

BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS

APPLICATION REVIEW

Applicant: _____ **LADC** _____ **MLADC** _____

Reviewer: _____ Date: _____

Please review and check Yes or No for each question. YES NO

GENERAL INFORMATION

- 313.02 • Is all the information filled in, signed and dated? _____ _____
- 313.04(e) • Did applicant answer no to every question? If not, send to Board for further review. _____ _____
- 313.04(d) • Letter from every jurisdiction that issued a license? _____ _____

	<u>Discipline</u>		<u># hours experience submitted</u>
Associates Degree in Addiction	_____	6,000 hours	_____
Bachelor's Degree	_____	4,000 hours	_____
(clinical MH, social work, Psychology, SU counseling, addiction, human services)			
Master's Degree	_____	post masters 3,000 hours	_____
		1,500 w/ MH license?	_____
		1,500 if already LADC	_____

Please review and check Yes or No for each question. YES NO

- 313.04(f) Transcript(s) included? (60 credit or equivalent) _____ _____
- 306.03 Is degree in an approved discipline? _____ _____

For MLADC candidates date Masters received. _____

313.08 VERIFICATION OF EMPLOYMENT

- Is the form filled out completely? _____ _____
- Is a job description attached? _____ _____
- Does the description of duties include substance use counseling? _____ _____
- Do the hours match the hours listed on the Applicant Work Experience Report Form? _____ _____

313.09 SUPERVISION AGREEMENT

- Are all pages filled out, signed and dated? _____ _____

Please review and check Yes or No for each question.

YES NO

PROFESSIONAL REFERENCE FORM

- Is the form completed by a valid source? ___ ___
- Is the form complete? ___ ___
- Are the ratings acceptable? ___ ___
- Involve direct services to clients? ___ ___
- Does supervisor have LADC/MLADC license or authorized as a supervisor? ___ ___

313.04(g) **EDUCATION AND TRAINING SUMMARY**

LADC 306.03
MLADC 310.03

306.03(d) **NOTE:** No more than 25% (67.5 hours) online.

- Are the minimum requirements met?
 - 270 hours to cover 18 categories of competence ___ ___
 - 6 hours of ethics ___ ___
 - 6 hours 12 core functions ___ ___
 - 6 hours HIV/Aids ___ ___
 - 6 hours confidentiality ___ ___
 - 24 hours within the past 12 months (for MLADC only) ___ ___
- Are certificates included? ___ ___
- Are descriptions attached as needed? ___ ___

Date passed written MLADC (311.01)/LADC (307.01) exam: _____

For MLADC candidates, date passed co-occurring exam _____

or verification of license with NH Board of Mental Health Practice ___ ___

313.04(b) **Fingerprint and background results:**

- Date _____
- Record/No record (please circle one)
- If record, sent to Board for further review.

313.04(a) **Photo attached?** ___ ___

I (recommend) (Do NOT recommend) that this application be accepted as complete and that all the minimum requirements have been met.

Recommend as: LADC _____ MLADC _____

Signature and credentials of reviewer

If additional information is needed, please indicate below:
