

BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS
RECIPROCITY
APPLICATION REVIEW

DATE: _____

STATE: _____

APPLICANT: _____

ADDRESS: _____

REVIEWER: _____

- | | | |
|---|-----------|----------|
| 1. HAS APPLICANT ANSWERED NO TO EVERY QUESTION ON APPLICATION FORM? | Yes _____ | No _____ |
| 2. DID THE APPLICANT PASS THE IC&RC WRITTEN EXAM? | Yes _____ | No _____ |
| 3. WAS THE BACKGROUND/FINGERPRINT CHECK SUBMITTED? | Yes _____ | No _____ |
| 4. IF APPLICANT IS APPROVED, THEY ARE APPROVED AS? | | |

_____ CRSW _____ LADC _____ MLADC
(309.01) (312.01)

REVIEWER RECOMMENDATION:

_____ RECOMMEND APPROVAL - APPLICATION COMPLETE AND MEETS MINIMUM REQUIREMENTS.

_____ SEND TO BOARD FOR FURTHER REVIEW.

_____ NEED MORE INFORMATION AS DESCRIBED BELOW:
