



# KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero St., 2 SC 32, Frankfort, Kentucky 40601  
Phone (502) 782-8814 ~ <http://adc.ky.gov>

- APPLICATION FOR:**
- TEMPORARY REGISTRATION AS PEER SUPPORT SPECIALIST ( )
  - REGISTRATION AS PEER SUPPORT SPECIALIST ( )
  
  - CERTIFIED ALCOHOL AND DRUG COUNSELOR ASSOCIATE I ( )
  - CERTIFIED ALCOHOL AND DRUG COUNSELOR ASSOCIATE II ( )
  
  - TEMPORARY CERTIFICATION AS AN ALCOHOL AND DRUG COUNSELOR ( )
  - CERTIFICATION AS AN ALCOHOL AND DRUG COUNSELOR ( )
  
  - LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR ASSOCIATE ( )
  - LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR ( )
  - LICENSED ALCOHOL AND DRUG COUNSELOR ( )

## SECTION 1 – APPLICANT INFORMATION

1. \_\_\_\_\_
- |                            |                |            |            |
|----------------------------|----------------|------------|------------|
| Name: First                | Middle         | Last       | Maiden     |
| _____                      |                |            |            |
| Social Security Number     | Date of Birth  | Home Phone | Cell Phone |
| _____                      |                |            |            |
| Mailing Address: Street    | City           | State      | Zip Code   |
| _____                      |                |            |            |
| Employer                   | Business Phone |            |            |
| _____                      |                |            |            |
| Employer's Address: Street | City           | State      | Zip Code   |
| _____                      |                |            |            |
| Home Email                 | Business Email |            |            |
| _____                      |                |            |            |
2. Have you had a credential in Kentucky or any other state that has ever been suspended or revoked?  
 YES  NO If yes, give details:  
\_\_\_\_\_
3. Have you been convicted of a felony or plead guilty, including an Alford plea (other than minor traffic violations) under the laws of the United States in the last 5 years?  YES  NO If yes, what offense?  
\_\_\_\_\_ (If yes, send supporting documentation.)
4. Are you credentialed as an Alcohol or Drug Counselor in any other state?  YES  NO  
If yes, what state? \_\_\_\_\_ Type of Credential? \_\_\_\_\_
5. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position from any professional training program, or from the program of any university?  YES  NO  
(If yes, send supporting documentation.)
6. Have you ever been sanctioned by the Kentucky Board of Alcohol and Drug Counselors or by any other credentialing board or professional associations for ethical misconduct?  YES  NO  
(If yes, send supporting documentation.)

7. Are you currently on active military duty?  YES  NO

8. Are you or your spouse a member of the United States military, Reserves, or National Guard, or are you or your spouse a veteran?  YES  NO

If yes, do you currently hold or recently held an equivalent credential issued by another state, the District of Columbia, or any possession or territory of the United States?  YES  NO

If yes, please answer the following questions:

Has your credential issued by another state, the District of Columbia, or any possession or territory of the United States been expired for more than two years?  YES  NO

Is your credential issued by another state, the District of Columbia, or any possession or territory of the United States in good standing?  YES  NO

Has your credential issued by another state, the District of Columbia, or any possession or territory of the United States been suspended for disciplinary reasons?  YES  NO

The United States military service member, Reserves or National Guard member, veteran, or spouse shall submit:

(1) Proof of issuance of a valid license, permit, certificate, or other document issued by another state, the District of Columbia, or any possession or territory of the United States that is active or has been expired for less than two (2) years;

(2) Proof that the valid license, permit, certificate, or other document issued by another state, the District of Columbia, or any possession or territory of the United States is in good standing or was upon the date of expiration; and

(3) His or her DD-214 form or other proof of active or prior military service with an honorable discharge, discharge under honorable conditions, or a general discharge under honorable conditions.

## SECTION 2 – APPLICANT EDUCATION

School	Name and Location	Dates Attended	Date of Graduation	Number of Hours	Degree Obtained
High School/Equivalent					
Baccalaureate					
Master's					
Doctoral					

**Submit proof of your highest education achieved:**

- High school / equivalent - submit a copy of your diploma or certificate.
- Other higher education - submit official transcript sent from registrar of the college or university.

**SECTION 3 – WORK EXPERIENCE (Attach Additional Related Experience If Needed)**

Name of Employer:	_____
Title or Position:	_____
Employment Start Date:	_____ End Date: _____
Address of Employer:	_____
Clinical Supervisor:	_____ Credential Number: _____
Total Number of Work Hours per Week Related to Alcohol and Drug Clients:	_____
Describe Work Duties Related to Alcohol and Drug Clients:	_____ _____
Name of Employer:	_____
Title or Position:	_____
Employment Start Date:	_____ End Date: _____
Address of Employer:	_____
Clinical Supervisor:	_____ Credential Number: _____
Total Number of Work Hours per Week Related to Alcohol and Drug Clients:	_____
Describe Work Duties Related to Alcohol and Drug Clients:	_____ _____

**AFFIDAVIT**

I do hereby certify under penalty of law, that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

\_\_\_\_\_  
Applicant's Signature (Do not type or print)

\_\_\_\_\_  
Date