

COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: coun@dhp.virginia.gov
Phone: (804) 367-4610 Fax: (804) 527-4435
Website: www.dhp.virginia.gov/counseling

**PAPER APPLICATION INSTRUCTIONS FOR
CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) BY ENDORSEMENT**

Completed Application: The application must be notarized. To avoid delays, please provide a complete application packet. Incomplete packets will not be reviewed by the Credential Reviewer.

Application Fee: A fee of **\$115.00** is required for an application to be processed. All fees paid by check or money order must be made payable to the "Treasurer of Virginia". This fee is non-refundable. The application is valid for one year from date of receipt.

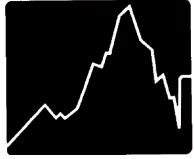
The below supplemental documentation must accompany your application and fee in one packet:

- Out-of-State Licensure Verification:** If you have ever held a health or mental health license or certificate in another jurisdiction, whether current or expired, please send the enclosed verification form to the issuing jurisdiction. This verification is to be completed by the issuing jurisdiction and mailed back to you and included in your application packet. We will accept license/certification verifications on another jurisdictions' forms.
- National Practitioners Data Bank Report (NPDB):** You must provide a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank. An online self-query can be processed at <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>.
- Name Change:** Documentation must be provided if your name has legally changed through marriage, divorce, or a court order and is different on any of your documentation. A photocopy of your marriage license or a copy of the court order must be provided.
- Verification of Clinical Supervision/Education:** Submit all requirement documentation for either option 1 or option 2.

OPTION 1: **Verification of Clinical Supervision:** Provide a certified copy of the original application for which you were license or certified in another state, or a copy of the regulation in effect at the time of initial licensure or certification **and** verification of a passing score on a licensure examination in the jurisdiction in which licensure or certification was obtained.

OPTION 2: **Verification of a Current National Certification from one of the following:**

- The National Certified Addiction Counselor Level II (NCAC II) accreditation from the National Certification Commission for Addiction Professionals (NCC AP)/NAADAC, the Association of Addiction Professionals;
- The Master Addiction Counselor (MAC) accreditation from the National Certification Commission for Addiction Professionals (NCC AP)/NAADAC, the Association of Addiction Professionals; or
- The Advanced Alcohol & Drug Counselor (AADC) accreditation from the International Certification & Reciprocity Consortium (IC&RC)



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CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) BY ENDORSMENT

Military/Military Spouse:

Are you active duty military personnel?

Yes No

Are you the spouse of a member of the U.S. military who has been transferred to

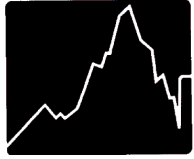
Virginia and who had to leave employment to accompany your spouse to Virginia?

Yes No

INSTRUCTIONS		PLEASE TYPE OR PRINT CLEARLY	
<u>Applicant must complete all sections.</u>			
GENERAL INFORMATION			
Legal Name (Last, First, Middle)	(Middle Initial)	(Maiden)	(Suffix)
Social Security Number or Virginia DMV Control Number*		Date of Birth (MM/DD/YY)	
Public Address (Street and/or Box Number, City, State, Zip Code) **		Home Telephone Number	
Mailing Address (Street and/or Box Number, City, State, Zip Code)		Alternate Telephone Number	
E-mail Address			
LICENSURE/CERTIFICATION – List in order of attainment all the states in which you now hold or have ever held a health or mental health license or certificate in order of attainment.			
STATE	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	TYPE OF LICENSE/CERTIFICATE

*In accordance with § 54.1-116 of the *Code of Virginia*, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles.

**Licensure Address is Public Information and Published on the Internet.



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EDUCATION: List in chronological order each graduate school or other institution where course work has been completed.

Institution Name	Type of Degree Received
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ANSWER THE FOLLOWING QUESTIONS:	Circle Yes or No	
1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, explain in detail on a separate sheet of paper.	Yes	No
2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? If yes, explain in detail on a separate sheet of paper.	Yes	No
3. Have you ever been convicted of a violation of or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations and driving under the influence.) If yes, explain in detail on a separate sheet of paper and provide court documents.	Yes	No
4. In the last twelve (12) months, have you been unable to practice Counseling by reason of excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? If yes, please provide an explanation on a separate sheet of paper.	Yes	No
5. Have you ever been censured, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice? If yes, provide an explanation on a separate sheet of paper.	Yes	No
6. Are you the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim?	Yes	No

The following statement must be executed by a Notary Public. This form is not valid unless properly notarized.

AFFIDAVIT

(To be completed before a notary public)

State of _____ County/City of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a certified substance abuse counselor in the Commonwealth of Virginia; that the statements herein contained are true in every respect, that he/she has read, understands and complied with all requirements of the law; and that he/she has read and understands this affidavit.

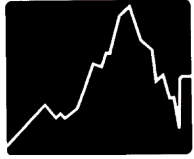
 Signature of Applicant

Subscribed to and sworn to before me this _____ day of _____, 20_____.

 Signature of Notary Public

SEAL

My commission expires _____ day of _____, 20_____.



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APPLICANT OUT-OF-STATE LICENSURE/CERTIFICATION VERIFICATION

Part I. To be completed by the applicant:

INSTRUCTIONS		PLEASE TYPE OR PRINT CLEARLY	
Name of Applicant (Last, First, Middle)			
Mailing Address (Street and/or Box Number, City, State, Zip)			
Applicants Email Address		Home and/or Cell Telephone Number	

Part II. To be completed by state Licensing Authority:

INSTRUCTIONS		PLEASE TYPE OR PRINT CLEARLY	
Title of License	License Number		
Issue Date	Expiration Date		
Obtained by Method			
By Examination	By Waiver	By Endorsement	Reciprocity
Is there any public information relating to this license?			
Yes (specify details on a separate sheet)		No	
Certification by the authorized Licensure Official of the State of _____			
I certify that the information is correct.			
Authorized Licensure Official Name and Title _____			
State Seal	Title of Board _____		
	Telephone Number _____		
	Email Address _____		
	Date _____		