

**Application for District of Columbia Addiction Professional Consortium Certification (DCAPC)  
General Information Sheet – RECERTIFICATION**

**\*\*I am Applying for or requesting Recertification for:**

***(Choose one Certification body to test with – IC & RC (International Certification & Reciprocity) or NCC (National Certification Commission)***

Entry Level I:	Certified Addiction Counselor (CAC) – Non-Reciprocal	<input type="checkbox"/> IC & RC	<input type="checkbox"/> NCC
Level II:	Certified Alcohol and Drug Counselor (CADC) – Reciprocal	<input type="checkbox"/> IC & RC	<input type="checkbox"/> NCC
Advanced Level III:	Advanced Certified Alcohol and Drug Counselor (ACADC – Level III)	<input type="checkbox"/> IC & RC	
CCS:	Certified Clinical Supervisor	<input type="checkbox"/> IC & RC	
CPP/CPS:	Certified Prevention Specialist or Professional (Circle one)	<input type="checkbox"/> IC & RC	
CCJAP/CCJAS:	Certified Criminal Justice Specialist or Professional (Circle one)	<input type="checkbox"/> IC & RC	

**Total Fees Included:** \$ \_\_\_\_\_

**Contact Information (Please Print Clearly or Type):**

**\*\*Name** (as you would like it to appear on your certificate): \_\_\_\_\_

**\*\*Home Address** (street, city, state, zip): \_\_\_\_\_

**Office Address** (company name, street, city, state, zip): \_\_\_\_\_

**\*\*I would like my mail sent to:**  Home  Office    **\*\*Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **\*\*Last Four Digits of Social Security Number:** XXX/XX/\_\_\_\_

**\*\*Cell Phone:** \_\_\_\_\_    **\*\*Email(s):** \_\_\_\_\_

**Office Phone (Optional):** \_\_\_\_\_    **Home Phone (Optional):** \_\_\_\_\_    **Fax (Optional):** \_\_\_\_\_

**Certification Number:** \_\_\_\_\_    **Certification Effective Date:** \_\_\_\_\_    **Re-Certification Date:** \_\_\_\_\_

**\*\*Current position at work:** \_\_\_\_\_

**\*\*Have you ever been convicted of a crime?**  Yes  No    **If yes, for what (specify):** \_\_\_\_\_

**\*\*What year?** \_\_\_\_\_    **Are you currently on Probation/Parole?**  Yes  No

**\*\*Have you ever been credentialed by another Board or agency?**  Yes  No    **If yes, Name of Board or agency:** \_\_\_\_\_

**Have you ever been involved in a disciplinary action regarding any credential?**  Yes  No    **If yes, explain on a separate sheet of paper, return to DCAPC. In addition, the Board or agency will need to send a letter of explanation directly to DCAPC, 1325 D Street, S.E. – 1<sup>st</sup> Floor, Washington, D.C. 20003. \*\*Items must be completed**