



**Select “Yes” or “No” to the following questions:**

**YES      NO**

Do you have any pending criminal charges?

If yes, provide a detailed explanation of the pending criminal charges on a separate sheet dated and signed of such charges.

\_\_\_\_\_

\_\_\_\_\_

Have you made a plea agreement relative to any criminal charges?

If yes, provide a detailed explanation, signed and dated of such plea agreement.

\_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a felony or misdemeanor in this or any jurisdiction?

\_\_\_\_\_

\_\_\_\_\_

Has any license or certification under revocation, suspension or probation in another State or territory of the United States?

\_\_\_\_\_

\_\_\_\_\_

Are you currently on probation or parole in New Hampshire or in any other state or Territory of the United States?

\_\_\_\_\_

\_\_\_\_\_

Have you engaged in work with individuals with substance use or integrated co-occurring disorders in a manner harmful or dangerous to them or the public?

\_\_\_\_\_

\_\_\_\_\_

Have you practiced fraud or deceit in procuring or attempting to obtain this certification?

\_\_\_\_\_

\_\_\_\_\_

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 participant or minor?

\_\_\_\_\_

\_\_\_\_\_

Have you failed to remain free from the use of any controlled substance or any alcoholic beverage to the extent that the use impairs the applicant’s ability to engage in work with individuals with substance use and integrated co-occurring disorders with safety to the public?

\_\_\_\_\_

\_\_\_\_\_

Have you engaged in false or misleading advertising?

\_\_\_\_\_

\_\_\_\_\_

Do you have any disciplinary action(s) pending in another state or territory of the United States?

\_\_\_\_\_

\_\_\_\_\_

Do you have a mental disability which impairs professional ability or judgment?

\_\_\_\_\_

\_\_\_\_\_

Are you currently or have you previously been authorized in another jurisdiction to provided recovery support work?

\_\_\_\_\_

\_\_\_\_\_

**If you answered “Yes” to any of the questions above provide a detailed written explanation of the circumstances surrounding the “Yes” answer and include any restitution(s) or remedial action(s).**

Provide a list of all the private and public settings in which the applicant completed the paid  
Or volunteer work experience required by Alc 303.02: \_\_\_\_\_

\_\_\_\_\_

List the sources of education required by Alc 303.03: \_\_\_\_\_

\_\_\_\_\_

“The information provided on this application form and in the materials, I have provided 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 knowingly making a false statement on this application form is punishable as a misdemeanor”. I have read and understand the laws, rules and ethical standards for Recovery Support Workers and if I am certified I will abide by those laws, rules, and ethical standards as defined in Alc 500.

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Applicant Signature

Date