FORM A

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

SUPPLEMENTAL FORM
FOR
CERTIFICATION OF ADDICTION COUNSELORS
GRANDFATHERING CERTIFICATION FORM

Name of Applicant _____

Last First Middle Initial

Social Security Number_____

_____

Home Address of Applicant

__(_____)_____

Home Phone

Level of Certification Applying for (please check):

☐ CAC I

☐ CACII

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)*

*Grandfathering Waiver **only** applies to those who have been registered to practice addiction counseling (RAC) in the District of Columbia for 2 or more years immediately proceeding July 7, 2009. Therefore, to apply for the **CAC I,** you **must** have had a Registration of Addiction Counseling (RAC) by **July 7, 2007**. To apply for the **CAC II**, you **must** have had a Registration of Addiction Counseling (RAC) by **July 7, 2004.**