STATE APPLICATION FOR
INTERNATIONAL CREDENTIALING
ADDICTION PROFESSIONALS’ EXAMINATIONS

Mail Completed Form to:
AUSAP
P.O. Box 901418
Sandy, UT 84090

MARKING INSTRUCTIONS: Mark heavy and dark, filling the circles completely. Please print clearly.

Candidate Information
Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

First Name

Last Name

Home Address - Number and Street

City

State

Zip / Postal Code

Apartment Number

Daytime Phone - - -

Best way to be contacted

Receive phone call

Email

Text

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

Choice of Examination Language:

English

Spanish

Special Needs

If you have any special needs / requirements please describe below:

Eligibility and Background Information

Darken only one choice for each question, unless otherwise directed.

A. FOR WHICH EXAMINATION ARE YOU APPLYING?

ADC

AADC

CS

PS

B. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

No

Yes

If yes, indicate month, year and name under which the examination was taken.

Date (month/year):

Name:

C. ARE YOU CURRENTLY CERTIFIED IN ADDICTION COUNSELING BY IC&RC?

ADC

AADC

CS

PS

N/A

D. ARE YOU A MEMBER OF NAADAC / AUSAP?

No

Yes

(Note: Membership is not required)

E. HOW DID YOU ACQUIRE YOUR ALCOHOLISM AND DRUG ABUSE COUNSELING TRAINING?

Specialty training in alcoholism/drug abuse counseling

Specialty training as part of a degree program

Alcoholism/drug abuse counseling course as part of degree program

Continued education courses

On-the-job training

Other

F. IN WHAT TYPE OF SETTING DO YOU PRACTICE?

Private Practice

State/federal agency

Private treatment center

Employee assistance program

Halfway house

Other - explain below

G. IN WHICH OF THE FOLLOWING DO YOU SPEND AT LEAST TEN HOURS PER WEEK?

Counseling clients with alcohol/drug-related problems

Other counseling

Clinical supervision

Assessment and referral

Prevention/Community service

Outreach

Research/Evaluation

Administration

Professional and staff development

Other

H. PERCENT OF WORKING TIME CURRENTLY SPENT IN ALCOHOLISM AND DRUG ABUSE COUNSELING:

Less than 25%

51% to 75%

25% to 50%

More than 75%

(Page 1 of 2)
Eligibility and Background Information

I. TREATMENT OR MODALITY YOU PROVIDE:
- Inpatient only
- Outpatient only
- Inpatient and Outpatient
- Halfway House
- Other - explain
- 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
- Inpatient and Outpatient
- Other

J. PROFESSIONAL BACKGROUND:
- Counselor
- Rehabilitation Therapist
- Administrator
- Social Worker
- Psychologist
- Nurse
- Physician other than Psychiatrist
- Psychiatrist
- Clergy
- Other
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Other
- Vocational or technical school graduate
- 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

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
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Other
- Halfway House
- 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
- Social Work
- Psychology
- Counseling
- Medicine
- Nursing
- Employee assistance programming
- Marriage and family therapy
- Other

Additional Information

Special Accommodations
- ASL Translator
- Extended Time
- Large Font
- Scribe
- Private Room
- Reader
- Other:

Optional Age Range:
- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 +

** You may be required to provide a professional's signature / see our website for additional information

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 International Certification and Reciprocity Consortium (IC&RC) 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: _______________________

State Board Approval

- ADC
- AADC
- CS
- PS

APPROVED BY: ___________________________________________ Date: _______________________

State Board Representative Signature

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

(Page 2 of 2)