



Board of Examiners for Alcohol, Drug and Gambling Counselors



Request for Application for Alcohol and Drug Abuse Counselors and Interns

Please print or type the following information:

Form with fields: NAME, HOME ADDRESS, CITY, STATE, ZIP, HOME TELEPHONE, CELL NUMBER, EMAIL ADDRESS, BUSINESS NAME, BUSINESS ADDRESS, BUSINESS TELEPHONE, BUSINESS FAX

Please check below the application packet you are requesting. A NONREFUNDABLE money order for \$150.00 made out to the Board of Examiners must accompany this Request for Application.

Certified Intern - Must be 21, a citizen of the United States or is lawfully entitled to remain and work in the United States. Requires you have a minimum of 60 credits towards your degree in an approved social science field, 6 hours of training specific to Confidentiality/HIPAA and 6 hours of instruction in ethics.

Certified Counselor - Requires you have completed a Bachelors degree in an appropriate social science field and have already completed 4,000 hours of approved experience in alcohol & drug abuse counseling.

Licensed Counselor - Requires you have completed a graduate degree in an appropriate social science field and have already completed 4,000 hours of approved experience in alcohol and drug abuse counseling.

Table with 2 columns: OPTIONAL and \$125.00 DUE WITH APPLICATION, IF DESIRED - ONLY THOSE APPLICANTS THAT HAVE BEEN APPROVED AND REGISTERED TO TEST FOR EITHER ADC EXAM OR AADC EXAM, HAVE MET ALL OTHER REQUIREMENTS TO BECOME A CERTIFIED OR LICENSED COUNSELOR ARE ELIGIBLE FOR A PROVISIONAL CERTIFICATE.

Please note: All applicants will be required to provide the Board with any and all information concerning any arrests, convictions, indictments, suspensions or revocations. If you have any convictions, arrests or etc. you cannot do substance abuse counseling until approved by the Board.

MAIL REQUESTS WITH MONEY ORDER IN THE AMOUNT OF \$150 TO:

BOARD OF EXAMINERS FOR ALCOHOL, DRUG AND GAMBLING COUNSELORS
4600 Kietzke Lane, B-115
Reno, NV 89502

I hereby request the application packet as indicated above.

Signature _____ Date: _____

Note: THE APPLICATION PACKET MAY NOT BE DUPLICATED. THE APPLICATION IS VALID FOR A PERIOD OF 12 MONTHS FROM THE DATE OF RECEIPT AND CAN ONLY BE USED BY THE INDIVIDUAL REQUESTING THE APPLICATION