



STATE APPLICATION FOR  
NATIONAL CERTIFICATION COMMISSION FOR  
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.

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|---|---|---|

**Candidate Information**

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

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. First Name 



 M.I.

Male ☐ Female ☐

Last Name 



 Suffix (Jr., Sr., etc.)

Home Address - Number and Street 



 Apartment Number

City 



 State 



 Zip / Postal Code

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)



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## 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  
☐ Asian  
☐ Hispanic  
☐ Native American  
☐ White  
☐ Other

## Age Range:

- ☐ Under 25  
☐ 25 to 29  
☐ 30 to 39  
☐ 40 to 49  
☐ 50 to 59  
☐ 60 +

## Gender:

- ☐ Male  
☐ Female

## 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 \_\_\_\_\_

## 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](http://www.ausap.org))

- ☐ Logan      ☐ Orem      ☐ Salt Lake City      ☐ St. George      ☐ Proctored Exam

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