Colorado Division of Professions and Occupations
Office of Licensing—Addiction Counselor
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

APPLICATION FOR ORIGINAL ADDICTION COUNSELOR CERTIFICATION

APPLICANT INSTRUCTIONS

NEW Renewal Requirements. Beginning January 1, 2011 new renewal requirements apply to your certification/ license. Important details are available online at www.dora.colorado.gov/professions/addictioncounselors.

If you hold an active certification or license in another state or jurisdiction of the United States, DO NOT use this application. You must apply by Endorsement.

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as an Addiction Counselor in this state without a Colorado certification/license. Submission of this application does not guarantee certification or licensure. Therefore, do not make life or career decisions based on the probability that you may receive a certification or license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Registered Psychotherapists (previously known as "Unlicensed Psychotherapists"). Individuals who currently provide psychotherapy services, and/or are completing their experience and supervision for certification or licensure, are required to be registered in the Registered Psychotherapist Board Database pursuant to C.R.S. 12-43-702.5. It is the applicant's responsibility to comply with these requirements. Submission of a licensure or certification application does not exclude the applicant's responsibility to be registered in the database. Failure to be registered appropriately may result in applicant's inability to receive credit for supervision/experience hours accrued in Colorado.

Basic Requirements. Requirements are outlined in the Colorado Revised Statutes and the Addiction Counselor Rules for Certification and Licensure. Both are available online at www.dora.colorado.gov/professions/addictioncounselors.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, all applicants are required to complete and maintain an online Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers, and contact information up-to-date in our database. All letters, renewal notices, certifications, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

APPLICANT INSTRUCTIONS (Continued)

Certification/License Expiration Grace Period for New Applicants. All new applicants who are issued a certification/license within 120 days of the upcoming renewal expiration date will be issued a certification/license with the subsequent expiration date. For example, certifications/licenses issued between May 1, 2013 and August 31, 2013 will reflect a certification/license expiration date of August 31, 2015. Certifications/licenses issued prior to May 1, 2013 will reflect an expiration date of August 31, 2013 and must renew in the upcoming renewal period.

- All Addiction Counselor certifications and licenses expire on August 31 of odd-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To apply for a Colorado **Addiction Counselor** Certification **Levels I, II, and III:**

☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to *State of Colorado*.** All fees are **non-refundable** and subject to change every July 1.

☐ **Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S .24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.

☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).

☐ **Submit completed Work Verification Form(s).** Provide one consolidated form from each supervisor verifying your total work experience hours with that supervisor. Originals are required. Copies will not be accepted. You must be able to demonstrate:

- CAC I – 1000 hours of work experience under appropriate supervision that cannot be completed in fewer than six months;
- CAC II – 2000 hours of work experience beyond the CAC I under appropriate supervision that cannot be completed in fewer than 12 months;
- CAC III – 2000 hours of work experience beyond the CAC II under appropriate supervision that cannot be completed in fewer than 12 months.

For more information regarding supervised work experience, refer to the Board of Addiction Counselor Examiners Rules, Certification and Licensure.

☐ **Include Verification of Certification/Licensure.** Request that an official verification of licensure be sent to you from all states other than Colorado in which you have been certified/licensed to practice as an addiction counselor or a related psychotherapy profession. Include the verification(s) in the original sealed envelope(s) with your application package. If you hold an **active** certification/license as an addiction counselor, DO NOT complete this application. You must submit an Application for Certification by endorsement.

(continued on next page)

APPLICANT CHECKLIST (Continued)

☐ **Submit a completed, signed Training/Education form** documenting completion of required training, or listing of college classes being submitted for approval in lieu of certain required classes.

- Choose the appropriate form:

  ☐ If you DO NOT hold a Clinical Master's or Doctorate degree in the Behavioral Health Sciences, **submit Form A**: Completed CAC Training/Education (attached);

  —OR—

  ☐ If you hold a Clinical Master's or Doctorate degree in the Behavioral Health Sciences, **submit Form B**: Completed CAC Training/Education—Clinical Master's or Doctorate Degree Applicants, available online at www.dora.colorado.gov/professions/addictioncounselors.

- Complete the form to document all courses for the level for which you are applying.

- Submit a copy of your certificate(s) for all courses you document on the form.

- For College Equivalency, include:

  - Official transcript in a sealed envelope from degree-granting institution, and

  - Copy of course syllabi/description.

For more information, refer to the CAC Handbook for Addiction Counselors, Training Centers/Workshops, and NAADAC Exam Information; all available online at www.dora.colorado.gov/professions/addictioncounselors.

☐ **Complete the Jurisprudence Exam.** The Colorado Mental Health Profession's Jurisprudence Examination is now electronic. To access the examination, go to **www.iqttesting.com**. Applicants are required to pay an $18.00 electronic exam administration fee before taking the exam. The results of the exam will be available immediately upon completion of the exam. Candidates should follow the directions given by the vendor to print the passing results, and submit the results with their application packet. **If a candidate does not pass the exam, there is a waiting period of 10 days before the candidate may retake the Colorado Mental Health Profession's Jurisprudence Examination**.

☐ **Complete an online Healthcare Professions Profile.** Once your application is received and entered into the Division of Professions and Occupations database, you must create a Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp. You may begin checking the Healthcare Professions Profiling Program (HPPP) website within a few days of submitting your application. If you cannot create your profile within 14 days of submitting your application, or if you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at (303) 894-5942. **Your application is not considered complete, and a license will not be issued until you have submitted the online profile.**

In addition to all of the above, if you are applying for CAC II or III:

☐ **Submit proof of passing required examination.** Include a copy of your passing score report with your application.

In addition to all of the above, if you are applying for CAC III:

☐ **Submit an official transcript for all degrees (Bachelor's, Master's, Doctorate) in Behavioral Health Sciences that you hold** in sealed envelope(s) from your degree granting institution(s). A minimum of a Bachelor's degree in Behavioral Health Sciences is required.

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Addiction Counselor
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is "public protection through effective licensure and enforcement." One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
- I didn't think the prior conduct had anything to do with the profession.
- I didn't think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7693 www.dora.state.co.us V/TDD 711

Consumer Protection

Colorado Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
(if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. ☐ I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. ☐ I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. ☐ I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
   a. ☐ I am a U.S. citizen, not physically present or employed in the United States.
   b. ☐ I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
☐ Driver's license or permit				
☐ Government issued ID card				
☐ Valid U.S. military ID/common access card				
☐ Colorado Department of Corrections inmate ID				
☐ Tribal ID card				
☐ U.S. passport				
☐ Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
☐ Certificate of (U.S.) Citizenship				
☐ Valid Temporary Resident card				
☐ Valid I-94 issued by Canadian government				
☐ Valid I-94 with refugee/asylum stamp				

☐ Valid I-766 (Employment Authorization Card) — **Issuing federal agency:**

Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)

☐ Valid I-551 (Resident Alien or Permanent Resident Card) — **Issuing federal agency:**

Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)

☐ Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94

Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)

☐ Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa

Issuing foreign country: **Passport Number:**

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

_____
Print Full Legal Name

_____ _____
Signature (Full Name) Date

Division of Professions and Occupations
Office of Licensing–Addiction Counselor
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Original Certification Application
CERTIFIED ADDICTION COUNSELOR
Fee: $200

This application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

If you hold an active license as an addiction counselor in another state or jurisdiction of the United States, DO NOT complete this application. You must apply by ENDORSEMENT.

Level of certification you are applying for: ☐ LEVEL I ☐ LEVEL II ☐ LEVEL III
(Check only one level)

If you are currently certified in Colorado, complete the following:

Certification Level: ☐ LEVEL I ☐ LEVEL II

Certification Number: _____

Expiration Date: _____

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	**Date of Birth** (mm/dd/yyyy)**:**	**Gender:** ☐ *Male* ☐ *Female*	
Place of Birth (city and state, or foreign country)**:**			
Mailing Address: *This is a* ☐ *Home* ☐ *Business*	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ( )	**E-mail Address:** *Preferred method for communication:* ☐ *Mail* ☐ *E-mail*		

PART 2—EDUCATION

☐ By checking this box, I attest that I hold a high school diploma or General Equivalency Diploma (GED).	
CAC III: A minimum of a Bachelor's degree in Behavioral Sciences is required. Submit an official transcript for all degrees in Behavioral Health Sciences you hold in sealed envelope(s) from your degree granting institution(s).	
University or college attended:	
Type of degree: (ex.: Bachelor's, Master's) **in:**	**Date granted:** (mm/dd/yyyy):

*** Social Security Number Disclosure.** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY **CERTIFICATION NUMBER:** _____ **DATE ISSUED:** _____

APPLICANT NAME: _____

PART 3—EXAMINATION

Provide examination information below. Include a copy of your examination results.

Examination Name:	**Level:**	**Date taken:** (mm/dd/yyyy)

PART 4—CERTIFICATION/LICENSE INFORMATION

Have you previously filed an application for licensure or database listing in Colorado with the Mental Health licensing section? ☐ YES ☐ NO

- If **YES**, provide the following information. If you have applied more than once, attach an additional sheet in the same format.

Listing/Certification/ License Type	Level	Listing/Certification/ License Number	Expiration Date

Have you ever been certified/licensed to practice psychotherapy or a related profession in any other state? ☐ YES ☐ NO

- If **YES**, list all states in which you are or have ever been certified/licensed (if needed, attach an additional sheet in the same format). If not applicable, enter N/A. Attach to this application a completed *Verification of License* form in its official sealed envelope from each state other than Colorado where you have an **Active** certification/license.

Certification/ License Type	State/Country	Certification/ License Number	Year certification/ license issued	Disciplinary action against certification/license?	Is this certification/ license current/active?
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO

PART 5—MILITARY QUESTIONS

1. Are you a Member of the U.S. military? ☐ YES ☐ NO
   - If **YES**, provide information below:

Branch:	Duty Station:

2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? ☐ YES ☐ NO
   - If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military.

APPLICANT NAME: _____

PART 6—SCREENING QUESTIONS

You must provide the following for each "YES" response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Have you ever been notified by any state, territory, district, country, United States government agency, or state certification/licensing board of any complaint filed against you relative to the practice of psychotherapy? This includes, but is not limited to, any allegations currently pending. ☐ YES ☐ NO

2. Has any disciplinary action ever been taken regarding any psychotherapy/drug and alcohol services certification/license which you now hold or have ever held? Include any disciplinary actions by the U.S. military, U.S. Public Health Service, or other U.S. federal governmental entity. (Disciplinary actions include, but are not limited to, suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.) ☐ YES ☐ NO
   - ➢ If **YES**, explain on a separate sheet including state or government agency, date, charge and disposition.

3. Have you ever been denied a certification/license or permission to practice psychotherapy, or permission to take an examination for licensure in any state, country, or U.S. federal jurisdiction? ☐ YES ☐ NO
   - ➢ If **YES**, include state or government agency, date, and reason for denial in your explanation.

4. Have you ever voluntarily surrendered a certification/license to practice psychotherapy in any state? ☐ YES ☐ NO

5. Have you ever had staff privileges limited or reduced, denied, suspended or revoked, or have you resigned from a staff position in lieu of disciplinary action? ☐ YES ☐ NO
   - ➢ If **YES**, provide a copy of your letter of resignation or disciplinary action and include the name of facility and reason for action in your explanation.

6. Have you ever received a deferred judgment or been convicted of or pled *nolo contendere* to a violation of any federal, state, or local law relating to the manufacture, distribution or dispensing of a controlled substance, or relating to drug abuse, including alcohol (DUI/DWI/DWAI/OWI)? ☐ YES ☐ NO
   - ➢ If **YES**, provide documentation from the court, which verifies completion of probation/parole requirements.

7. Have you ever received a deferred judgment or been convicted of or pled *nolo contendere* to any felony in any state, territory, district, the U.S., or foreign country? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law. ☐ YES ☐ NO
   - ➢ If **YES**, provide documentation from the court verifying completion of probation/parole requirements.

8. Have you ever entered into any malpractice settlement or had any malpractice judgment entered against you in a court of law? ☐ YES ☐ NO

PART 6—SCREENING QUESTIONS (Continued)

9. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice psychotherapy safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? ☐ YES ☐ NO

   - If **YES**, give dates of onset, description of condition, description of treatment, name and address of health service provider, and current status of condition. Attach a letter from your current or most recent health care provider stating that you are able to practice with skill and safety to clients.

10. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice psychotherapy safely and competently? ☐ YES ☐ NO

    - If **YES**, if treated, give name, address and zip code of both facility and health service provider, dates of treatment, current status of condition, etc. Indicate what substance(s) you were addicted to, how long you have maintained sobriety, and what you are doing to maintain sobriety. Provide a written statement from the treatment center you attended documenting completion of therapy.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature **Date**

Work Verification Form Instructions
Certified Addiction Counselor (CAC)

You may remove the Work Verification Form (WVF) from the CAC application and make copies as needed. It is strongly recommended that you have a WVF signed monthly by your supervisor that includes hours worked and hours of supervision provided. Keep these monthly WVF's for your own records. However, when submitting your CAC application, **all work experience hours for each supervisor must be consolidated on one WVF signed by that supervisor**.

- The supervisor(s) who is verifying work experience hours and supervision provided for a CAC II application must have held their CAC III or LAC for the entire period the supervision was provided and must have personally provided the supervision hours documented on the WVF.

- Original signatures are required. Signatures cannot be dated prior to the last date of work experience obtained or supervision provided.

Work Experience Hours Completed at Time of Application:

CAC I – 1,000 hours of work experience under appropriate supervision that cannot be completed in fewer than six months.

CAC II – 2,000 hours of work experience beyond the CAC I under appropriate supervision that cannot be completed in fewer than 12 months.

CAC III – 2,000 hours of work experience beyond the CAC II under appropriate supervision that cannot be completed in fewer than 12 months.

Clinical Supervision Required:

Working toward applying for a CAC I: Direct clinical supervision by a CAC III or LAC only at a minimum of three (3) hours per month for full time work.

Working toward applying for a CAC II: Direct clinical supervision by a CAC III or LAC only at a minimum of three (3) hours per month for full time work.

Working toward applying for a CAC III: Direct clinical supervision by a CAC III, LAC or other qualified supervisor, at a minimum of two (2) hours per month for full time work.

For information regarding experience hours and clinical supervision, refer to the Board of Addiction Counselor Examiners Rules, Certification and Licensure.

WORK VERIFICATION FORM—CERTIFIED ADDICTION COUNSELOR

Clinically Supervised Work Experience

CAC I must complete 1,000 hours CAC II must complete 3,000 hours CAC III must complete 5,000 hours

For complete information regarding supervised work experience, refer to the Board of Addiction Counselor Examiners Rules, Certification and Licensure.

SECTION 1: To be completed by the APPLICANT

Applicant Last Name:	**First:**	**Middle:**	**Suffix:**
Position Title:	**Place of Employment:**		
Employment Address:			

SECTION 2: To be completed by the CLINICAL SUPERVISOR

Addiction Counseling work experience and supervision were completed between _____ (mm/dd/yyyy) **and** _____ (mm/dd/yyyy) **as follows:**

Non-Psychotherapy Hours Completed		**Psychotherapy Hours Completed** Applicants must be appropriately listed, certified, or licensed with the Division of Professions and Occupations while performing one or more activities listed in G through N	
A. _____	Orientation	G. _____	Clinical screening.
B. _____	Administrative intakes	H. _____	Clinical evaluation/assessment
C. _____	Administrative discharges	I. _____	Clinical discharge
D. _____	Service coordination (linkage, referral to other healthcare providers)	J. _____	Clinical discharge planning
E. _____	Record keeping	K. _____	Treatment planning
F. _____	Client, family, and community education	L. _____	Counseling
		M._____	Brief psychotherapy
		N. _____	Client therapeutic education ☐ DUI Level I ☐ DUI Level II
_____	Total (A through F) A through F cannot exceed 1000 hours towards the certification for a CAC I	_____	Total (G through N)
		_____	**Total (A through N)**

I verify that I have provided clinical supervision to applicant for a total of _____ hours per month.

I affirm that the experience and supervision I have described on this form was conducted and completed in accordance with Title 12, Article 43, Colorado Revised Statutes and Addiction Counselor Certification and Licensure Standards. I further affirm that the supervisee's work towards the hours of experience, was conducted and completed under my supervision, and has met the generally accepted standards of practice.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Supervisor Name:				
Address:				
State where supervision / experience took place	**Type of certification / license and level**	**Certification / License Number**	**Original Issue Date** (mm/dd/yyyy)	**Expiration Date** (mm/dd/yyyy)

Supervisor Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:**_____

SUPERVISOR and APPLICANT SIGNATURES MUST BE ORIGINAL

Return form to: Division of Professions and Occupations, Office of Licensing—Addiction Counselor, 1560 Broadway, Suite 1350, Denver, CO 80202

FORM A—COMPLETED CAC TRAINING/EDUCATION
(If you hold a Clinical Master's or Doctorate degree, do not use this form. Use FORM B)

APPLICANT: It is your responsibility to ensure that you have completed the required coursework below or have educational equivalency for your level. Refer to the CAC Handbook for Addiction Counselors, available at www.dora.colorado.gov/professions/addictioncounselors.

- Complete this form to document all courses for the level for which you are applying.
- If you already hold a certification for previous level(s), you do not need to document those courses.
- Submit a copy of your certificate(s) for all courses you document on this form.

Applicant Last Name:	**First:**	**Middle:**	**Suffix:**

Training/Courses	Training Date(s)	Trainer Name (print)
CAC LEVEL I		
Addiction Counseling Skills		
Client Records Management		
Principles of Addiction Treatment		
Professional Ethics I (Ethics and Jurisprudence)		
Culturally Informed Treatment		
Infectious Diseases in Addiction Treatment		
Pharmacology I		
CAC LEVEL II		
Document completion of all CAC Level II courses below. If you do not already hold CAC Level I certification, also document CAC Level I courses above.		
Professional Ethics II		
Motivational Interviewing		
Cognitive Behavioral Therapy		
Group Counseling Skills		
Pharmacology II		
Clinical Assessment & Treatment Planning		
Co-occurring Disorders		
Trauma Informed Care for Diverse Populations		
CAC LEVEL III		
Document completion of all CAC Level III courses below. If you do not already hold CAC Level I and/or II certification, also document CAC Level I and/or II courses above.		
Clinical Supervision I		
Advanced Motivational Interviewing		
Clinical Supervision II		
Professional Practice		

VERIFICATION OF CERTIFICATION OR LICENSE—ADDICTION COUNSELOR

APPLICANT: Complete the top portion of this form and forward entire form to each state other than Colorado in which you have ever had a certification or license to practice addiction counseling or any related occupation.

SECTION 1: To be completed by the Applicant

Last Name | First Name | Middle | Previous Name(s) | Social Security Number

Mailing Address (PO Box, street, city, state, zip)

State | Type of Certification/License | Certification/License Number | Date of Certification/Licensure

SECTION 2: To be completed by the State

THIS CERTIFIES that the above named individual was certified/licensed as a _____ (profession) with certification/license number _____, issued _____ (original date of certification/licensure), expired _____ (expiration date), entitling him / her to practice psychotherapy or a related occupation.

1. Current certification/licensure status: ☐ **ACTIVE** ☐ **INACTIVE** ☐ **EXPIRED**

2. Check all that apply:
   - ☐ **Exam.** Type: _____ Date: _____ Score: _____
   - ☐ **Endorsement.** Identify state(s): _____
   - ☐ **Reciprocity.** Identify state(s): _____
   - ☐ **Other.** Provide explanation: _____

3. At the time this applicant was certified/licensed, what were the requirements with respect to experience and supervision?
   a. Total number of supervised work experience hours: _____
   b. Total number of clinical supervision hours: _____

4. Did applicant show proof of having a *(circle one)* **bachelors / masters / doctoral** degree in Behavioral Sciences from an accredited school or college or an equivalent degree as determined by the certification/licensure authority? ☐ YES ☐ NO

5. Has this certification/license ever been encumbered in any way or subjected to discipline (e.g., revoked, suspended, surrendered, restricted, limited, placed on probation)? ☐ YES ☐ NO
   - If **YES**, please attach an explanation.

6. Are there any complaints pending? ☐ YES ☐ NO
   - If **YES**, please attach an explanation.

I certify that the information I have provided on this verification is true and correct to the best of my knowledge.

Print Name | Title

Signature | Date

(SEAL)

Name of State Board

Address | City | State | Zip

Phone Number

Web Address

Please return this form – in an official sealed envelope – to the applicant listed in Section 1 above.