Candidate Information

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

Mr.  Mrs.  Ms.  Dr.  M.I.

Last Name

Home Address - Number and Street

City

State

Apartment Number

Cell / Text Number

Best way to contact me

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:

You must fill out a Special Accommodations request

Eligibility and Background Information

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

A.  FOR WHICH EXAMINATION ARE YOU APPLYING?

Level I  Level II  MAC

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 NCC AP?

Level I  Level II  MAC  None

D.  ARE YOU A MEMBER OF NAADAC?

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  

Hospital program

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%  

(Continue on page 2)
Eligibility and Background Information

I. TREATMENT OR MODALITY YOU PROVIDE:

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

J. PROFESSIONAL BACKGROUND:

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

K. EXPERIENCE IN ALCOHOLISM AND ADDICTION COUNSELING:

☐ Less than 3 years  ☐ 5 years
☐ 3 years  ☐ 6 to 10 years
☐ 4 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:

☐ African American  ☐ Under 25
☐ Asian  ☐ 25 to 29
☐ Hispanic  ☐ 30 to 39
☐ Native American  ☐ 40 to 49
☐ White  ☐ 50 to 59
☐ Other  ☐ 60 +

Gender:

☐ Male
☐ Female

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  ☐ Ogden  ☐ Richfield  ☐ West Valley City  ☐ St. George
☐ Logan - 13N 6W

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

State Board Approval

Level I  ☐ APPROVED BY: ___________________________ Date: ___________________________

Level II  ☐ ___________________________ Date: ___________________________

MAC  ☐ State Board Representative Signature

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