

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

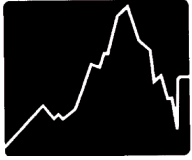
**PAPER APPLICATION INSTRUCTIONS FOR
INITIAL AND ADD/CHANGE OF REGISTRATION OF SUPERVISION FOR
CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC)**

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

Application Fee: A fee of **\$65.00** for **initial registration** and **\$30.00** for **add or change of supervision** is required. 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:

- Verification of Education:** An official transcript with conferral date of your Bachelor’s degree is required.
 - If you have been previously approved by the Board for supervision, a duplicate transcript is not required.
- 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.



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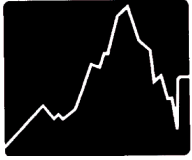
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PAPER APPLICATION FOR REGISTRATION OF SUPERVISION
FOR CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC)

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

<input type="checkbox"/> Initial Application		<input type="checkbox"/> Add/Change Supervisor	
Applicant's Legal Name (Last, First, Middle)		Applicant's Email Address	
Social Security Number or Virginia DMV Control Number		Date of Birth (MM/DD/YY)	
Mailing Address (Street and/or Box Number, City, State, Zip Code)		Telephone Number Home: Alternate:	
Business Name and Address of Residency Work Site Where Clinical Hours Were Obtained (ONE LOCATION ONLY)			
EDUCATION: List in chronological order each school or other institution where course work has been completed.			
Institution Name		Type of Degree Received	
APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS:			
1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, state what type of occupational examination and where:		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 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, explain in detail on a separate sheet of paper.		Yes	No
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, explain in detail on a separate sheet of paper.		Yes	No



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CSAC APPLICATION FOR REGISTRATION OF SUPERVISION– PAGE 2

SUPERVISOR TO PROVIDE THE FOLLOWING:

Supervisor's Name (Last, First)	Supervisor's Business Name and Address	
Supervisor's Telephone Number	Supervisor's Email Address	
Virginia License/Certification Number	Virginia License/Certification Type	
1. Will the supervised experience include a minimum of one hour and a maximum of four hours per week of supervision between the supervisor and the applicant?	Yes	No
2. Will the applicant provide substance abuse counseling by applying a counseling process, treatment strategies and rehabilitative services to help an individual to:	Yes	No
a. Understand his substance abuse use, abuse or dependency		
b. Change his drug-taking behavior so that it does not interfere with effective physical, psychological, social or vocational functioning.		

SUPERVISOR QUALIFICATIONS. Please indicate if you are one of the following:

(Circle Yes or No)

1. Licensed Substance Abuse Treatment Practitioner	Yes	No
2. Virginia CSAC & National Certification in Substance Abuse Training (include a copy of the certificate)	Yes	No
3. Virginia CSAC with at least two years post-certification experience	Yes	No
4. A licensed professional counselor, licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, medical doctor, or registered nurse <i>and possess a board-recognized national certification in substance abuse counseling?</i>	Yes	No
5. A licensed professional counselor, licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, medical doctor, or registered nurse <i>and a minimum of one year experience in substance abuse counseling and at least 100 hours of substance abuse didactic training as required by 18VAC115-30-50(B)(1) of the Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants</i>	Yes	No



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CSAC APPLICATION FOR REGISTRATION OF SUPERVISION- PAGE 3

DECLARATION OF SUPERVISOR AND APPLICANT

We, _____ (name of supervisor), and _____ (name of applicant) hereby certify that:

1. We have reviewed and understand the Virginia Board of Counseling Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants;
2. We understand that we must observe and comply with the supervision requirements set forth in the regulations;
3. The supervisor is assuming responsibility for the professional activities of the prospective applicant under their supervision once the supervisory arrangement is accepted;
4. The supervisor is not providing supervision for activities for which prospective applicant has not had appropriate education;
5. The supervisor must be available to the prospective applicant on a regularly scheduled basis for supervision;
6. We have reviewed and understand the job description of the prospective applicant under supervision;
7. We understand that the supervisor is responsible for notifying the Board regarding any termination or change in supervision.

We will comply with the Laws and Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants and hereby agree to this supervision which is being registered with the Virginia Board of Counseling.

SIGNATURE OF SUPERVISOR

DATE

SIGNATURE OF APPLICANT

DATE