



DISTRICT OF COLUMBIA
ADDICTION PROFESSIONAL CONSORTIUM

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 ___ IC & RC ___ NCC
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
CCS: Certified Clinical Supervisor ___ IC & RC
CPP/CPS: Certified Prevention Specialist [] or Professional [] (Check one) ___ IC & RC
CCJAP/CCJAS: Certified Criminal Justice Specialist [] or Professional [] (Check one) ___ 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: _____ 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, 4105 First Street, S.E., Washington, D.C. 20032.