC 20002
<b>Total Enclosed</b>		
<b>\$ ____ .00</b>		

**SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION**

Enter your name exactly as it should appear on the certification. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

FIRST NAME	MI	LAST NAME	SUFFIX (Jr, Sr, etc.)

	-		-	
SOCIAL SECURITY NUMBER				

M M	-	D D	-	Y Y Y Y
DATE OF BIRTH				

If applicant does not provide a social security number, a sworn affidavit is required.

PLACE OF BIRTH

Provide City and State for US birthplace or Country for foreign place of birth.

Male       Female  
 GENDER  
 Please check the correct box.

**SECTION 3. SUPPORTING DOCUMENTS REQUIRED**

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Professional Counseling. Keep a photocopy of all supporting documents for your records.

A.	Completed and signed <b>application</b> .	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B.	Two recent and identical <b>passport-type photos</b> of the applicant's face (approx. 2"X2") with applicant's name printed on the back. <b>The photos must be original photos and cannot be computer-generated copies or paper copies.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C.	<b>Supplemental Information Form</b> – supplemental form to be filled out by applicant regarding active registration or certifications to practice addiction counseling - <b>FORM A</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
D.	<b>Course Requirement Form</b> – documenting completion of required courses for certification <b>FORM B</b> <b>Supervision Experience Document</b> - to be completed by supervisor(s) <b>FORM C</b> <b>Verification of Appropriate Supervision Form</b> - to be completed by supervisor(s) <b>FORM D</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E.	Do you hold a current and valid certificate as an Addiction Counselor for a regulatory board in another jurisdiction of the United States? If yes, you must have an <b>official verification</b> forwarded to D.C. Board of Professional Counseling	YES <input type="checkbox"/>	NO <input type="checkbox"/>
F.	Copies of <b>legal documents</b> supporting all name changes.	YES <input type="checkbox"/>	NO <input type="checkbox"/>





**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING**

**NEW CERTIFICATION APPLICATION FOR ADDICTION COUNSELORS**

**SECTION 7. QUESTIONS – Applicants MUST answer all of the following questions.**

Please answer all of the following questions by placing an “X” in the appropriate boxes. If you answer “Yes” to questions B through J below, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach to this application.

<p><b><u>Clean Hands Before Receiving a Registration or Permit Act of 1996 Certification Form Requirement.</u></b></p> <p>Please read the information below carefully before responding to this yes or no question, as <b>any false information provided requires that the Department of Health proceed immediately to revoke your Registration or Permit</b> for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).</p> <p>IF YOU ANSWER “YES” TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR APPLICATION BE DENIED.</p> <p>As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:</p> <p>A.</p> <ol style="list-style-type: none"> <li>1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);</li> <li>2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);</li> <li>3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);</li> <li>4. Past due taxes;</li> <li>5. Past due District of Columbia Water and Sewer Authority service fees; or</li> <li>6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?</li> </ol> <p>The information presented above is in compliance with the requirement to submit with your application for registration or permit under the <i>Clean Hands Before Receiving a Registration or Permit Act of 1996</i>, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).</p>		<p>Y    N</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>
B. Have you ever been convicted or arrested for a crime (including misdemeanors) not previously reported to the Board?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
C. Are you now or have you ever been registered, certified or licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete section 6C of this form.)	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
D. Have you ever been party to a malpractice action or had a malpractice action brought against you?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
E. Have you ever voluntarily surrendered a registration, certification or license after formal charges have been filed against you or while under investigation?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
F. Have you ever been terminated from or resigned from a clinical or professional training program?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
G. Do you have a physical or medical condition that currently impairs your ability to practice your profession?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
H. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
I.	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
(1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
(2) Has any authority or peer review board taken adverse action against your registration, license or privileges?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
(3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
(4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
J. Are you or have you been in jail on a felony conviction?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	
K. Have you ever been terminated or asked to resign from employment since obtaining your (professional) registration, certification and/or license?	<p>YES   NO</p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	

**SECTION 8. APPLICANT AFFIDAVIT**

*I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.*

_____	_____	_____
<b>APPLICANT SIGNATURE</b>	<b>NAME (Please Print)</b>	<b>DATE</b>

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General’s hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General’s website at oig.dc.gov.