



STATE APPLICATION FOR
NATIONAL CERTIFICATION COMMISSION FOR
ADDICTION PROFESSIONALS' EXAMINATIONS

Mail Completed Form to:

AUSAP

P.O. Box 901418
Sandy, UT 84090

Eligibility and Background Information

I. TREATMENT OR MODALITY YOU PROVIDE:

- Inpatient only
- Outpatient only
- Inpatient and Outpatient
- Halfway House
- Other - explain _____

J. PROFESSIONAL BACKGROUND:

- Counselor
- Rehabilitation Therapist
- Administrator
- Social Worker
- Psychologist
- Nurse
- Physician other than Psychiatrist
- Psychiatrist
- Clergy
- Other _____

K. EXPERIENCE IN ALCOHOLISM AND ADDICTION COUNSELING:

- Less than 3 years
- 3 years
- 4 years
- 5 years
- 6 to 10 years
- More than 10 years

Optional Information

Note: Information related to race, age and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

- | | | |
|--|--------------------------------|------------------------------|
| Race: | Age Range: | Gender: |
| <input type="radio"/> African American | <input type="radio"/> Under 25 | <input type="radio"/> Male |
| <input type="radio"/> Asian | <input type="radio"/> 25 to 29 | <input type="radio"/> Female |
| <input type="radio"/> Hispanic | <input type="radio"/> 30 to 39 | |
| <input type="radio"/> Native American | <input type="radio"/> 40 to 49 | |
| <input type="radio"/> White | <input type="radio"/> 50 to 59 | |
| <input type="radio"/> Other | <input type="radio"/> 60 + | |

Release Authorization

Must be completed by all candidates authorizing release of test results to a state

State Please print the two letter state abbreviation in the boxes provided.

I hereby authorize the National Certification Commission for Addiction Professionals (NCC AP) to release the results of my Certification Examination for Addiction Counselors to the state indicated. I understand that those test results will be used only for state certification at this time **

CANDIDATE SIGNATURE: _____ DATE: _____

Testing Dates / Locations

1st Choice Date: _____ Time Choice: _____
2nd Choice Date: _____ Time Choice: _____

All Registrations for any testing must be made through AUSAP. Any deviation will incur a \$50 administrative fee due before test results will be released.

Locations (full addresses can be found on our website www.ausap.org)

- Logan - 7N 8E
- Logan - 13N 6W
- Ogden
- Richfield
- West Valley City
- St. George

The tests are held every quarter hour beginning at 9am (varies per location)

State Board Approval

Level I APPROVED BY: _____
Level II _____ Date: _____
MAC _____ State Board Representative Signature

** A copy of the test results will also be provided to Utah Department of Professional Licensing

L. HIGHEST ACADEMIC LEVEL:

- Less than high school graduate
- High school graduate or equivalent
- Vocational or technical school graduate
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Other _____

M. FROM WHICH INSTITUTION DID YOU ACHIEVE YOUR DEGREE?

N. IN WHICH OF THE FOLLOWING ARE YOU LICENSED OR HOLD CERTIFICATION OR REGISTRATION?
(Darken all that apply)

- Social Work
- Psychology
- Counseling
- Medicine
- Nursing
- Employee assistance programming
- Marriage and family therapy
- Other _____