

MARYLAND BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS
4201 PATTERSON AVENUE – 316
BALTIMORE, MARYLAND 21215 410-764-4732
health.maryland.gov/bopc/

INSTRUCTIONS
ALCOHOL AND OTHER DRUG COUNSELING
OUT OF STATE APPLICANTS
LCADC –Licensed Clinical Alcohol and Drug Counselor

- (1) **Application**: Submit a completed Out-of-State Board application, identifying the level of certification or licensure that you are requesting (enclosed);
- (2) **Fee**: Submit **(\$250.00) NON REFUNDABLE** application fee with the Out of State Board Application.
- (3) **Out of State Verification Form** Complete items 1-10 and send this form to the state(s) where you are currently licensed or certified. The credentialing state(s) must complete items 11-17, attach their state certification/licensure requirements with scope of practice, and then forward this form directly to the Maryland Board.
- (4) **Out of State Licensure**: Submit verification and copies of all professional licenses ever held in another state, territory or jurisdiction where you were authorized to practice alcohol and other drug counseling.
- (5) **Education**: Fill out the Education section and submit an official, sealed transcript to the Board documenting completion of at least a Master's degree in a Health or Human services counseling field from an accredited college or university.
- (6) Submit a completed Coursework Outline Form (enclosed);
- (7) **Examination**: Submit documentation of having taken and passed the EMAC (Examination of Master Addiction Counselor) developed by NBCC (National Board of Certified Counselors). If you have not taken the EMAC exam, you may take it upon receiving Board approval.
- (8) Take and pass the a a d a Test after receiving Board approval. The Maryland a is administered at the Board's office twice monthly.
- (9) Submit verification of the required clinical experience on the **“Professional Experience Verification Form.”** The Form is enclosed. The Board will accept verification from employers, supervisors, or colleagues. **In the case of a colleague, the colleague must have a mental health credential. Provide documentation.**

Maryland Law Assessment (MLA):

The purpose of the assessment is to determine if a candidate is familiar with the state laws and ethical code related to safe and effective practice across several content areas. The MLA is a no-fail, no score assessment. Content areas include supervision and ethics questions based on excerpts from the Code of Maryland Regulations (COMAR) and Md. Code Ann., Health Occupations Art., Title 17.

The MLA consists of 36 questions. You will be presented with readings and questions until all items are answered correctly. Upon successful completion, you will receive a Certificate of Completion that you will submit to the Board **with** your application for licensure or certification.

Prior Board approval is **not** required to take the MLA. However, if you take the MLA **before** you submit an application for licensure/certification with the Board, please note the following:

- Should you later decide not to apply for licensure/certification with the Board, the MLA fee will **not** be refunded.
- You are responsible for submitting the MLA Certificate of Completion to the Board **with** your application for licensure/certification. Do not email, fax or mail the certificate of completion separately to the Maryland Board. **MLA Certificates of Completion received without a completed application will not be retained.**
- MLA Certificates of Completion are valid for **one year** from the date of the MLA. If you do not apply for licensure/certification within one year from the date of the MLA, you will be required to re-take the MLA at your additional expense.

To take the MLA, use the following link: www.academy.cce-global.org.

If you experience any issues, please contact the assessment administrator, CCE, Monday thru Friday 8:30am – 5pm at 336.482.2856. You may also email for technical support at support@cce-global.org. Please do not contact the Board regarding technical support issues.

If you have already taken and passed the previous Maryland Law Exam, this notice does not apply to you and no further action is necessary.



**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Maryland Board of Professional Counselors and Therapists**

4201 Patterson Avenue

Baltimore, MD 21215

410-764-4732

410-358-1610 (fax)

health.maryland.gov/bopc/

**OUT OF STATE BOARD APPLICATION FOR
LCADC: Licensed Clinical Alcohol and Drug Counselor**

Application Date: _____
(Date)

MUST BE TYPED or PRINTED

Name _____
(Last) (First) (Middle)

Home Address _____
(Number and Street)

(City) (State) (Zip Code)

E-mail Address _____

Telephone Number _____
(Home) (Work)

Social Security Number _____ Date of Birth _____

Race: Caucasian African American. Native American Asian Hispanic Other

Gender: Female Male

EDUCATION: *Master's Degree (60 credits or less) or Doctorate in a Health or Human Services Counseling field.* Directions: Please list your relevant educational history below, beginning with your most recent college education. **Official Transcripts are required**

College or University	Date(s) of Attendance	Degree Awarded/Major

EXAMINATION REQUIRED

Have you successfully passed the following national exam?
EMAC (Examination of Master Addiction Counselor) developed by the NBCC (National Board of Certified Counselors) Yes No

If the answer is yes, please include documentation of passing score with application.
If no, you may take the examination upon receiving Board approval.

INFORMATION REGARDING BACKGROUND

a. Have you ever been denied an initial application, reinstatement or renewal of a license and /or certificate by any state licensing or disciplinary board? Yes No

If "yes" explain reason(s).

b. Has an investigation or charges ever been brought against you by any licensing or disciplinary board Yes No

If yes, explain circumstance(s).

Please answer Yes or No to each question.

YES NO

1. Has any state licensing or disciplinary board ever taken any disciplinary action against your license or certification, including, but not limited to, charges, admonishment, reprimand, revocation, or suspension?

If yes, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a copy of the disciplinary/court document from the issuing agency, if applicable.

2. Have you pled guilty, nolo contendere, or been convicted of, received probation before judgment or had a conviction set aside for any criminal act in any state, territory, or jurisdiction (excluding minor traffic violations)?

If yes, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a certified copy of the disciplinary/court document from the issuing agency.

Please note that if you do not answer this question or fail to disclose and provide the requested information your application will be administratively closed without further review. You will be required to submit a new application and pay the required fee. In addition, you may be required to appear before the Board regarding your failure to provide the required information.

3. Are you currently on parole, probation or under any other court ordered supervision in any state, territory, or jurisdiction related to a criminal conviction? If so, you must submit official documentation indicating the terms and conditions, start and end dates, compliance and/or completion of the parole, probation or court ordered supervision with your application.

Please note that the Board, in its discretion, may determine that your application cannot proceed if you do not answer this question, fail to disclose and provide the requested information, or you have not successfully completed parole, probation or other court ordered supervision.

I hereby certify that the information provided in this application is true, accurate and complete to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

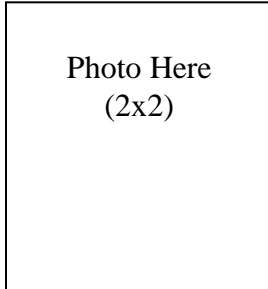
AFFIDAVIT: The following statement must be executed by a Notary Public.

State of _____, County of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure or certification as an Alcohol and Other Drug counselor in Maryland, that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed to and sworn to before me this _____ day of _____. 20_____.

My commission expires on _____. Signature of Notary: _____



SEAL

MARYLAND BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS
4201 Patterson Avenue – Suite 316
Baltimore, Maryland 21215
health.maryland.gov/bopc
410-764-4732 – Main Number

LCADC (Licensed Clinical Alcohol & Drug Counselor)
Alcohol and Other Drug Counselors
Out of State Licensure or Certification Verification Form

Applicant must complete items 1 thru 10 below and then forward this form to the state(s) where licensed.

1. Name:		2. Date Of Birth:	
3. Address (street, city, state, zip code):			
Telephone No.			
4. Social Security Number:		7. Academic Institution:	
5. License/Certificate Name and No.:		8. Degree:	
6. Years of Experience practicing as an AOD Counselor:		9. Date Rec'd.:	10. Total credits:

I authorize the information requested below to be provided to the Maryland Board of Professional Counselors and Therapists.

Signature

Date

Items 11 thru 17 must be completed by the state(s) where the license or certificate is currently held. Return this form directly to the Maryland Board of Professional Counselors and Therapists.

Do not return to applicant. PLEASE ATTACH STATE CERTIFICATION REQUIREMENTS AND SCOPE OF PRACTICE.

11. License/Certificate Title:	
12. Issuing State:	13. Date of Original Issue:
14. Issued by: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement/ Reciprocity <input type="checkbox"/> Grandfathering	15. License/certificate is : <input type="checkbox"/> Active (Expiration Date: _____) <input type="checkbox"/> Inactive (Expired on: _____)
16. If applicant was credentialed by examination, indicate title of the licensing/certification exam taken: Other:	
17. Has this license/certificate ever been revoked, suspended, restricted or placed on probation? Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN ON REVERSE SIDE. Attach Final Order.	

Name (print)

Date

Signature

Title

SEAL

COURSE FORM FOR OUT OF STATE LCADC: Licensed Clinical Alcohol & Drug Counselor
PLEASE ATTACH OFFICIAL TRANSCRIPTS

Please note: “Health or human services counseling field” includes programs such as Human Services, Psychology, Social Work, Substance Abuse Counseling, Addictions, Counseling, Psychiatric Nursing, Human Development, Counselor Education, Education Psychology, or Rehabilitation Counseling. Other degree programs are considered on a case-by-case basis, but MUST include preparation for counseling/therapy as a major component of the program. All courses must be from an accredited college. COUNTINUING EDUCATIONS UNITS ARE NOT ACCEPTED.

An applicant for LCADC must: 1. Hold a master’s or a doctoral degree in a health and human services field from an accredited educational institution approved by the Board. 2. Complete a minimum of (3 undergraduate semester credit hours, **OR** 5 undergraduate quarter credit hours) covering:

(A) Alcohol and Other Drug-Specific Ethics, including the following content: (a) Self-disclosure of recovery status (b)Ethics of being a two-hatter (c) Self-help fellowship participation (d) Avoiding dual relationships(e)Relapsing counselors (f)Confidentiality laws

(B) Medical aspects of chemical dependency (or Pharmacology), including the following content: (a)Brain structure and function as it relates to psychoactive drugs (b) Classes of psychoactive drugs, including the addiction potential, withdrawal symptoms, and associated medical problems

3. Complete a minimum of (3 GRADUATE semester credit hours OR 5 GRADUATE quarter credit hours) in each of the following primary topics or content areas: **(A) Personality Development** **(B) Diagnosis and Treatment of Mental and Emotional Disorders** (*must cover the current edition of the Diagnostic and Statistical Manual - DSM*); and **(C) Psychopathology**.

<i>Office Use Only</i>	REQUIRED ALCOHOL AND OTHER DRUG COUNSELING COURSEWORK	WRITE IN CREDITS EARNED	WRITE IN NUMBER(S) & TITLES OF REQUIRED COURSES	WRITE IN YEAR AND SCHOOL WHERE COURSES TAKEN	WRITE IN EXPLANATION- If needed
	ALCOHOL AND DRUG ETHICS 3 semester credits or 5 quarter credits (UNDERGRADUATE OR GRADUATE)				
	MEDICAL ASPECTS OF CHEMICAL DEPENDENCY (PHARMACOLOGY) 3 semester credits or 5 quarter credits (UNDERGRADUATE OR GRADUATE)				
	PERSONALITY DEVELOPMENT 3 semester credits or 5 quarter credits (GRADUATE LEVEL)				
	DIAGNOSIS AND TREATMENT OF MENTAL & EMOTIONAL DISORDERS 3 semester credits or 5 quarter credits (GRADUATE LEVEL)				
	PSYCHOPATHOLOGY 3 semester credits or 5 quarter credits (GRADUATE LEVEL)				

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Professional Experience Verification Form

The person named below has applied to the Maryland Board of Professional Counselors and Therapists to become a **Licensed Clinical Alcohol and Drug Counselor, LCADC**. Your documentation of the applicant's alcohol and other drug counseling experience will enable the Board to evaluate whether this applicant meets the requirements for licensure. **Please attest to the following statement and return the form to the applicant in the sealed envelope with the sealed flap signed.**

(Print name of applicant) _____ has a (check one)

- Master's degree with **60 graduate credits** and 3 years with a minimum of 2,000 hours of supervised clinical experience in alcohol and drug counseling with 2 years completed after the award of the master's degree.
- Master's degree with **less than 60 graduate credits** and has 3 years experience practicing as a clinical alcohol and drug counselor with a minimum of 2,000 hours of clinical alcohol and drug experience.
- Doctoral degree** and has a minimum of 2 years practicing as a clinical alcohol and drug counselor with 2,000 hours of clinical alcohol and drug counseling experience

I HEREBY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF.

Check one: Applicant's supervisor Applicant's employer Applicant's colleague (*in the case of colleague, submit documentation of colleague's mental health credential*)

Your Name: _____

Signature: _____

Date: _____

Your Business Address: _____

(Zip code)

Daytime Contact: _____

Email _____