



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-2412  
Phone: 603-271-2152

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

**APPLICATION FOR INITIAL LICENSURE AS AN ALCOHOL AND DRUG COUNSELOR OR**  
**MASTER ALCOHOL AND DRUG COUNSELOR**

Check the type of license you are seeking:

- ☐ Licensed Alcohol and Drug Use Counselor
- ☐ Licensed Master Alcohol and Drug Use Counselor

Full Legal Name: \_\_\_\_\_  
First Middle Last

Any other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_  
**The Board is required to obtain your social security number  
for the purpose of child support enforcement compliance  
with RSA 161-B:11.**

Home Physical Address: \_\_\_\_\_  
Address/City/State/Zip

Home Mailing Address: \_\_\_\_\_  
Address/City/State/Zip

Home or Cell Phone #: \_\_\_\_\_ Personal E-Mail Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current Employer's Mailing Address: \_\_\_\_\_  
Address/City/State/Zip

Business Phone #: \_\_\_\_\_ Business E-Mail Address: \_\_\_\_\_

**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.	_____	_____
Do you have a license or certification under revocation, suspension or probation in another state or territory of the United States?	_____	_____
Have you practiced fraud or deceit in procuring or attempting to obtain this license?	_____	_____
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?	_____	_____
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 and integrated co-occurring disorders?	_____	_____
Have you ever engaged in false or misleading advertising?	_____	_____
Do you have any disciplinary action pending in another state or territory of the United States?	_____	_____
Do you have a mental disability that impairs your professional ability or judgment?	_____	_____
<b>If you answered “Yes” to any of the questions above submit a detailed written explanation of the circumstances including any restitution and remedial actions taken surrounding the “Yes” answer.</b>		
Has the applicant read and agrees to comply with the ethical requirements found in Alc 500?	_____	_____
Are you currently or have you previously been authorized by another jurisdiction to counsel individuals with substances use and integrated co-occurring disorders and, if so, by what jurisdiction?	_____	_____

Identify the applicant's drug and alcohol use academic degree and degree granting institution: \_\_\_\_\_

---

List of the provider(s) of the applicant's required supervised practical training and clinical supervision:

---

---

List of the sites of the applicant's required supervised work experience: \_\_\_\_\_

---

"The information provided on this application form and in 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, knowingly making of a false statement on this application form is punishable as a misdemeanor under RSA 641:3."

---

Applicant Signature

Date