



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS 4201 Patterson Avenue, Suite 316, Baltimore, Maryland 21215-2299

ALCOHOL and DRUG TRAINEE RENEWAL APPLICATION

General Information:

To renew, the trainee shall:

- A. Complete the application and document progress made during the current 2-year period toward the stated education or supervised experience required for the licensure or certification sought at the end of the trainee period, including:
 - (i) A verification from the approved supervisor documenting the number of hours of supervised experience obtained during the 2-year period; and
 - (ii) A copy of an official transcript from an educational institution approved by the Board documenting progress made in completing the required education; and
- B. Pay the required renewal fee set forth in COMAR 10.58.02 (\$200).

The Board may deny renewal if the applicant fails to document progress as set forth above.

You are **NOT** eligible for trainee status renewal if you:

- were originally issued 5-year authorization;
- have earned an alcohol and drug license or certification (CSC-AD, CDC-AD, LGADC, LCADC);
- have earned another mental health license under this Board (LCPC, LGPC, LCMFT, LGMFT, LCPAT, LGPAT); or
- have earned a licensed credential from another health occupation board (Social Work, Psychology, Physicians, Nursing, etc.).

*****You cannot practice alcohol and drug counseling with an expired trainee authorization.**



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Instructions:

1. Complete and sign Renewal Application and include all required documentation;
2. Include check or money order in the amount of \$200 payable to the Board of Professional Counselors and Therapists (*all fees are non-refundable and non-transferrable*); and

3. Applications **may not** be submitted via fax or email. Please mail to:
Board of Professional Counselors and Therapists
 Attn: Tawana Brown, Trainee Coordinator
 4201 Patterson Avenue, Suite 316
 Baltimore, MD 21215

ADT Renewal Application

Name: _____
Last
First
MI
Maiden

ADT#: _____ Expiration Date: _____

SSN: _____ Date of Birth: _____

Phone: _____ Work: _____ Cell: _____ Email: _____

Home Address: _____
Street
City
State
Zip

Mailing Address: _____
(If different than above)
Street
City
State
Zip

Current Supervisor: _____ Phone: _____

Place of Employment: _____
Name
Street
City
State
Zip

During the current 2-year period for which I have been an Alcohol and Drug Trainee, I have made the following progress toward licensure or certification under this Board: (Complete all that apply)

1. I have completed the following courses (include copy of transcript):

2. I have earned and documented supervised clinical experience hours as set forth and verified by a Board approved supervisor as follows:

Supervision Verification (to be completed by current supervisor):

I, _____ verify that _____
completed _____ hours of supervised clinical experience during the current 2-year trainee period toward the requirements for certification or licensure under this Board.

3. I have taken the following exam (list the name of the exam(s), the date(s) the exam was taken, and provide a copy of the exam score(s). If you have registered to take or re-take an exam, please attach the registration receipt):

I attest that the information provided in this Renewal Application is true to the best of my knowledge, information, and belief.

Trainee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____