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](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)
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
Applicant must complete all sections.

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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>LICENSE/CERTIFICATE NUMBER</th>
<th>ISSUE DATE</th>
<th>TYPE OF LICENSE/CERTIFICATE</th>
</tr>
</thead>
</table>

*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.
CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) BY ENDORSMENT - PAGE 2

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

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Type of Degree Received</th>
</tr>
</thead>
</table>

ANSWER THE FOLLOWING QUESTIONS:

<table>
<thead>
<tr>
<th>Question</th>
<th>Circle Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever been denied the privilege of taking an occupational licensure or certification examination?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, explain in detail on a separate sheet of paper.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Have you ever been censored, 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.</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Are you the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

My commission expires _______________ day of ____________________, 20__________________.
# APPLICANT OUT-OF-STATE LICENSURE/CERTIFICATION VERIFICATION

Part I. To be completed by the applicant:

<table>
<thead>
<tr>
<th>INSTRUCTIONS</th>
<th>PLEASE TYPE OR PRINT CLEARLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Applicant (Last, First, Middle)</td>
<td></td>
</tr>
<tr>
<td>Mailing Address (Street and/or Box Number, City, State, Zip)</td>
<td></td>
</tr>
<tr>
<td>Applicants Email Address</td>
<td>Home and/or Cell Telephone Number</td>
</tr>
</tbody>
</table>

Part II. To be completed by state Licensing Authority:

<table>
<thead>
<tr>
<th>INSTRUCTIONS</th>
<th>PLEASE TYPE OR PRINT CLEARLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of License</td>
<td>License Number</td>
</tr>
<tr>
<td>Issue Date</td>
<td>Expiration Date</td>
</tr>
</tbody>
</table>

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)
- [x] No

Certification by the authorized Licensure Official of the State of

I certify that the information is correct.

Authorized Licensure Official Name and Title

Title of Board ________________________________

State Seal

Telephone Number ________________________________

Email Address ________________________________

Date ________________________________