

STATE OF MAINE

STATE BOARD OF ALCOHOL AND DRUG COUNSELORS APPLICATION FOR REGISTRATION



Department of Professional and Financial Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8689 or (207) 624-8620
TTY/HEARING IMPAIRED (207) 624-8563
FAX: (207) 624-8637

Office located at: 122 Northern Avenue, Gardiner, Maine
Email: susan.a.greenlaw@state.me.us

APPLICATION INSTRUCTIONS
REGISTERED ALCOHOL AND DRUG COUNSELOR

1. Complete and sign the application (make sure the clinical supervisor portion on the back has been completed and signed by your clinical supervisor).
2. Submit a copy of the facility license.
3. Submit a written job description signed by your supervisor.
4. Submit registration fee of \$75.00 (the fee is \$37.50 after November of even-numbered years). If paying by check, make it payable to Treasurer, State of Maine. If paying by credit card, please submit the enclosed authorization form with your application.
5. Submit payment of a separate \$8.00 fee for a criminal records (SBI) check. Make check payable to: Treasurer, State of Maine

NOTICE

NO CONTINUING EDUCATION UNITS (CEU'S) ARE REQUIRED FOR INITIAL (FIRST) REGISTRATION, BUT CEU'S ARE REQUIRED FOR RENEWAL OF REGISTRATION. ALL REGISTRATIONS WILL EXPIRE ON NOVEMBER 30 OF EACH ODD-NUMBERED YEAR. FOR RENEWAL, REGISTERED ALCOHOL AND DRUG COUNSELORS MUST SUBMIT PROOF, 90 DAYS IN ADVANCE, THAT THEY ARE STILL EMPLOYED BY A STATE OF MAINE LICENSED/CERTIFIED AGENCY AND PROOF OF CONTINUING EDUCATION IN APPROPRIATE SUBJECTS TO FURTHER THEIR KNOWLEDGE IN THE FIELD OF ALCOHOL AND DRUG COUNSELING. CONTINUING EDUCATION MUST HAVE BEEN COMPLETED DURING THE CURRENT LICENSE BIENNIUM. CERTIFICATES MUST ALSO BE SIGNED BY THE PRESENTER OR SPONSOR OF THE TRAINING, AND THEY MUST STATE THE NUMBER OF CONTACT HOURS OR NUMBER OF CEU'S AWARDED. THE FOLLOWING SCALE WILL DETERMINE THE NUMBER OF CONTINUING EDUCATION UNITS A REGISTERED ALCOHOL AND DRUG COUNSELOR WILL NEED FOR RENEWAL.

LENGTH OF TIME AS RADC CONTINUING EDUCATION UNITS REQUIRED

0-6 MONTHS	10 CONTACT HOURS OR ONE (1) CEU
7-12 MONTHS	20 CONTACT HOURS OR TWO (2) CEU'S
13-18 MONTHS	35 CONTACT HOURS OR THREE ½ (3.5) CEU'S
19 MONTHS OR LONGER	50 CONTACT HOURS OR FIVE (5) CEU'S

Have you ever been convicted of a crime other than a minor traffic violation? YES NO

If yes, please describe below in detail the crime(s), list date(s), and submit a copy of the court judgement(s) as well as a letter from you explaining the circumstances surrounding your conviction.

Have you ever had any professional license suspended or revoked or had any other disciplinary action taken in any other state? YES NO If yes, please attach explanation.

Do you have any pending complaints from a licensing board or professional counseling organization? YES NO If yes, please attach explanation.

Have you been, or are you currently, a defendant in a civil proceeding related to the counseling profession? YES NO If yes, please attach explanation.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE ACCURATE AND REPRESENT A TRUE STATEMENT OF FACT. I FURTHER CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO UPHOLD THE COUNSELOR CODE OF ETHICS AS IT APPEARS IN THE RULES OF THE BOARD. BY THE FACT OF THIS APPLICATION, I WAIVE OBJECTION AND AUTHORIZE THE BOARD TO MAKE SUCH INQUIRIES, AND HAVE ACCESS TO SUCH INFORMATION AS THE BOARD MAY CONSIDER NECESSARY TO DETERMINE GOOD CHARACTER AND SUITABILITY.

SIGNATURE OF APPLICANT

DATE

TO BE COMPLETED BY THE BOARD APPROVED CLINICAL SUPERVISOR:

My signature attests to the present employment of _____ as a counselor and that the requirements of the position conform to the Board's definition of an alcohol and drug counselor. The verification of employment as an alcohol and drug counselor includes minimum criteria:

An alcohol and drug counselor is a person who spends 50% or more of his/her time working with alcohol and other drug abusers and affected others, or is identified by his/her employer as being an alcohol and drug counselor on a treatment team and provides the following services:

Screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and record keeping, and consultation with other professionals; and those other duties found in the twelve core functions as defined by the Board.

SIGNATURE AND TITLE

DATE

ADDRESS

PHONE NUMBER



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
**MAINE BOARD OF ALCOHOL AND DRUG
 COUNSELORS**
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035
 (207) 624-8563 (HEARING IMPAIRED)

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

CRIMINAL HISTORY RECORD CHECK FEE: \$8.00
Make checks payable to: Treasurer, State of Maine
Submit this Application with License Application

APPLICANT INFORMATION

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: _____	Contact Person: SUE GREENLAW
Agency Name & Address:	Office of Licensing and Registration MAINE BOARD OF ALCOHOL AND DRUG COUNSELORS 35 State House Station Augusta, Maine 04333-0035



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 OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER,
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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: (____) _____ - _____
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____

Card number

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____



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