

Certification for the District of Columbia Addiction Professional Consortium Certification (DCAPC)

General Information Sheet –New Application-Recertification

****I am applying for or requesting Recertification/New Applicant for:**

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

Advanced Level II Certified Alcohol and Drug Counselor (CADC)-Reciprocal ___IC&RC ___NCC
Advanced Level III: Advanced Certified Alcohol and Drug Counselor (ACADC-Level III) ___IC&RC ___NCC
CCS: Certified Clinical Supervisor _____ IC&RC
CPP/CPS: Certified Prevention Specialist or Professional (circle one) ___IC&RC
CCJAP/CCJAS: Certified Criminal Justice Addictions Specialist or Professional (Circle one)

Contact Information (please print clearly or type)

Name (as you would like it to appear on your certificate)

Mailing address (street, city, state, zip):

**** Last Four Digits of Social Security number xxx/xxx/ _____**

****Cell phone number: _____ ***email(s) _____**

Home phone (Optional): _____ Fax (Optional): _____

Certification Number: _____ Certificate Effective Date: _____ Recertified

Date: _____

****Current work Status: Employed _____ Retired _____ If employed where? _____**

****Have you ever been convicted of a crime? (Please) Yes _____ No _____ If yes 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, 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, 611 Pennsylvania Avenue, SE #145, Washington, DC 20003 **Items must be completed.**

General info Sheet/DCAPC/June 2017