

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
1. All Pages of Application		
All pages of the online application must be completed and submitted.	ONLINE	<input type="checkbox"/>
2. Demographic Information		
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.	ONLINE	<input type="checkbox"/>
3. Social Security Number		
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).	ONLINE	<input type="checkbox"/>
4. One (1) Recent Passport Type Photo (2x2 size) of the Applicant's Face with white background		
The photo must be original and cannot be a computer-generated copy, or paper copy.	ONLINE	<input type="checkbox"/>
5. One (1) photocopy of a current government issued photo ID		
This can be a driver's license or passport.	ONLINE	<input type="checkbox"/>
6. Name Change Documents (If applicable)		
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> .	ONLINE	<input type="checkbox"/>
7. Official score report from National Exam		
Examination score must be transferred from the examining body . This must be submitted via electronically from the NAADAC examining body.	ELECTRONICALLY (By Examining Body)	<input type="checkbox"/>
8. Supplemental information Form A		
Applicant must complete the supplemental information A . Please make sure to indicate what level of CAC you are applying for with Board and if you have taken the NAADAC exam.	E-MAIL or UPLOAD to Application	<input type="checkbox"/>

CHECKLIST ITEMS (Cont.)	SUBMISSION METHODS	Check Mark
<p>9. Official Sealed Transcript (s)</p>		
<p>CAC I- Associates Degree Transcript in Health or Human Services related Field; CAC II- Bachelors Degree Transcript in Health or Human Services related Field</p> <p>(see CAC regulations for complete list of acceptable programs). The Official Transcript must be sent directly from the school. It can be sent by mail (899 North Capitol St, NE, 1st FL) but preferably via EMAIL (dccac@dc.gov).</p> <p>Foreign Educated Only: <i>Transcripts from a foreign school in a foreign language must have</i></p>	<p>E-MAIL or MAIL <i>(Preferably via E-Mail and must come directly from the school/issuing institution)</i></p>	<input type="checkbox"/>
<p>10. Form B Coursework Completion</p>		
<p>All courses must be completed to apply for license. This form must be completed and sent directly to the Board at dccac@dc.gov. CAC I Form CAC II Form</p>	<p>ONLINE</p>	<input type="checkbox"/>
<p>11. Form C Supervision Experience Document</p>		
<p>Applicant must complete the supervision experience form . A minimum of 500 hours of experience performing the following tasks must be documented with at least forty (40) hours in each of the twelve core functions is required for a CAC I. Supervisors must sign the form verifying EACH task completed and the number of hours completed. Any supervisor that signs for hours on this form must be qualified to be an approved supervisor.</p>	<p>E-MAIL or MAIL <i>(Preferably via E-Mail and must come directly from Licensing Boards)</i></p>	<input type="checkbox"/>
<p>12. Form D Verification of Appropriate Supervision Form</p>		
<p>This form is to be filled out by the supervisor when the applicant’s supervision is completed. Include this form with your application in a separate, sealed envelope with the supervisor’s signature across the seal. Qualified supervisors are Licensed professional counselors, psychologist , social workers, marriage family therapist, medical doctor, or registered nurse.</p>	<p>E-MAIL or MAIL <i>(Preferably via E-Mail)</i></p>	<input type="checkbox"/>
<p>13. Criminal Background Check (CBC)</p>		
<p>If a recent CBC (fingerprint) already exists in the system within 2 years, no new CBC is required. All other applicants must 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.</p> <p>For information, please visit the website: https://dchealth.dc.gov/node/120532. {\$50 payment must be paid via online with the application. A link will be provided to you afterward via email.}</p>	<p>ONLINE</p>	<input type="checkbox"/>
<p>14. Screening Question Responses</p>		
<p>Applicants must answer all questions, including Clean Hands. 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>	<p>ONLINE</p>	<input type="checkbox"/>
<p>15. National Practitioner Databank (NPDB) Self Query Report</p>		
<p>The Self-Query Report must be requested from the NDPB (https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp) no more than thirty (30) days prior to submission of the application.</p>	<p>ONLINE</p>	<input type="checkbox"/>

17. Payment (Fee)		
\$240 (USD) for Application and License Fee.	ONLINE	<input type="checkbox"/>