



STATE APPLICATION FOR NATIONAL CERTIFICATION COMMISSION FOR ADDICTION PROFESSIONALS' EXAMINATIONS

Mail Completed Form to: AUSAP

P.O. Box 901418 Sandy, UT 84090

| | KIING II | NSTRUC | HONS | i wark ne | avy and | dark, ii | illing the | e circle | es com | pletely | . Pleas | e print | clearly | | | Α | \mathcal{B} | С | \mathcal{D} | E | F | 1 | 2 | 3 | 4 |
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| 0 | Mr. Mrs. | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Ms. | | | | | l . | Į | l | | | | | | | | | | | | | | | | J | |
| 0 | Dr. | | | | | | | | | | | | | | | | | | | | | | | | |
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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 I | nformation | | | i | | |
|---------------|--------------------------|------------------|---------|---|-------------|---|----|
| I. TRE | ATMENT OR MOD | ALITY YOU | PRO | OVIDE: | L. | HIGHEST ACADEMIC LEVEL: | |
| 0 | O Inpatient only | | O | Halfway House | | O Less than high school graduate | |
| O | Outpatient only | | O | Other - explain | | O High school graduate or equivalent | |
| 0 | Inpatient and Outp | patient | | | | O Vocational or technical school graduate | |
| J. PRO | FESSIONAL BACK | KGROUND: | | | | O Some college | |
| 0 | Counselor | | 0 | Nurse | | O Associate degree | |
| 0 | Rehabilitation The | erapist | 0 | Physician other than Psychiatrist | | O Bachelor's degree | |
| 0 | Administrator | | 0 | Psychiatrist | | O Master's degree | |
| 0 | Social Worker | | O | Clergy | | O Doctoral degree | |
| 0 | Psychologist | | O | Other | | O Other | |
| K. EXP | PERIENCE IN ALCH | OLISM AND |) AD | DICTION COUNSELING: | м. | . FROM WHICH INSTITUTION DID YOU ACHIEVE | |
| 0 | Less than 3 years | | O | 5 years | | YOUR DEGREE? | |
| O | 3 years | | O | 6 to 10 years | | | |
| O | 4 years | | 0 | More than 10 years | N. | IN WHICH OF THE FOLLOWING ARE YOU LICENSED | |
| Optional I | Information | | | | | OR HOLD CERTIFICATION OR REGISTRATION? | |
| Note: Inforn | nation related to race, | age and gend | der is | optional and is requested | | (Darken all that apply) | |
| only to assis | st in complying with ge | eneral guidelir | nes pe | ertaining to equal opportunity. | | O Social Work | |
| Such data v | will be used only in sta | tistical summa | aries a | and in no way will affect | | O Psychology | |
| your certific | ation. | | | | | O Counseling | |
| Race: | | Age Range | | Gender: | | O Medicine | |
| O Afric | an American | O Under | 25 | O Male | | O Nursing | |
| O Asia | ın | O 25 to 2 | 29 | O Female | | O Employee assistance programming | |
| O Hisp | anic | 3 0 to 3 | 39 | | | Marriage and family therapy | |
| | ve American | Q 40 to 4 | 49 | | | O Other | |
| O Whit | | O 50 to 9 | 59 | | | | |
| O Othe | er | O 60 + | | | | | |
| Release / | Authorization | | | | ı | | |
| | | all candida | ates | authorizing release of test re | sults to | to a state | |
| State | | | | two letter state abbreviation in the | | | |
| Otato | | • | | | · | • | |
| | I hereby authoriz | e the Nation | al Ce | ertification Commission for Addiction F | Profession | onals (NCC AP) to release the results of my Certification | |
| Exa | amination for Addict | ion Counseld | ors to | the state indicated. I understand that | t those tes | est results will be used only for state certification at this time ** | |
| | | | | | | | |
| CANDIDA | TE SIGNATURE: | | | | | DATE: | |
| Toeting D | ates / Locations | | | 1st Choice Date: | | Time Chaice: | |
| resung D | ales / Localions | | | - | | Time Choice: | |
| | | | | 2nd Choice Date: | | Time Choice: | _ |
| All Regist | trations for any tes | ting must be | e ma | de through AUSAP. Any deviation w | ill incur a | r a \$50 administrative fee due before test results will be release | d. |
| Leagtions | /f::II = - - | | | | | | |
| Locations | • | _ | | on our website www.ausap.org) | \circ | West Valley City C. Coorne | |
| _ | jan - 7N 8E | O Ogde | :11 | O Richfield | | O West Valley City O St. George | |
| ∪ Log | jan - 13N 6W | | | i ne tests are h | eia every | ery quarter hour beginning at 9am (varies per location) | |
| State Boa | ard Approval | | | | | | |
| Level I | O APPROVED | D BY: | | | | | |
| Level II | 0 | | | Date: | | | |
| MAC | <u> </u> | State Board | Repre | esentative Signature | | | |

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