Virginia Department of Health Professions
Board of Counseling

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/counseling

Email: csac@dhp.virginia.gov
(804) 367-4610 (Tel)
(804) 767-6225 (Fax)

APPLICATION INSTRUCTIONS
CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC)
BY ENDORSEMENT

☐ Completed Application: The application must have an *original signature*. To avoid delays, please provide a complete application packet. Incomplete packets will not be evaluated by the Credential Reviewer.

☐ Application Fee: An application processing and initial certification fee of $115.00 is required. All fees must be paid by check or money order made payable to the "Treasurer of Virginia". This fee is non-refundable. The application is valid for one year from date of receipt.

The below supplemental documentation must accompany your application and fee in one packet:

☐ Licensure/Certification Verification: If you hold or have ever held a health or mental health licensure, certification, or registration in Virginia or any other jurisdiction, whether current or expired, you must submit a license verification. This verification is to be completed by the issuing jurisdiction and mailed back to you and included in your application packet, or you can provide an online verification printed from the licensing jurisdiction's website if the verification indicates the licensee name, license number, license type, issue and expiration date, and whether disciplinary action has ever occurred.

☐ NPDB Self-Query: A current report from the U.S. Department of Health and Human Services National Practitioners Data Bank (NPDB) must be included. A self-query request can be obtained at https://www.npdb.hrsa.gov. Copies of the completed self-report result can be considered.

☐ Clinical Scores: Verification of a passing score on an examination in the jurisdiction in which licensure or certification was obtained or on the NCACI or higher examination administered by NAADAC. Your exam scores must be sent directly to the Board from the examination provider. If you took a state constructed exam, your scores will need to be provided directly from the licensing state.

☐ Name Change: If applicable, documentation must be provided if your name has legally changed by marriage, divorce, or a court order. A photocopy of your marriage license or a copy of the court order must be provided.

☐ Verification of Education/Experience: Submit all of the required documentation for either option 1, option 2, or option 3 listed below:

OPTION 1:

- Education/Experience Verification: Provide verification of an active, unrestricted licensure or certification as a substance abuse counselor in another jurisdiction obtained by standards substantially equivalent to the education and experience requirements set forth in 18VAC115-30-50 and 18VAC115-30-60 as verified directly from the out-of-state licensing agency.

OPTION 2:

- Regulation Verification: Provide a copy of the regulations in effect at the time of initial licensure or certification that verifies that your license or certification was obtained by standards substantially equivalent to the education and experience requirements set forth in 18VAC115-30-50 and 18VAC115-30-60.

OPTION 3: National Certification Verification – Must provide verification, by submitting a copy of the certification, from one of the following:

- The National Certified Addiction Counselor Level II (NCAC II) accreditation from the National Certification Commission for Addiction Professionals (NCC AP)/NAADAC, the Association of Addiction Professionals; or
- The Master Addiction Counselor (MAC) accreditation from the NCC AP/NAADAC, the Association of Addition Professionals; or
- The Advanced Alcohol & Drug Counselor (AADC) accreditation from the International Certification & Reciprocity Consortium (IC&RC); or
- The Master Addictions Counselor (MAC) accreditation from the National Board of Certified Counselors (NBCC).

Virginia Department of Health Professions
Board of Counseling

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/counseling

Email: csac@dhp.virginia.gov
(804) 367-4610 (Tel)
(804) 767-6225 (Fax)

CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) BY ENDORSEMENT – Page 1

Military/Military Spouse

Are you active duty military personnel? ☐ Yes ☐ No

Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia? ☐ Yes ☐ No

FIRST NAME	MIDDLE NAME	LAST NAME AND SUFFIX

DATE OF BIRTH _____ _____ _____ MM DD YY	SOCIAL SECURITY NO. OR VA CONTROL NO.*

ADDRESS OF RECORD**: STREET	CITY	STATE	ZIP CODE

ALTERNATE PUBLIC ADDRESS***: STREET	CITY	STATE	ZIP CODE

HOME PHONE:	WORK PHONE:	MOBILE PHONE:

E-MAIL ADDRESS

DEGREE EARNED	DATE DEGREE RECEIVED	MAJOR	INSTITUTION NAME/STATE

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the process of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.

**The address information you provide is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

***This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Virginia Department of Health Professions
Board of Counseling

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/counseling

Email: csac@dhp.virginia.gov
(804) 367-4610 (Tel)
(804) 767-6225 (Fax)

CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) BY ENDORSEMENT – Page 2

If you answer "yes" to any question, **include a detailed explanation AND supporting documentation.**

Refer to Guidance Document 115-2 for detailed information on the requirements with a criminal conviction, past actions or possible impairment.

1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? If yes, please provide a full explanation. ☐ Yes ☐ No

   (A) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? ☐ Yes ☐ No

2. Have you ever been censored, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice? If yes, provide a full description of the circumstances and any supporting documentation. ☐ Yes ☐ No

3. Within the past five years, have you been disciplined by any entity? Please provide a full explanation and any associated orders or letters from the entity. ☐ Yes ☐ No

   (A) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? ☐ Yes ☐ No

4. Have you voluntarily surrendered your license, certification or registration while under investigation? If yes, provide detail(s), jurisdiction(s), date(s), and supporting documentation. ☐ Yes ☐ No

5. Have you ever been denied the issuance of a license, certification, or registration, or denied the privilege of taking an occupational examination by a licensing agency. If yes, provide detail(s), jurisdiction(s) and date(s). ☐ Yes ☐ No

6. Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance? (This includes convictions for driving under the influence, but does not include other traffic violations).If yes, include an explanation of the charges/convictions, and attach documentation required in the Board's Guidance Document #115-2. ☐ Yes ☐ No

7. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing LPC. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) ☐ Yes ☐ No

8. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing LPC. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) ☐ Yes ☐ No

Virginia Department of Health Professions
Board of Counseling

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/counseling

Email: csac@dhp.virginia.gov
(804) 367-4610 (Tel)
(804) 767-6225 (Fax)

CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) BY ENDORSEMENT – Page 3

9. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing LPC. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

☐ Yes ☐ No

10. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.)

☐ Yes ☐ No

Licenses/Certifications: List all mental health or health professional licenses, certificates, or registration that you hold or have ever held.

STATE	LICENSE #	CURRENT LICENSE STATUS	ISSUE DATE	TYPE OF LICENSE

I certify that I have carefully read the laws and regulations related to the Certified Substance Abuse Counselors and Substance Abuse Counseling Assistants through the Virginia Board of Counseling, which are available at http://www.dhp.virginia.gov/counseling.

I certify by my signature below that the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. In understanding that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

SIGNATURE:	DATE:

Virginia Department of Health Professions
Board of Counseling

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/counseling

Email: csac@dhp.virginia.gov
(804) 367-4610 (Tel)
(804) 767-6225 (Fax)

APPLICANT OUT-OF-STATE LICENSURE VERIFICATION

PART I. TO BE COMPLETED BY THE APPLICANT:

NAME OF APPLICANT (LAST, FIRST, MIDDLE)

MAILING ADDRESS (STREET AND/OR BOX NUMBER, CITY, STATE, ZIP

APPLICANTS EMAIL ADDRESS	HOME AND/OR CELL TELEPHONE NUMBER

PART II. TO BE COMPLETED BY STATE LICENSING AUTHORITY:

TITLE OF LICENSE	LICENSE NUMBER
ISSUE DATE	EXPIRATION DATE

OBTAINED BY METHOD

☐ BY EXAMINATION	☐ BY WAIVER	☐ BY ENDORSEMENT	☐ BY RECIPROCITY

DATE TAKEN: _____
NAME OF EXAM: _____
SCORE: _____

IS THERE ANY PUBLIC INFORMATION RELATING TO THIS LICENSE?

☐ YES (SPECIFY DETAILS ON A SEPARATE SHEET) ☐ NO

CERTIFICATION BY THE AUTHORIZED LICENSURE OFFICIAL OF THE STATE OF _____

☐ I CERTIFY THAT THE INFORMATION IS CORRECT.

AUTHORIZED LICENSURE OFFICIAL NAME AND TITLE _____

STATE SEAL

TITLE OF BOARD _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

DATE _____