



New Hampshire Alcohol & Drug Abuse Counselors Association
Credentialing Support Partnership
130 Pembroke Road, Suite 150, Concord, NH 03301
603-225-7060 **NHADACA.ORG**

Credentialing Support Partnership - Engagement Track Application Form

Date: _____

Applicant Information

Name: _____

Phone: _____ **Email:** _____

Home Address: _____

Educational Degree/Major: _____

School: _____ **Graduation Date:** _____

If Master's degree, is it a 60-credit degree with clinical internship? Yes No

Have you reviewed the Alc 300 Rules? Yes No

Have you taken the IC&RC Exam? Yes No

Do you currently hold any other licenses/certifications? Yes No

If yes, what? CRSW CPS LADC LCSW LCMHC LMFT

Do you have the supervisory agreement on file and approved by the licensing board?

Yes No

If yes, from whom are you currently receiving supervision towards credentialing?

How did you hear about the Credentialing Support Partnership?

Which of the following benefits of the Engagement Track do you see this program supporting your needs for credentialing?

CRSW/LADC/MLADC Initial Application Review

Help understanding the Administrative Rules and Laws

Scholarship support to meet education requirements

IC&RC exam study sessions

Other: _____

Agency Information

Agency Name: _____

Agency Mailing Address: _____

Agency Setting: _____

Applicant Position: _____

Length of Time at Agency: _____

Name/Credentials of Agency Supervisor: _____

Position>Title: _____

Phone: _____ **Email:** _____

Please complete the application form to the best of your ability - this form helps us to better understand your current status. Include a job description, and email completed application to credentialing@nhadaca.org. Your application will be reviewed for eligibility and you will be notified by the Credentialing Support Partnership.