

CSAC-A CERTIFICATION APPLICATION

All documentation, including official transcript(s), must be submitted with this form.

MUST SUBMIT \$90 APPLICATION FEE WITH THIS DOCUMENT

____ Certification by Examination ____ Certification by Endorsement

<p>CSAC-A Certified Substance Abuse Counselor Assistant</p> <p>Complete All Sections</p> <p>Application Fees Are Non- Refundable</p> <p>Application forms lacking a Social Security or DMV number will not be processed.</p> <p>Mail form, transcript(s) and other documentation to the Board of Counseling, 9960 Mayland Drive, Suite 300, Richmond, VA 23233</p>	<p>Name (First, Middle)</p> <table border="1" style="width: 100%; height: 25px;"><tr><td colspan="25"></td></tr></table>																									
	<p>Last Name</p> <table border="1" style="width: 100%; height: 25px;"><tr><td colspan="25"></td></tr></table>																									
	<p>Other Names Used on Official Documents (i.e. transcripts)</p> <table border="1" style="width: 100%; height: 25px;"><tr><td colspan="25"></td></tr></table>																									
	<p>Street Address</p> <table border="1" style="width: 100%; height: 25px;"><tr><td colspan="25"></td></tr></table>																									
	<p>City</p> <table border="1" style="width: 100%; height: 25px;"><tr><td colspan="15"></td><td style="text-align: center;">State</td><td colspan="5"></td><td style="text-align: center;">Zip Code</td></tr></table>																State						Zip Code			
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<p>Home Phone</p> <table border="1" style="width: 100%; height: 25px;"><tr><td colspan="10"></td><td colspan="5"></td><td colspan="5"></td></tr></table>																										
<p>Business Phone</p> <table border="1" style="width: 100%; height: 25px;"><tr><td colspan="10"></td><td colspan="5"></td><td colspan="5"></td></tr></table>																										
<p>Email</p> <table border="1" style="width: 100%; height: 25px;"><tr><td colspan="25"></td></tr></table>																										
<p>Social Security Number (or DMV #)</p> <table border="1" style="width: 100%; height: 25px;"><tr><td colspan="10"></td><td colspan="5"></td><td colspan="5"></td></tr></table>																										
<p>Date of Birth</p> <table border="1" style="width: 100%; height: 25px;"><tr><td colspan="10"></td><td colspan="5"></td><td colspan="5"></td></tr></table>																										
<p>Education/Training: List in chronological order all graduate schools attended. Transcripts must be included.</p> <table border="1" style="width: 100%; height: 150px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>																										
<p>** Will you be requesting any special exam accommodations. YES NO</p> <p>If yes, briefly describe accommodations you will need. _____</p>																										

CERTIFICATION APPLICATION – PAGE TWO

Ethics Attestation: Please answer the five questions below. **If you answer yes to any question, include a detailed explanation or supporting documentation in a separate, sealed envelope marked ETHICS.**

1. Have you ever been denied the privilege of taking an occupational or certification exam? Y N
If yes, state type of exam and state/location. _____
2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? Y N
3. Have you ever been convicted of a violation, or pled nolo contendere (no contest) to any federal, state or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor (excluding traffic violations, **except for driving under the influence**). Y N
4. Have you ever been terminated or asked to withdraw from employment in any health care facility, agency or practice? Y N
5. Have you had any malpractice suits brought against you in the past 10 years? Y N

Licenses / Certifications You Hold: List all the states in which you now hold, or ever have held, an occupational license or certificate.

State	License/Certificate Number	Issue Date	Type of License/Certificate

Attestation of Accuracy & Review of Virginia Regulations & Statutes: *By signing this document, I hereby certify that the information provided in this application is true, accurate and complete to the best of my knowledge. I also certify that I have carefully reviewed and agree to apply the Statutes and Regulations Governing the Practice of Substance Abuse Counseling as stated on the front page of this application packet. I understand that my signature below must be notarized.*

Signature of Applicant: _____ Date: _____

AFFIDAVIT: The following statement must be executed by a Notary Public.

State of _____, County of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for certification as a substance abuse counselor in the Commonwealth of Virginia; that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed to and sworn to before me this _____ day of _____, 20____.

My commission expires on _____. Signature of Notary: _____

SEAL