

Government of the District of Columbia
Department Health
Health Professional Licensing Administration



**SUPPLEMENTAL FORM
FOR
CERTIFICATION OF ADDICTION COUNSELORS**

Name of Applicant _____
Last First Middle Initial

Social Security Number _____

Level of Certification Applying for (please check):

- CAC I
- CACII

Have you taken and passed the National Examination through NAADAC?

- Yes
- No

If yes, please contact NAADAC at 1-800-548-0497 request a verification of scores to be sent to the D.C. Board of Professional Counseling to complete your application.

Please list what Registration and/or Certifications that you have:

(Please note that Certification of Addiction Counseling from other organizations other than a government agency **DO NOT APPLY**)

State/Jurisdiction	Issue Date	Expiration Date	Has this registration or certification ever Expired or Lapsed? (Yes or No)