

**NEW HAMPSHIRE BOARD OF LICENSING FOR ALCOHOL AND
OTHER DRUG USE PROFESSIONALS**

APPLICATION FOR INITIAL LICENSURE

LADC _____ **MLADC** _____

NAME: _____
Last First Middle

OTHER NAMES USED: _____

DATE OF BIRTH: _____

CURRENT EMPLOYER: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS E-MAIL: _____

BUSINESS PHONE: _____

1. If licensed, do you permit the Board to include your name and business address on the list of licensees, which the Board offers for sale? Yes____ No____

2. If licensed, do you permit the Board to display your name and business address as shown on the list the board is required to maintain pursuant to RSA 330-C:7 II? Yes____ No____

3. a. Do you have any pending criminal charges? Yes____ No____
If yes, please explain: _____

b. Have you made a plea agreement relative to any criminal charges? Yes____ No____
If yes, please explain: _____

c. Do you have a license or certification under revocation, suspension or probation in another state or territory of the United States? Yes____ No____
If yes, please explain: _____

d. If you have ever been, or are now, authorized by another jurisdiction to counsel individuals with substance use disorders, by what jurisdiction?

4. Have you practiced fraud or deceit in procuring or attempting to obtain the license? Yes ____ No ____

5. Have you engaged in sexual relations with, solicited sexual relations with, or committed an act of sexual abuse against or sexual misconduct with, a current or past client? Yes ____ No ____

6. Have you failed to remain free from the use of any controlled substance or any alcoholic beverage to the extent that its use impaired your ability to engage in work with individuals with substance disorders? Yes ____ No ____

7. Have you engaged in false or misleading advertising? Yes ____ No ____

8. Do you have any disciplinary action pending in another state or territory of the United States? Yes ____ No ____

9. Do you have a current mental disability that impairs your professional ability or judgment? Yes ____ No ____

10. If you have answered "Yes" to any of the above questions, have you paid restitution or taken any remedial action? Please explain.

11. Identify academic degree and degree granting institution [Alc 312.02 (a) (17)]

12. List provider(s) of required drug and alcohol use education (attaching extra sheets if necessary) [Alc 312.02 (a) (18)]

13. List provider(s) of required supervised practical training/clinical supervision (attaching extra sheets if necessary) [Alc 312.02 (a) (19)]

14. List site(s) of required supervised work experience (attaching extra sheets if necessary) [Alc 312.02 (a) (20)]

15. Have you read and do you agree to comply with the ethical requirements set forth in Alc 500? Yes _____ No _____

The information provided on this application form, and the materials I have personally submitted to support my application, is true, accurate and complete to the best of my knowledge and belief. I acknowledge that, pursuant to RSA 641:3, the knowing making of a false statement on this application form is punishable as a misdemeanor.

Applicant signature

Date

For Board Use Only

Date Received: _____ Check Number: _____ Amount: _____