



BOARD OF EXAMINERS FOR ALCOHOL, DRUG and GAMBLING COUNSELORS
REQUEST FOR APPLICATION FOR LICENSED
CLINICAL ALCOHOL AND DRUG ABUSE COUNSELOR

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. **PLEASE SEND ME AN APPLICATION PACKET FOR CERTIFICATION AS A LICENSED CLINICAL ALCOHOL AND DRUG ABUSE COUNSELOR.**

Please check the most appropriate category of application:

- I am currently a LADC in the State of Nevada and have already taken the NCMHCE or NCE exam
- I am currently a LADC in the State of Nevada and need to take the NCMHCE exam
- I am not currently a LADC in the State of Nevada but can document having completed a minimum of 1,000 hours of approved supervised experience providing alcohol and drug abuse treatment services, currently licensed in the State of Nevada as a MFT or LCSW or CPC or a nurse who is licensed pursuant to Chapter 632 of NRS and has received a master's degree from an accredited college or university and have passed or understand that I will be required to pass both the Master Addictions Counselor (MAC) exam and the National Clinical Mental Health Counseling Examination (NCMHCE).
- I am currently a LADC in the State of Nevada and a MFT or LCSW.
- I am requesting to become a LCADC-intern

A nonrefundable money order for \$150.00 made out to the Board of Examiners must accompany this Request for Application. **ALL FEES ARE NONREFUNDABLE.**

TYPES OF FEES	INTERN CERTIFICATION	CERTIFICATION OR LICENSURE
REQUEST FOR APPLICATION FINGERPRINTS	\$150.00 DUE WITH THIS REQUEST	\$150.00 DUE WITH THIS REQUEST
CERTIFICATION/ PROCESSING	\$60.00 DUE WHEN APPLICATION SUBMITTED	\$60.00 DUE WHEN APPLICATION SUBMITTED

REQUESTS SHOULD BE MAILED TO:

BOARD OF EXAMINERS FOR ALCOHOL, DRUG AND GAMBLING COUNSELORS
 4600 Kietke Lane, B-115
 Reno, NV 89502
 775- 689-0562/0563

I hereby request the certification application packet as indicated above.

Name _____
Please Print Name

Address: _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Signature _____ Date _____

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