



MARYLAND Department of Health

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

CERTIFIED SUPERVISED COUNSELOR - ALCOHOL AND DRUG

APPLICATION INSTRUCTIONS

**** IMPORTANT ****

BEFORE submitting your application, please:

- Retain a copy of all documents for your records. Documents **will not** be returned once received by the Board.
- All forms must be legible, complete, signed, and dated (where applicable) or processing may be delayed.
- Include a check or money order in the amount of \$150.00 payable to:
Board of Professional Counselors and Therapists. Fees are **non-refundable and non-transferable**.
- Applications **may not** be submitted via fax or email. Please mail to:

Board of Professional Counselors and Therapists
Attn: Janice Isaacs, Alcohol and Drug Counselor Licensing Coordinator
4201 Patterson Avenue, Suite 316
Baltimore, MD 21215

- ***NEW***** Submit a copy of the receipt from your criminal history records check (CHRC) **with** your application. The form for the CHRC is included with the application. CHRC reports sent directly to the Board by CJIS.

ELIGIBILITY/REQUIREMENTS: *The following is a summary only. For complete requirements and definitions, see Md. Code Ann. Health Occ. II, §17-101, et. seq. and COMAR 10.58 which may be found on the Board's website, health.maryland.gov/bopc.*

- Education:** Applicant shall at a minimum:
 - 1) Hold an associate's degree from a regionally accredited educational institution in a ***health and human services counseling field***; **OR**
 - 2) Hold an associate's degree from a regionally accredited educational institution and have completed a program of studies judged by the Board to be substantially equivalent in subject matter; **AND**
 - 3) Have a minimum of 24 semester credit hours or 37 quarter credit hours including:
 - (i) A 3-semester credit hour or 5 quarter credit hour course taken at a regionally accredited educational institution **in each** of the following courses:
 1. Medical aspects of chemical dependency;

2. Addictions treatment delivery, and
3. Ethics that includes alcohol and drug counseling issues;

(ii) **Any three** of the following 3 semester credit hour or 5 quarter credit hour courses taken at a regionally accredited educational institution:

1. Group counseling;
2. Individual counseling;
3. Family counseling;
4. Theories of counseling;
5. Human development;
6. Abnormal psychology;
7. Topics in substance related addictive disorders; and
8. Treatment of co-occurring disorders; **and**

(iii) An internship in alcohol and drug counseling that totals 6 semester credit hours or 10 quarter credit hours.

Examinations: Upon determination of eligibility by the Board, an applicant must pass the following:

- 1) The NCAC Level 1 exam; **and**
- 2) Maryland Law Assessment.

Both examinations are administered by testing services at several locations within the State.

Criminal History Records Check (form attached). Applicant must include a copy of the receipt from the CHRC with this application. This allows the Board to access the report online from CJIS.

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.



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APPLICATION

Please type or print all information.

I. VETERANS AND SPOUSAL PREFERENCE

Are you an active service member or the spouse of any active service member? Yes No

Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one year of filing this application? Yes No

II. DEMOGRAPHIC INFORMATION

Name: _____
Last First MI Maiden

SSN: _____ Date of Birth: _____ Place of Birth: _____

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

Home Address: _____
Street City State Zip

Prior address: _____
(If less than 3 years at current address) Street City State Zip

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

Business: _____
Name Street City State Zip

Gender and Ethnicity: *This information is optional and may be used for statistical purposes by authorized personnel.*

Gender: Male Female

Ethnicity: Are you of Hispanic or Latino origin? Yes No

Check all that apply:

American Indian or Alaska Native Asian White

Black or African American Native Hawaiian or Pacific Islander

III. INFORMATION REGARDING BACKGROUND

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 **certified** copy of the disciplinary/court document from the issuing agency.*

Please note: If this question is not answered, your application will be returned and a new application and fee will be required. If you answered, “Yes”, but do not include a written explanation **AND** certified copies, your application will be returned and a new application and fee will be required.

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 (excluding 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: If this question is not answered, your application will be returned and a new application and fee will be required. If you answered, “Yes”, but do not include a written explanation **AND** certified copies, your application will be returned and a new application and fee will be required.

3. Were you ever granted “Alcohol and Drug Trainee Status” prior to this application?

If yes, when does/did it expire? ____/____/____.

4. Are you currently (or have you ever been) licensed or certified as a:

Check all that apply.

- CSC-AD CAC-AD CPC-AD LGADC LCADC
 LCPC LGPC LCMFT LBMFT LCPAT
 LGPAT None of the above.

5. Are you currently licensed or certified by another **Maryland** board in mental health counseling or other health occupation? *If so, specify license/certificate (Ex: LCSW-C, Psychologist, Registered Nurse, etc.) _____.*

- □ 6. Are you currently licensed or certified by a mental health or addictions counseling board *outside of Maryland*?

If yes, please complete the “Out of State” application for certification in Alcohol and Drug Counseling which can be found on the Board’s website: www.health.maryland.gov/bopc.

V. EDUCATION: List colleges or universities attended to satisfy academic requirements for licensure or certification. Do not list degrees unrelated to counseling. Please list the most recent colleges/universities first and provide **official** transcripts. Attach additional sheets, if necessary.

A. _____
Name of School _____ *City* _____ *State* _____
 Dates attended: From (mo./yr.) _____ To (mo./yr.) _____
 Degree awarded: _____ Date awarded: _____
 Major field of study: _____

B. _____
Name of School _____ *City* _____ *State* _____
 Dates attended: From (mo./yr.) _____ To (mo./yr.) _____
 Degree awarded: _____ Date awarded: _____
 Major field of study: _____

C. _____
Name of School _____ *City* _____ *State* _____
 Dates attended: From (mo./yr.) _____ To (mo./yr.) _____
 Degree awarded: _____ Date awarded: _____
 Major field of study: _____

D. _____
Name of School _____ *City* _____ *State* _____
 Dates attended: From (mo./yr.) _____ To (mo./yr.) _____
 Degree awarded: _____ Date awarded: _____
 Major field of study: _____

VI. QUALIFICATIONS: *Complete the chart below. If the title of your course differs from those listed, you must include a catalog course description or syllabus for each course. A course applied to one topic area **may not** be used to fulfill another topic area. * Official transcript(s) must be attached to this application.

| Topic Area | Course Title and Number (Must appear on transcript) | Credits Earned | College/Univ. | Date | Grade |
|--|--|-------------------|---------------|------|-------|
| Medical Aspects of Chemical Dependency | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Addictions Treatment Delivery | | | | | |
| Ethics that includes A&D Counseling Issues (course description /syllabus must indicate alcohol/drug counseling) | | | | | |
| Indiv. Counseling | | | | | |
| Group Counseling | | | | | |
| Family Counseling | | | | | |
| Abnormal Psychology | | | | | |
| Topics in A&D Dependency | | | | | |
| Theories of Counseling | | | | | |
| Human Development | | | | | |
| Treatment of Co-occurring disorders | | | | | |
| Internship/Practicum/Field Placement (at least 6 semester or 10 quarter credits) | | | | | |
| | | | | | |
| | | | | | |

Total Credits Earned: _____

VII. AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists (the “Board”) for the issuance of a Certified Supervised Counselor - Alcohol and Drug credential:

- I agree to abide by the rules and regulations of the Board and to take all examinations necessary for the processing of my application;
- Upon issuance of certification, I agree to abide by the Code of Ethics as set forth in COMAR;
- I understand that the fee submitted with this application is **NON-REFUNDABLE**;

- I agree to hold the Board, its members, officers, agents, and examiners free from any damage or claim of damage or complaint by reason of any action taken in connection with this application, the attendant examination, the grades with respect to any examination, and/or the failure or refusal of the Board to issue me a license or certificate.
- I grant permission to the Board to seek any information or references it deems appropriate or necessary in verifying my credentials as it pertains to this application.
- I understand, by law, it is my responsibility to notify the Board, in writing, of any change of address.

I do hereby affirm that all of the statements made herein are true and correct to the best of my knowledge and belief. I voluntarily consent to a thorough review of the information in this application and other activities for the purpose of verifying my qualifications for certification

Applicant's Signature

Date

ATTACH APPLICANT
PHOTO

(Recent 2"x2")

NOTARY REQUIRED

NOTARY

State of _____

City/County of _____

I HEREBY CERTIFY that on this _____ day of _____, before me, a Notary Public of the State and City/County aforesaid, personally appeared _____ and made oath in due form that the contents of the foregoing Affidavit are true.

Notary Public _____

Commission Expires _____



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NOTICE OF CRIMINAL HISTORY RECORDS CHECK

Effective January 1, 2014, the Maryland Board of Professional Counselors and Therapists (the "Board") requires that all applicants for licensure, certification, and trainee status complete a criminal history records check in accordance with §§17-501 and 17-501.1 of the Health Occupations Article, Annotated Code of Maryland.

A Criminal History Records Check includes a national and state criminal history background search. The criminal history records check requires you to be fingerprinted. In order to be fingerprinted, you will need to complete and present the LiveScan Pre-Registration Form. (Attached).

You must present this form to the fingerprinting site because it provides the Criminal Justice Information System (CJIS) authorization number **#1300005490** and the FBI ORI number **#MD920512Z** assigned specifically to the Board.

This allows the information to be forwarded directly to the Board.
For additional information contact CJIS at 410-764-4501. For current listings of fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>.

FOR FAST AND ACCURATE SERVICE

1. When requesting a criminal history records check for licensing purposes you must have an agency name and authorization number (Listed above).
2. Your background check is being sent to the Board.
3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).
4. Complete the LiveScan Pre-registration Application and bring it to any fingerprinting center/provider.
5. Bring payment as indicated above. The Board will receive the results from the criminal history records check directly from CJIS within 5-7 business days. The Board will contact you if it has any questions regarding the report. Please do not contact the Board to check if the report has been received.
6. Please do not send the LiveScan Pre-registration Application to the Board. You must present it at the fingerprint center/provider location.



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

| | | | |
|--|----------------|---------------------|--|
| Name: | | | |
| Date of birth: | SSN: | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check) |
| Height: ft. inches | Weight: lbs. | Eye Color: | Hair Color: |
| Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check) | | | |
| Place of Birth: | Citizenship: | | |
| Current address: | | | |
| City: | State: | ZIP Code: - | |
| Daytime Phone: | Evening Phone: | Driver's License #: | |

AGENCY INFORMATION

| | |
|--|---|
| Agency Authorization #: 1300005490 | |
| ORI # (if required): MD920512Z | Reason fingerprinted? License/Cert. |
| Position Applied for: N/A | |
| Request Type: (Choose one ONLY) <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment | <input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing |

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

| | |
|------------------------|-------|
| Name: | _____ |
| Address: | _____ |
| City, State, Zip code: | _____ |