

Attach two, full-face passport-style photographs (2"x 2") of your head and shoulders, taken within the past six months.

Two photographs are required with each application.

Do not use staples to attach the photographs.



**New Jersey Office of the Attorney General**  
Division of Consumer Affairs  
State Board of Marriage and Family Therapy Examiners  
Alcohol and Drug Counselor Committee  
124 Halsey Street, 6th Floor, P.O. Box 45040  
Newark, New Jersey 07101  
(973) 504-6582

Current New Jersey State  
Certification Number:

37CA

## Application to Upgrade from a Certified Alcohol and Drug Counselor (C.A.D.C.) to a Licensed Alcohol and Drug Counselor (L.C.A.D.C.)

Date: \_\_\_\_\_

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

### Personal Information

Date of birth: \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_  
City State Country

1. Name  Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
Last name First name Middle initial Maiden name

### 2. Address

Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

\_\_\_\_\_  
Telephone number (include area code) E-mail address

Business: \_\_\_\_\_  
Name of company Telephone number (include area code)

\_\_\_\_\_  
Street City State ZIP code County

Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation?  Yes  No
  - (1) If "Yes," are you in arrears in payment of said obligation?  Yes  No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?  Yes  No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months?  Yes  No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?  Yes  No
- d. Are you the subject of a child-support-related arrest warrant?  Yes  No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of your licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

6. Illegal Use of Controlled Dangerous Substances

The question below pertains to the illegal use of controlled dangerous substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer this question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law, (N.J.S.A. 45:1-20).

**“Currently”** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous 365 days, whichever is longer.

**“Illegal use of controlled dangerous substance”** means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

a. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated above, “currently” is defined as “recently enough... [to] have an ongoing impact...” or “within the previous 365 days,” whichever is longer.)

Yes  No

If you answered “Yes,” are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

Yes  No

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Applicant’s signature

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Date

7. Have you previously applied for a license or certificate as an Alcohol and Drug Counselor in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No  
 If "Yes," when? \_\_\_\_\_
8. Have you ever passed an oral and/or written alcohol and drug counseling examination in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No  
 If "Yes," please attach a copy of your examination scores to this application.
9. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.)  Yes  No
10. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury.  Yes  No  
 If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
11. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. \_\_\_\_\_

	Last name	First name	Middle initial
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expire

12. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
13. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
15. Have you ever been named as a defendant in any litigation related to the practice of alcohol and drug counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
16. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of alcohol and drug counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If the answer to any of the above questions, numbers 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

## Education

1. What is the name and address of the high school you attended? \_\_\_\_\_  
Name of high school

\_\_\_\_\_

Street address City State /Country ZIP code

2. What years did you attend high school? \_\_\_\_\_

3. Did you graduate from high school?  Yes  No

If "Yes," what was the date of your graduation? \_\_\_\_\_

Month Year

If "No," did you study to receive a G.E.D. certificate?  Yes  No

If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

\_\_\_\_\_

Name of educational institution

\_\_\_\_\_

Street address City State ZIP code

\_\_\_\_\_

Date certificate was issued

4. What is the name and address of the colleges or universities you have attended?

a) \_\_\_\_\_

Name of college or university

\_\_\_\_\_

Street address City State ZIP code

b) \_\_\_\_\_

Name of college or university

\_\_\_\_\_

Street address City State ZIP code

c) \_\_\_\_\_

Name of college or university

\_\_\_\_\_

Street address City State ZIP code

d) \_\_\_\_\_

Name of college or university

\_\_\_\_\_

Street address City State ZIP code

5. List all of the degrees that you have received from recognized colleges or universities. Please have each college or university forward to the Committee the **official transcript** for each degree that you have earned. (See page 7.)

<b>Educational institution</b>	<b>Inclusive years</b>	<b>Title of Degree, Diploma or Certificate</b>	<b>Major</b>	<b>Date granted</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Graduate Level Academic Course Work for L.C.A.D.C.

As set forth in the regulations, the graduate semester hours in course work will include graduate semester hours received in the following areas. Please list which courses indicated on your transcript(s) satisfy the relevant areas. Only graduate courses should be listed, not undergraduate course work. If you were enrolled in a combined bachelor's/master's program, only the master's level course work will be accepted. Doctoral course work may also be accepted. Each course may be listed only once.

Area	Course title and Course number	Hours <small>(Indicate semester hours)</small>	College/University
Counseling theory and practice.	a. _____ b. _____ c. _____	_____ _____ _____	_____ _____ _____
The helping relationship.	a. _____ b. _____ c. _____	_____ _____ _____	_____ _____ _____
Human growth and development, and maladaptive behavior.	a. _____ b. _____ c. _____	_____ _____ _____	_____ _____ _____
Lifestyle and career development.	a. _____ b. _____ c. _____	_____ _____ _____	_____ _____ _____
Group dynamics, processing, counseling and consulting.	a. _____ b. _____ c. _____	_____ _____ _____	_____ _____ _____
Assessment of individuals.	a. _____ b. _____ c. _____	_____ _____ _____	_____ _____ _____
Social and cultural foundations.	a. _____ b. _____ c. _____	_____ _____ _____	_____ _____ _____
Research and evaluation.	a. _____ b. _____ c. _____	_____ _____ _____	_____ _____ _____
The counseling profession.	a. _____ b. _____ c. _____	_____ _____ _____	_____ _____ _____
Pharmacology and Physiology.	a. _____ b. _____ c. _____	_____ _____ _____	_____ _____ _____

**Academic Degree Verification**  
**(Only for Licensed Clinical Alcohol and Drug Counselor Applicants)**

Applicant's name (please print): \_\_\_\_\_

Name appearing on transcripts or diplomas (if different from above):  
\_\_\_\_\_

Social Security number of applicant: \_\_\_\_\_

College/university \_\_\_\_\_

Degree awarded: \_\_\_\_\_ Major: \_\_\_\_\_

Date degree was granted: \_\_\_\_\_

I hereby authorize the college or university above to forward a certified copy of my transcript directly to the:

State Board of Marriage and Family Therapy Examiners  
Alcohol and Drug Counselor Committee  
124 Halsey Street, 6th Floor  
P.O. Box 45040  
Newark, NJ 07101

**Note:** Applicants should send this form directly to the college/university with the fee required by the college or university. The application process cannot proceed until we receive the official transcript.

Date : \_\_\_\_\_

Applicant's name (please print): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Applicant's address \_\_\_\_\_

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

} ss.

In completing this affidavit and application form, I swear (or affirm) that the information provided is true, including all copied documents to the best of my knowledge and belief. I understand that any omission, inaccuracies, or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Committee and may subject the applicant to other penalties.

I further swear (or affirm) that I have read N.J.S.A. 45:2D-1 et seq., together with the Rules and Regulations of the Alcohol and Drug Counselor Committee, N.J.A.C. 13:34C-1 through 6.4, and fully understand that in receiving licensure or certification from the Committee, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Committee.

I hereby authorize the Addiction Professionals Certification Board of New Jersey, Inc. or any other state alcohol and drug certification board, to release to the Alcohol and Drug Counselor Committee and the State Board of Marriage and Family Therapy Examiners any and all records concerning allegations of ethical or professional violations made against me during the period when I was licensed or certified by that body, or whether my licensure or certification has ever been denied, suspended or revoked.

\_\_\_\_\_  
Applicant's signature

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public







**Official Use Only**

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number

**Official Use Only**

Resubmit

Board or Committee

**New Jersey Office of the Attorney General**

Division of Consumer Affairs

State Board of Marriage and Family Therapy Examiners

Alcohol and Drug Counselor Committee

P.O. Box 45040

Newark, New Jersey 07101

(973) 273-8050

**CERTIFICATION AND AUTHORIZATION FORM  
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

**Directions:** Answer all of the questions on this form.

1. Name  Mr.  Mrs. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Ms. Last First Middle Maiden Name

2. Address \_\_\_\_\_  
Street or P.O. Box City State ZIP code

3. Date of birth \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female  
Month Day Year

4. Social Security number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003?  Yes  No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.

If "Yes," please provide the following information and follow the instructions outlined below:

\_\_\_\_\_  
Board or committee requiring the fingerprinting

\_\_\_\_\_  
Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs**, you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. The fee for this background check will be **\$18.75**. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.)  Yes  No

**Every such conviction on record must be disclosed.** A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

**Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

## CERTIFICATION

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

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Date