

OVERVIEW OF CLINICAL LICENSURE PROCESS – LCADC
(REVISED OCTOBER 1, 2015)

THIS APPLICATION IS NOT A PRE-APPLICATION CREDENTIAL EVALUATION

FEES – Application Fee of **\$200.00** must be submitted with the application. **FEES ARE NON-REFUNDABLE.**

Application: An application for clinical licensure and attachment forms are **required** of all applicants. The application must be typed or printed legibly. The application must be notarized. Incomplete applications will be returned.

Criminal History Records Check: All applicants are required to complete a state and federal criminal history records check **before** they are approved to take any exam and obtain certification or licensure. (Separate form will be mailed to the applicant upon application approval).

Education – Applicants must hold a **60** semester credit (90 quarter credit) Master’s degree or higher in a Health or Human Services counseling field from a regionally accredited college/university **OR** hold a Master’s degree judged by the Board to be substantially equivalent in subject matter and training. Applicants must have the required 39 credits of alcohol and drug counseling coursework and 12 credits of required graduate coursework that **must include ALL of the** following:

1. 3 semester credit (5 quarter credit) courses below:
 - a. Medical Aspects of Chemical Dependency (Pharmacology)
 - b. Addictions Treatment Delivery
 - c. Ethics that includes alcohol and drug counseling issues
 - d. Group Counseling
 - e. Individual Counseling
 - f. Abnormal Psychology
 - g. Family Counseling
 - h. Theories of Counseling
 - i. Human Development
 - j. Topics in substance related and addictive disorder
 - k. Treatment of Co-Occurring Disorders
2. **AND** 6 semester credits (10 quarter credits) in an alcohol and drug internship/practicum/field placement.
3. **AND** the following **graduate level courses** (in addition to the required **39** credits):
 - a. Personality Development
 - b. Diagnosis and Treatment of Mental and Emotional Disorder
 - c. Psychopathology
 - d. Psychotherapy

Supervision: 2 years **AND** 2000 hours of supervised experience documented **AFTER** the awarding of a 60 semester credit (90 quarter credit) Master’s degree or higher from a regionally accredited college or university while under the supervision of a licensed clinical alcohol and drug approved supervisor or LCADC (Licensed Clinical Alcohol and Drug Counselor).

Examination – Applicants must pass the Master Addiction Counselor (MAC) exam and the Maryland State Law Test. (1) The MAC exam is administered via computer through NAADAC (The Association for Addiction Professionals) (2) The Maryland Law Test is administered twice a month from January – October and administered once in November and December at the Board Office. (3) In order to sit for the examinations all graduate licensure applicants must meet the education requirements.

**APPLICANTS CHECKLIST FOR LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR
CREDENTIAL - LCADC**

HAVE YOU...	YES	NO
1. Completed your application - Is it notarized and has your signature? (Page 3)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Enclosed a NON- REFUNDABLE check / money order for \$ 200.00 payable to the Board of Professional Counselors & Therapists?	<input type="checkbox"/>	<input type="checkbox"/>
3. Submitted photograph affixed to application (page3)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Included official transcript for appropriate education a minimum of an Master's degree in a Human Services Counseling field?	<input type="checkbox"/>	<input type="checkbox"/>
5. Listed 39 credits of alcohol and drug course work on the course description form that included the course numbers and course titles found on the official transcripts? AND	<input type="checkbox"/>	<input type="checkbox"/>
6. Included 6 semester credits (10 quarter credits) of an alcohol and drug internship/practicum/field placement?	<input type="checkbox"/>	<input type="checkbox"/>
7. Also listed the required graduate level coursework in Personality Development, Diagnosis and Treatment of Mental and Emotional Disorder, Psychopathology, and Psychotherapy?	<input type="checkbox"/>	<input type="checkbox"/>
8. Included any course descriptions or syllabi only for courses that have a different title from what is listed on the application course form?	<input type="checkbox"/>	<input type="checkbox"/>
9. Included documentation 2 years AND 2000 hours of supervised experience AFTER earning your Master's degree or higher?	<input type="checkbox"/>	<input type="checkbox"/>

Maryland Licensed Clinical Alcohol & Drug Counselor



Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, MD 21215 3rd Floor
410-764-4732
www.dhmh.maryland.gov/bopc

FOR OFFICE USE ONLY

CERT NUM/DATE: _____
 ICRC SCORE/DATE: _____
 LAW SCORE/DATE: _____
 BCKGRD RESULTS: _____
 REVIEWER: _____
 DATE REVIEWED: _____
 COMMENTS: _____

THIS APPLICATION IS NOT A PRE-APPLICATION CREDENTIAL EVALUATION

TYPE OR PRINT ALL INFORMATION

VETERANS AND SPOUSAL PREFERENCE

- 1) Are you an active service member or the spouse of an active service member? Yes No
- 2) Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes No

DEMOGRAPHIC INFORMATION

Social Security No.		Date of Birth:		Place of Birth:	
Last Name		Maiden	First Name		MI
Home Address:	Street	City	County	State	Zip Code
If less than 3 years provide prior address.	Street	City	County	State	Zip Code
Mailing Address:(If different than above)	Street	City	County	State	Zip Code
Business Name and Address:	Name	Street	City	County	State Zip Code
Home Phone:	Work:	Cell:	Email:		

Province/Country if not U.S.

GENDER AND ETHNICITY: *This information is optional and will be used for statistical purposes by authorized personnel.*

Gender: Male Female

Ethnicity: Are you of Hispanic or Latino origin? Yes No

Check all that apply.

American Indian or Alaska Native

Black or African American White

Asian

Native Hawaiian or other Pacific Islander

SECTION I:

Academic History and Credentials

Criteria: **Master's Degree (60 semester credits) or Higher in a Health or Human Services Counseling field from a regionally accredited college or university.**

Directions: Please list your relevant educational history below, beginning with your most recent college education. **Official Transcripts are required.**

College or University	Date(s) of Attendance	Degree Awarded/Major

SECTION II: LCADC Supervised Experience in Clinical Alcohol and Drug Counseling

Criteria: Two (2) years and 2000 hours of supervised clinical experience in alcohol and drug counseling **AFTER** earning a 60 semester credit hour (90 quarter credit hour) Master’s degree under the supervision of a licensed clinical alcohol and drug approved supervisor or LCADC (Licensed Clinical Alcohol and Drug Counselor):

Directions: List your supervised experience in clinical alcohol and drug counseling. Please make sure to list the month and year of supervised experience and the full name of your supervisor(s) including their license and license number.

Dates	Agency/Employer	Supervisor	Applicant’s Position Title
<i>Ex: 10/2014 – 10/2015</i>	<i>John Doe Drug Counseling Group</i>	<i>John Doe, LCADC</i>	<i>Addiction Counselor</i>

Additional Experience

SECTION III:

EXAMINATION	
All applicants must pass the EMAC (Examination of Master Addiction Counselor) written examination and Maryland State Law Test	
Have you taken and passed the EMAC examination	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have passed the EMAC examination, please include official results.	
Have you taken and passed the Maryland Law Test	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, you must meet the education requirements before you will be authorized to take the EMAC or Law Test.	
ADDITIONAL INFORMATION	
A.	Have you ever been denied initial application reinstatement or renewal of a license and/or certification by any state licensing or disciplinary board? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" explain reason(s).
B.	Has any state licensing or disciplinary board ever taken any action against your license and/or certification, including but not limited to limitations of practice, required education, admonishment, reprimand, revocation, suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain circumstance(s).
C.	Has an investigation or charge ever been brought against you by any licensing or Disciplinary board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain circumstance(s).
D.	Have you ever been charged with a crime, pled guilty, nolo contendere, or been convicted of or received probation before judgment of any criminal act (excluding traffic violations) in any state? (including Maryland) <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" provide the following information: True Test Copy of Disposition of Charges issued by the court from the state where the criminal act occurred. Include the Date of Conviction(s): Where convicted _____ Charge(s) _____
If conviction was set aside, give date and explain using additional pages if necessary. Include required information on all felony convictions attaching additional sheets behind this page if necessary.	
E.	Are you currently (<i>or have ever been</i>) an Alcohol and Drug Counselor Trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", when does your "Trainee Status" expire?
F.	Are you currently an LGADC? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please complete the "Transfer from LGADC to LCADC" application.
G.	Are you currently licensed as an (<i>check appropriate box</i>) LCPC? <input type="checkbox"/> LGPC? <input type="checkbox"/> LCMFT? <input type="checkbox"/> LGMFT? <input type="checkbox"/> LCPAT <input type="checkbox"/> LGPAT <input type="checkbox"/> LBA (Behavior Analyst) <input type="checkbox"/> None of the above <input type="checkbox"/>
H.	Are you currently licensed by another Maryland Board in Mental Health Counseling or other Health Occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify license held (Ex: LCSW-C, LGSW, Psychologist, Nurse)
I.	Are you currently licensed by a Mental Health Counseling Board <i>outside of Maryland?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the "Out of State LCADC application."
J.	Do you have any physical or mental condition that currently impairs your ability to practice counseling or that would cause reasonable questions to be raised about your physical, mental, or professional competency? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please explain)

AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists for the issuance of a license, I agree to abide by the rules and regulations of the Maryland Board of Professional Counselors and Therapists and to take all examinations necessary to the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics. I further understand that the fee submitted with this application is NON-REFUNDABLE.

I agree to hold the Maryland Board of Professional Counselors and Therapists, its members, officers, agents, and examiners free from any damage or claim of damage or complaint by reason of any action taken in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to issue me a license. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I understand, by law, it is my responsibility to notify the Board in writing if I change my address of residence.

I do hereby affirm that all statements made herein are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of the information in this application and other activities for the purpose of verifying my qualifications for licensure.

Applicant Signature _____

Date: _____

NOTARY

State of _____

City/County of _____

I HEREBY CERTIFY that on this _____ day of _____, before me, a Notary Public of the State and City/County aforesaid, personally appeared _____

_____, and made oath in due form that the contents of the foregoing Affidavit are true.

Notary Public Signature _____

Commission Expires _____

**ATTACH APPLICANT
PHOTOGRAPH IN THIS
AREA (RECENT 2"x2")**

COURSE DESCRIPTION FORM: LCADC

ALL COURSE WORK LISTED BELOW IS REQUIRED FOR ALCOHOL AND DRUG CLINICAL LICENSURE AND MUST BE FROM A REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY. DO NOT LIST CONTINUING EDUCATION/WORKSHOP OR TRAINING HOURS.

Requirements: Master's degree 60 semester credit (90 quarter credit) in Health or Human Service Counseling field **OR** Master's Degree in a program of study judged by the Board to be substantially equivalent, that has a counseling emphasis in terms of subject matter and extent of training required for clinical licensure, from an accredited institution approved by the Board, **And** the required **39** credits of alcohol and drug coursework below that must include 3 credits in Ethics (*that includes alcohol and drug issues*) and 6 credits of an alcohol and drug internship/practicum/field placement, **And** the required graduate level coursework (12 credits) in Personality Development, Diagnosis and Treatment of Mental and Emotional Disorders, Psychopathology, and Psychotherapy.

Each course must be 3-credits (or 5 quarter credits), with the exception of **6** credits required for the internship/practicum/field placement course. *A course applied to one core area cannot be used again to fulfill another core area.* If the titles of the courses on your transcript are different from those listed below, you **must** include the catalog course description or college syllabi. If you fail to include description(s), your application will be returned and you will have to pay another review fee.

Name	Street Address/ P.O. Box	City	State	Zip Code
Email	Home Phone Number	Cell	Business Phone	

<i>Required Courses 3 credits must be in each core area below. 6 credits required for internship/practicum/Field placement.</i>	<i>Please Write in Course number(s) & Course title(s) on this form. Courses must be on official transcript(s)</i>	<i>Credits Earned</i>	<i>College/University</i>	<i>Date</i>	<i>Grade</i>
Required Counseling Courses LCADC (Licensed Clinical Alcohol and Drug Counselor)					
<i>Ex: Pharmacology</i>	<i>ADC 102: Intro To Pharmacology</i>	<i>3</i>	<i>BCCC</i>	<i>Sept – Dec 2014</i>	<i>A</i>
(a) Medical Aspects of Chemical Dependency (Pharmacology)					
(b) Individual Counseling Techniques					
(c) Group Counseling					
(d) Abnormal Psychology					

(e) Addictions Treatment Delivery					
(f) Ethics that includes alcohol and drug counseling issues (Must be 3 semester/5 quarter credits)					
(g) Internship/Practicum/Field Placement (Must have at least 6 credits or 10 quarter credits).					
(h) Family Counseling					
(i) Topics in Substance related field and addictive disorder.					
(j) Theories of Counseling & Psychotherapy					
(k) Human Development					
(l) Treatment of Co-Occurring Disorders					
Required Graduate Level Counseling Courses LCADC (Licensed Clinical Alcohol and Drug Counselor)					
(m) Personality Development					
(n) Diagnosis and Treatment of Mental and Emotional Disorder					
(o) Psychopathology					
(p) Psychotherapy					

Additional Counseling Courses

<i>Write in Course number(s) & Course title(s). Must be on transcript</i>	<i>Credits Earned</i>	<i>College/University</i>	<i>Date</i>	<i>Grade</i>

Maryland Board of Professional Counselors and Therapists
Course Descriptions for Alcohol and Drug Licensure

Each course must be at least 3 semester credit (5 quarter credit) with the exception of the 6 semester credit (10 quarter credit course requirement for the alcohol and drug internship/practicum/field placement.

Continuing Education/Trainings/Workshops certificates are NOT ACCEPTABLE for licensure.

- A. **Medical Aspects of Chemical Dependency:** (1) Brain structure and function as it relates to psychoactive drugs, and (2) Classes of psychoactive drugs, including their addiction potential, withdrawal syndromes, and associated medical problems. **Examples of courses in this area:** (1) Intro to Psychopharmacology (2) Pharmacological Aspects of Addiction.
- B. **Addictions Treatment Delivery covering:** (1) Screening (2) Intake (3) Orientation (4) Case Management (5) Crisis intervention (6) Education and prevention (7) Referral (8) Consultation (9) Reports and record keeping (10) Assessment and diagnosis based on standard criteria and (11) Treatment planning. **Examples of courses in this area:** (1) Substance Abuse Counseling (2) Addictions Counseling Theories and Approaches
- C. **Ethics (with a focus on Alcohol & Drug) covering:** (1) Self disclosure of recovering counselors (2) Ethics of being a two-hatter (3) Self-help fellowship participation (4) Avoiding dual relationships (5) Relapsing Counselor (6) Confidentiality Laws
- D. **Alcohol and Drug Counseling Internship/Practicum/Field Placement (6 credits)**
- E. **Individual Counseling covering:** (1) The formation of therapeutic relationships, and (2) Therapeutic communication skills. **Examples of courses in this area:** (1) Counseling Methods (2) Techniques of Counseling
- F. **Group Therapy covering:** (1) Therapeutic factors in groups (2) Stages of development, (3) Types of therapy groups. **Examples of courses in this area:** (1) Group Counseling (2) Group Therapy and Practice.
- G. **Family counseling covering:** (1) Family systems theory and dynamics (2) Family processes in addiction and (3) Family recovery Models. **Examples of courses in this area:** (1) Marriage and Family Counseling (or Therapy) (2) Family Systems and Intervention
- H. **Abnormal Psychology covering:** (1) Major categories of mental disorders, and (2) Theoretical models of mental disorders. **Examples of courses in this area:** (1) Abnormal Psychology (2) Psychopathology
- I. **Topics in substance related and addictive disorder:** (1) Various theories of addictive disorders (2) Models of treatment and (3) Other topics related to alcohol and drug dependency. **Examples of courses in this area:** (1) Alcoholism and Other Drug Dependency (2) Issues in Theories in Alcoholism and Other Drug Dependence
- J. **Theories of counseling covering** major theoretical schools and theorists. **Examples of courses in this area:** (1) Theories of Counseling (or Psychotherapy) (2) Introduction to Psychotherapy Theories
- K. **Human Growth and Development covering:** (1) Developmental stages and (2) Expected milestones. **Examples of courses in this area:** (1) Human Growth & Development (2) Personality Development
- L. **Treatment of Co-Occurring Disorders covering:** (1) Screening, assessment and treatment of people with co-occurring disorders (2) types of integrated treatment. **Examples of courses in this area** (1) Dual Diagnosis (2) Treatment of Substance Abuse and Mental Health Disorders

(M-P MUST BE GRADUATE LEVEL)

- M. Personality Development:** Overview of human behavior through examining current and respected theories relative to the nature of personality. Including growth trends in physical, emotional, social, cognitive, and personality areas. Examples of courses: Theories of Personality, Human Growth and Development
- N. Diagnosis and Treatment of Mental & Emotional Disorders covering:** An overview and application of one or more treatment modes. **Examples of courses in this area are:** (1) Treatment Techniques (2) Behavioral Therapy (3) Cognitive Theory (4) Psychodynamic Theory (5) Advanced Techniques of Counseling.
- O. Psychotherapy:** An overview of the treatment of psychological disorders or maladjustments by a professional technique as psychoanalysis, group therapy, or behavioral therapy.
- P. Psychopathology covering:** (1) Diagnosis based on the DSM and ICD criteria (2) Major categories of mental Disorders (3) An understanding of the impact of abnormal behavior not only to individuals, but to society as a whole (4) Diagnosis: **Examples of courses:** Advanced Abnormal Psychology, Psychopathology

FREQUENTLY ASKED QUESTIONS ABOUT SUPERVISION FOR LCADC

1. Who is a Board Approved Supervisor for LCADC licensure?

A Licensed Clinical Alcohol and Drug Counselor or another licensed clinical mental health care provider with documented expertise in alcohol and drug counseling approved by the Board. (LCADC, LCPC, LCMFT, LSCW-C) **NOT** Certified Counselors (CAC-AD approved supervisor, or CPC-AD) or LBA (Licensed Behavior Analysts).

2. I had more than one supervisor. How do I document the hours?

For every professional hour you are counting as part of the total 2,000 hours, you must have a Supervision Documentation Form to verify these hours. For example, you worked at 3 different agencies and had 3 different supervisors and **all were licensed** you will need (3) forms. If they were **NOT** licensed, you may not count hours.

3. How many hours of supervised experience are required for licensure?

2 years and 2,000 hours documented AFTER the awarding of a 60 semester credit (90 quarter credit) Master's degree or higher. Of the 2,000 hours, 1,500 must be face-to-face client contact hours. ***Face-to-face client contact hour is at least 45 minutes of direct session time with client physically present.***

4. What about the other 500 hours?

These may be adjunctive psychotherapy hours (i.e., crisis intervention or support therapy services including referral, intake assessment, leadership in self-help groups, consultation, treatment planning and file notes, hospital rounds, creative arts counseling, hypnotherapy, school guidance counseling, rehabilitation counseling, hospice and grief counseling.

5. How many “face-to-face” clinical supervision hours must I have with my supervisor? And, what is face-to-face clinical supervision?

At least 100 Post-MA face-to face hours with supervisor. “Face-to-face” clinical supervision is at least 45 minutes of direct time with the **supervisor physically present.**

6. How many times must I meet with my supervisor while I am earning the 100 hours of face-face clinical supervision?

This is not specified in the regulations.

7. Can I use my internship/practicum hours toward the 100 hours of face-to-face clinical supervision?

No, 100 hours must be Post-Master's clinical supervision.

8. How many clients can I have at one time?

This is not specified in the regulations.

9. How do I document my supervised hours?

You may keep a log for yourself while earning the hours. At the time of application the supervisor must complete and sign the Board's Supervision Documentation Form. The form must be notarized.

10. Will the supervision hours I earned in another state count toward licensure in Maryland?

No, supervision hours must be earned in Maryland under a Licensed Health Care provider under the Maryland Health Occupations Article.

SUPERVISED CLINICAL EXPERIENCE DOCUMENTATION FORM

Alcohol and Drug Licensure

Your supervisor(s) must fill out this form, be approved by our Board, and have a clinical license (LCADC, LCMFT, LCPC, LCSW-C) **NOT A CERTIFICATION (CAC-AD) OR LBA (Licensed Behavior Analyst)**. Form must be notarized. This form should be photocopied and completed for each separate counseling experience claimed to meet the required supervision 2,000 hours.

REQUIRED CLINICAL SUPERVISION (See the chart)

1. Applicant's Name _____
(Last) (First) (Middle)

2. Applicant's Social Security Number: _____ - _____ - _____

3. Supervisor's Name _____
(Last) (First) (Middle)

4. Name and address of organization or agency where the applicant gained required supervised experience _____

5. Inclusive dates of applicant's counseling experience:
From _____ To _____
(Month /Day/Year) (Month /Day/Year)

6. Number of supervised clinical hours experience applicant performed under your supervision during time frame in #4 above: _____

2,000 clinical supervised hours are required. Did this applicant complete 2,000 clinical hours under your supervision? Yes No

If No, indicate the number of hours _____

7. Within the dates in #4, under your supervision, did this applicant complete 1,500 face-to-face client contact hours (where the client was physically present)? Yes No
If No, indicate number of hours _____

8. Did you provide 100 Post-MA face-to-face supervision hours for the applicant during the dates of the dates specified in #4? Yes No
If No, indicate number of hours _____

Are you a LCADC? Yes No

1. If yes, indicate License # _____ Expiration Date _____

2. Do you hold another Maryland Mental Health provider license? Yes No

a. If yes which license? LCPC LCMFT LCSW-C Other (specify)

b. License. No. _____ Expiration Date: _____

c. Alcohol and Drug Approved Supervisor Number: _____

3. As supervisor of this applicant, do you have any reservations about the applicant receiving a license for the independent practice of counseling? ? Yes No

If Yes, please specify (attach additional sheet if necessary) _____

4. Other comments about the applicant by supervisor certifying applicant's experience

As a supervisor of the above named applicant's experience, I affirm that the information provided on this form is true and accurate.

(PRINT NAME)

(SIGNATURE)

(Address)

(City)

(State)

(Zip)

(Phone)

By _____

Name of Notary

Date _____

Signature of Notary

PROFESSIONAL REFERENCE ASSESSMENT FORM

Applicant's Name:

APPLICANTS MUST COMPLETE ITEMS 1 AND 3

The person named above has applied to the Maryland Board of Professional Counselors & Therapists to become a **Licensed Clinical Alcohol & Drug Counselor (LCADC)**. Your assessment of the applicant's characteristics will enable the Board to evaluate whether this applicant meets its standards. Please respond to all questions to the best of your ability. (Questions 1, 2 and 3 apply to reference). **PLEASE RETURN COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.**

1. Reference Name :	Profession:
Business name and Address:	Degree:
	Position Title:
	Telephone:
2. Professional Certification or License:	
State or Certifying Organization:	
3. Relationship with applicant:	
<input type="checkbox"/> Trainer or Educator	Supervisor (Be sure to complete #5 on reverse side)
<input type="checkbox"/> Professional Colleague	Other

Length of time you have known this applicant: Dates from _____ to _____

4. Please rate the applicant compared to other counselors you know on the following characteristics. Place a check in every category. (Counselor Educators should be evaluated on the basis of their ability to train students to counseling skill areas).

	Outstanding	Above Average	Average	Below Average	Poor	Cannot Evaluate
Individual Counseling skills	<input type="checkbox"/>					
Appropriate referral making skills	<input type="checkbox"/>					
Group counseling skills	<input type="checkbox"/>					
Personal integrity	<input type="checkbox"/>					
Consulting skills	<input type="checkbox"/>					
Insight into client's problems	<input type="checkbox"/>					
Ability to relate to co-workers	<input type="checkbox"/>					
Ability to be objective on the job	<input type="checkbox"/>					
Ethical conduct	<input type="checkbox"/>					
Concern for welfare of clients	<input type="checkbox"/>					
Sense of responsibility	<input type="checkbox"/>					
Recognition of own limits	<input type="checkbox"/>					
Supervisory abilities	<input type="checkbox"/>					
Ability to keep material confidential	<input type="checkbox"/>					

PROFESSIONAL REFERENCE ASSESSMENT FORM

Applicant's Name:

APPLICANTS MUST COMPLETE ITEMS 1 AND 3

The person named above has applied to the Maryland Board of Professional Counselors & Therapists to become a **Licensed Clinical Alcohol & Drug Counselor (LCADC)**. Your assessment of the applicant's characteristics will enable the Board to evaluate whether this applicant meets its standards. Please respond to all questions to the best of your ability. (Questions 1, 2 and 3 apply to reference). **PLEASE RETURN COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.**

5. Reference Name :	Profession:
Business name and Address:	Degree:
	Position Title:
	Telephone:
6. Professional Certification or License:	
State or Certifying Organization:	
7. Relationship with applicant:	
<input type="checkbox"/> Trainer or Educator	Supervisor (Be sure to complete #5 on reverse side)
<input type="checkbox"/> Professional Colleague	Other

Length of time you have known this applicant: Dates from _____ to _____

8. Please rate the applicant compared to other counselors you know on the following characteristics. Place a check in every category. (Counselor Educators should be evaluated on the basis of their ability to train students to counseling skill areas).

	Outstanding	Above Average	Average	Below Average	Poor	Cannot Evaluate
Individual Counseling skills	<input type="checkbox"/>					
Appropriate referral making skills	<input type="checkbox"/>					
Group counseling skills	<input type="checkbox"/>					
Personal integrity	<input type="checkbox"/>					
Consulting skills	<input type="checkbox"/>					
Insight into client's problems	<input type="checkbox"/>					
Ability to relate to co-workers	<input type="checkbox"/>					
Ability to be objective on the job	<input type="checkbox"/>					
Ethical conduct	<input type="checkbox"/>					
Concern for welfare of clients	<input type="checkbox"/>					
Sense of responsibility	<input type="checkbox"/>					
Recognition of own limits	<input type="checkbox"/>					
Supervisory abilities	<input type="checkbox"/>					
Ability to keep material confidential	<input type="checkbox"/>					

PROFESSIONAL REFERENCE ASSESSMENT FORM

Applicant's Name:

APPLICANTS MUST COMPLETE ITEMS 1 AND 3

The person named above has applied to the Maryland Board of Professional Counselors & Therapists to become a **Licensed Clinical Alcohol & Drug Counselor (LCADC)**. Your assessment of the applicant's characteristics will enable the Board to evaluate whether this applicant meets its standards. Please respond to all questions to the best of your ability. (Questions 1, 2 and 3 apply to reference). **PLEASE RETURN COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.**

9. Reference Name :	Profession:
Business name and Address:	Degree:
	Position Title:
	Telephone:
10. Professional Certification or License:	
State or Certifying Organization:	
11. Relationship with applicant:	
<input type="checkbox"/> Trainer or Educator	Supervisor (Be sure to complete #5 on reverse side)
<input type="checkbox"/> Professional Colleague	Other

Length of time you have known this applicant: Dates from _____ to _____

12. Please rate the applicant compared to other counselors you know on the following characteristics. Place a check in every category. (Counselor Educators should be evaluated on the basis of their ability to train students to counseling skill areas).

	Outstanding	Above Average	Average	Below Average	Poor	Cannot Evaluate
Individual Counseling skills	<input type="checkbox"/>					
Appropriate referral making skills	<input type="checkbox"/>					
Group counseling skills	<input type="checkbox"/>					
Personal integrity	<input type="checkbox"/>					
Consulting skills	<input type="checkbox"/>					
Insight into client's problems	<input type="checkbox"/>					
Ability to relate to co-workers	<input type="checkbox"/>					
Ability to be objective on the job	<input type="checkbox"/>					
Ethical conduct	<input type="checkbox"/>					
Concern for welfare of clients	<input type="checkbox"/>					
Sense of responsibility	<input type="checkbox"/>					
Recognition of own limits	<input type="checkbox"/>					
Supervisory abilities	<input type="checkbox"/>					
Ability to keep material confidential	<input type="checkbox"/>					

5. FOR SUPERVISORS ONLY: If you are verifying applicant's experience, you must complete this section.

I verify that this applicant for certification as a Licensed Clinical Alcohol and Drug Counselor(LCADC) in Maryland has spent _____ under my supervision in the following capacity:

Applicant's Name _____
Name of Agency/ Institution

From _____ **to** _____
Date **Date**

6. Recommendation: I recommend this applicant for certification as a **Licensed Clinical Alcohol and Drug Counselor (LCADC)**.
 Yes No

Additional Comments:

7. The above information is based upon my best judgment. I am willing to answer additional questions concerning this evaluation if the Board deems it necessary.

Signature of Reference _____
Date

After completing this form, please enclose it in a sealed envelope, sign the sealed flap and return it to this applicant.

REQUIRED CLINICAL SUPERVISED EXPERIENCE- LCADC

Years Required	Hours Required	Face-to-Face Client Contact Hours Required	Adjunctive Psychotherapy	Face-to Face clinical supervision hours required
2 yrs after the awarding of the master's degree	2,000 hrs after Master's degree.	1,500	500	100 50 Individual and 50 may be Group

Glossary of Terms

1. **“Face-to-face client contact hour” means direct session time with clients physically present.**
2. **“Adjunctive psychotherapy” means crisis intervention, referral, intake assessment, leadership in self-help group, consultation, guidance counseling, rehabilitation counseling, hospice and grief, school guidance counseling, career counseling, hypnotherapy, play therapy.**
3. **“Face-to-face clinical supervision” means direct supervision time with the supervisee and supervisor physically present.**
4. **“Approved supervisor” means a licensed clinical Alcohol and Drug counselor or another health care provider under the Health Occupations Article, Annotated Code of Maryland. Examples: Psychiatrist, Psychologist, Clinical Social Worker, Psychiatric Nurse, Professional Counselor.**
5. **“Clinical counseling” means to engage professionally and for compensation in alcohol and drug counseling and appraisal activities by providing services involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems, emotional conditions, or mental conditions of individuals or groups.**