Application information to assist in completing your application. This information is not designed to include all information in laws and rules and it is strongly recommended that you review all applicable laws and rules.

Application for Eligibility to Qualify for the Advanced ADC Examination for Licensed Alcohol and Drug Counselor (LADC)

Do not return the informational pages of this packet; these are for your information. Submit only the application and required documents.

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Note: The office location address may only be used for overnight deliveries. The office address does not accept postal deliveries. You must use the mailing address for all other regular mail deliveries.

Office Direct Line (207) 624-8626 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: alcoholdrug.lic@maine.gov

Published under appropriation 01402A4350012 Revised 02/2018
35 STATE HOUSE STATION, AUGUSTA ME 04333 WEBSITE: WWW.MAINE.GOV/PROFESSIONALLICENSING
Helping Tool: This is a checklist to help you identify the documents required for submission with your application. (This is an abbreviated checklist and does not replace the requirements outlined in the Alcohol and Drug Counseling Laws and Rules. Please review them carefully for more detailed and clarifying information.) You must submit a complete application and all required documents and information.

Fax submissions of applications and supporting documentation will not be accepted.

- **Completed Application**
  Complete and sign the application (being sure the Board-Certified Clinical Supervisor portion has been completed and signed by your Board-Certified Clinical Supervisor) and submit with the appropriate fees and documentation.

- **Proof of age**
  A copy of your official birth certificate or other official legal document is acceptable.

- **Proof of Education**
  Submit official documentation of highest education obtained. Refer to MRS 32, Chapter 81, § 6214-D(D) and Board Rules, Chapter 5, Section 2

- **Proof of Clinically Supervised Work Experience**
  Submit completed verification of clinically supervised work experience form (see 32 MRS §6214-D).
  - 4,000 hours with Associate or Bachelor’s Degree; or
  - 2,000 hours with Associate or Bachelor’s Degree with at least 18 credit hours of course work in addition counseling
  - 2,000 hours as a CADC; or
  - 1,500 hours with Master’s Degree with at least 12 credit hours of course work in addiction counseling

The State Board of Alcohol and Drug Counselors requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be cancelled if supporting documents and/or fees are omitted.** Applications that are incomplete, altered (including the use of any white out substance), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing supporting documents, and/or missing or wrong fee.

If you are qualified to take an IC&RC examination, the approval to take the exam does not qualify you for licensure with the State Board of Alcohol & Drug Counselors. You must submit a separate application for licensure once you have been notified of passing exam results. If you have any criminal convictions and prior discipline, that information will be considered when an application for licensure is submitted, not with this application.
Exams are administered by the International Certification & Reciprocity Consortium (IC&RC) and are computerized. Information to register for examination and other relevant information will be provided to you by IC&RC once Maine has qualified you to test. Visit IC&RC’s website http://internationalcredentialing.org/ for assistance.

Step 1: To QUALIFY—This application is for the purpose of qualifying you to sit for the exam. The State Board of Alcohol and Drug Counselors (Office) is the body that will qualify you.

Step 2: This Office will notify IC&RC of your qualifying eligibility.

Step 3: Once qualified, IC&RC will contact you directly using the email address you provided in your application. Submit, in writing or via email to alcoholdrug.lic@maine.gov, any email address change. IC&RC does not use any other method of contact.

Step 4: Included in the communication from IC&RC will be information to register for an exam, payment for the examination, test location, and other relevant information.

Step 5: Once you have taken the examination, IC&RC will notify this Office and you of your score result. If you pass the examination you may apply for licensure via www.maine.gov/professionallicensing. If you fail the examination, you may apply to re-take it at the same website. You will also need to reschedule with the IC&RC once you have been re-approved by this office.

Testing dates for the CBT (Computer Based Testing) - Please note paper and pencil examinations are no longer administered by this Office. Please reference the CBT testing dates and deadlines for submitting your application to qualify for examination. Please visit http://internationalcredentialing.org/ or visit our website at http://www.maine.gov/pfr/professionallicensing/professions/alcohol/index.htm

Americans with Disabilities Act (ADA) Request for Reasonable Accommodation: If you require special accommodations for testing, you must complete the attached accommodation request forms and submit with your application at least 45 days prior to the examination deadline in order to qualify for the upcoming testing window. If your application is not received timely, you may be subject to a later testing window.

Study Guides: Visit the Publisher’s website www.readytotest.com or call 866-471-1742.

NOTE: If you are applying for various levels of licensure such as Alcohol and Drug Counseling Aide, (CADC), (LADC), or a (CCS), you must submit all required documentation for each license category you are applying for at the time you submit your application. Submitting a complete application will optimize our ability to process your application quickly.

Processing Time

✓ Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the secondary status will show as PENDING EXAMINATION. If incomplete, you will receive written correspondence.

✓ Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.
Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035

- **Where are you located?** Gardiner Annex, 76 Northern Avenue, Gardiner, Maine.

- **What hours are you open?** 8:00 AM to 5:00 PM weekdays

- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.

- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.

- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.

- **How far back do I go answering the criminal question?** Any conviction, ever.

**NOTICES**

**BACKGROUND CHECK:** Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant’s criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

**Before you seal the envelope, did you:**

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.
APPENDIX INFORMATION (please print)

<table>
<thead>
<tr>
<th>FULL LEGAL NAME</th>
<th>FIRST</th>
<th>MIDDLE INITIAL</th>
<th>LAST</th>
</tr>
</thead>
</table>

ANY OTHER NAMES EVER USED:

DATE OF BIRTH mm/dd/yyyy
SOCIAL SECURITY NUMBER - -

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHONE # (__ ) FAX # (__ ) E-MAIL

(All licenses are emailed)

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE DATE

---

State Board of Alcohol and Drug Counselors
Licensed Alcohol and Drug Counselor (LADC)

Eligibility to Qualify for the Advance ADC Examination
Required Fees: $25.00 (Non-Refundable)

LICENSE TYPE:

☐ Advance ADC Examination (LC)

Office Use Only:

Check #________________
Amount:________________
Cash #________________
Lic. #________________

Office Use Only:

1447 - $ 25.00

Revised 02/2018

PAYMENT OPTIONS:

Make checks payable to “Maine State Treasurer” – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:

NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS the following amount: $________________

☐ I understand that fees are non-refundable

Card number: XXXX-XXXX-XXXX-XXXX Expiration Date mm/ yyyy

SIGNATURE DATE
SECTION 1: EDUCATION

Please check one:

□ High School Diploma or GED □ MHRT/C
□ Associate’s Degree □ Substance Abuse Rehabilitation Certificate
□ Bachelor’s Degree □ Master’s Degree □ Other describe:
_____________________

Name of Educational Provider

Date of Graduation

Contact Address: Street or P.O. Box

City State Zip Code

Proof of education must be submitted with your application

SECTION 2: EXAMINATION

Have you ever taken an ICRC examination?
If yes, list the jurisdiction(s) where you took the examination, type of examination, date of examination and score:

Note: In order to qualify for licensure as an LADC, one must successfully pass both the ADC and Advanced ADC examinations.

<table>
<thead>
<tr>
<th>Location Site</th>
<th>Examination Type</th>
<th>Date</th>
<th>Score</th>
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</table>

□ Yes □ No
SECTION 3: NOTICES

Please Note:

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.
You can access this Law for your review at:
http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html

SECTION 4: APPLICANT’S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Alcohol & Drug Counselors will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

<table>
<thead>
<tr>
<th>Printed Name of Applicant</th>
<th>Title</th>
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</tr>
<tr>
<td>Signature of Applicant</td>
<td>Date</td>
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</tbody>
</table>
**VERIFICATION OF CLINICALLY SUPERVISED EXPERIENCE**

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
<td>Telephone #:</td>
</tr>
</tbody>
</table>

The following section is to be completed by employer or supervisor only

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Address:</th>
</tr>
</thead>
</table>

Clinically supervised work experience must be obtained while licensed. Please include the applicant’s valid license type and number.

<table>
<thead>
<tr>
<th>Date of employment/ Dates worked to obtain hours (mm/yyyy)</th>
<th>Applicant’s License Type</th>
<th>Applicant’s License Number</th>
<th>Work area of practice that was Supervised in the practice of Alcohol and Drug Counseling (Check all that apply)</th>
<th>Number of Hours of Clinically Supervised Work Experience in the practice of Alcohol and Drug Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: ____________ To: ____________</td>
<td></td>
<td></td>
<td>□ Screening □ Orientation □ Client education □ Case management □ Reports and record keeping □ Individual, group &amp; family counseling</td>
<td>□ Intake □ Assessment □ Referral □ Crisis intervention □ Treatment planning □ Consultation with other Professionals</td>
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### VERIFICATION OF CLINICALLY SUPERVISED EXPERIENCE

(Continued)

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<tr>
<th>Date of employment/ Dates worked to obtain hours (mm/yyyy)</th>
<th>Applicant’s License Type</th>
<th>Applicant’s License Number</th>
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<th>Number of Hours of Clinically Supervised Work Experience in the practice of Alcohol and Drug Counseling</th>
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</thead>
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<td>□ Individual, group &amp; family counseling</td>
<td>□ Consultation with other Professionals</td>
</tr>
</tbody>
</table>

TOTAL NUMBER OF HOURS OF CLINICALLY SUPERVISED ALCOHOL AND DRUG COUNSELING WORK EXPERIENCE:

Did you personally supervise the above named applicant during the timeframe indicated on this form? 

□ Yes □ No

If no, describe your relationship with the applicant and include name and license number of Certified Clinical Supervisor: __________________________________________________________

________________________________________________________________________

I, the _________________________ of the above named applicant, certify that the information provided on this form is verifiable, factual and accurate.

Print Name: __________________________________________ License #: __________________

Title: ______________________________________________________________________

Signature: ___________________________________________ Date: _____________________

TO SUPERVISOR COMPLETING THIS FORM: Return this completed form directly to the applicant; not the Board.
The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your written permission.

Name: ____________________________________________
Address: ____________________________________________
Telephone #: ___________________ Social Security #: ___________________

Accommodations Requested for the ________________________ Examination.

Disability: ____________________________________________

Please check all that apply

☐ Accessible Testing Site
☐ Separate Testing Site
☐ Braille
☐ Large Print
☐ Tape
☐ Reader as Accommodation for Visual Impairment
☐ Scribe/ Amanuensis as Accommodation for Visual or Motor Impairment
☐ Reader as Accommodation for Learning Disability
☐ Scribe/ Amanuensis as Accommodation for Learning Disability
☐ Sign Language Interpreter
☐ Extended Time
  ☐ Time-and-a-half
  ☐ Double time
  ☐ More than double time (specify): ____________________________
☐ Use of computer or Other Adaptive Equipment (specify): ____________________________
☐ Other: ____________________________________________

Signed and dated: ____________________________
DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known ______________________________________ since _____________________ in _______________________
                                 (Test applicant)                           (Date)

my capacity as a _______________________________________________________________
                                    (Professional Title)

This applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant’s disability, providing the following should accommodate him/her:
(check all that apply):

□ Accessible Testing Site
□ Separate Testing Site
□ Braille
□ Large Print
□ Tape
□ Reader as Accommodation for Visual Impairment
□ Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
□ Reader as Accommodation for Learning Disability
□ Scribe/Amanuensis as Accommodation for Learning
□ Sign Language Interpreter
□ Extended Time
   □ Time-and-a-half
   □ Double time
   □ More than double time (specify): ________________________________
□ Use of Computer or other adaptive equipment (specify): ________________________________
□ Other:________________________________________________________________________
                                                                                     ___________________________________________________________________

Signed: _______________________________________  Title: ____________________________
Date: ______________________    License # (if applicable): __________________________