



**Vermont
Department
of Health**

**Division of Alcohol
& Drug Abuse Programs**

**Alcohol and Drug Abuse Counselor
Relicensure Application (LADC)
&
Recertification Application (CADC)**

**INSTRUCTIONS TO APPLICANTS FOR RELICENSURE/RECERTIFICATION AS AN
ALCOHOL AND DRUG ABUSE COUNSELOR**

PLEASE CHECK ALL THAT APPLY:

Licensed Alcohol & Drug Abuse Counselor (LADC)___

Certified Alcohol & Drug Abuse Counselor (CADC)___

Certified Clinical Supervisor (CCS) _____

- 1) If you are a CADC and an LADC, complete the Alcohol and Drug Counselor Relicensure and Recertification Form and the Applicant Statement, pages 3 & 4. If you are a CADC only, complete the Alcohol and Drug Counselor Relicensure and Recertification Form, page 3.
- 2) Attach documentation of your training and education hours: training certificates and/or official transcripts. Your hours must total 40, 6 hours of which must be ethics.
- 3) Include payment in the form of a check or money order payable to **VADACB**. See below:
 - A.) If you are certified and licensed, please submit \$175.00.
 - B.) If you are certified only, please submit \$100.00.

REMINDER: MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO VADACB (NOT ADAP).

Submit the appropriate forms, training documentation and check to:

Division of Alcohol & Drug Abuse Programs
108 Cherry Street, P.O. Box 70
Burlington, Vermont 05402-0070

Note: If you are not certified by the Vermont Alcohol and Drug Abuse Certification Board, please submit proof of your IC&RC certification.

PLEASE POSTMARK THIS APPLICATION BY DECEMBER 31, 2010.

Important Information:

All licenses renew on a fixed, 24 month schedule: January 31 of the odd numbered years. If you are issued an initial license within 90 days of its renewal date, you will not be required to renew or pay the renewal fee. The license will be issued through the next full license period. Applicants issued an initial license more than 90 days prior to the renewal date will be required to renew and pay.

**Please Note: Additional copies of this application may be downloaded from the ADAP website at:
<http://healthvermont.gov/adap/counselor/RE-LicenseApp.doc>**

**APPLICANT STATEMENT
REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS**

PRINT YOUR NAME: _____

TYPE OF LICENSE APPLIED FOR: ALCOHOL AND DRUG ABUSE COUNSELOR

SECTION C: You must answer questions 1, 2 and 3.

Regarding Child Support

Title 15 ' 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "**Good standing**" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. ' 795)

1. You must check one of the two statements below regarding child support whether or not you have children:

I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or 8 I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

or

I hereby certify that I am **NOT** in good standing with respect to child support due as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship."

Regarding Taxes

Title 32 ' 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "**Good standing**" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. ' 3113)

2. You must check one of the two statements below:

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).

or

I hereby certify that I am **NOT** in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship."

Regarding Unemployment Compensation Contributions

Title 21 ' 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in **good standing** with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the two statements below regarding unemployment contributions or payments in lieu of unemployment contributions:

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both).

Or

I hereby certify that I am **NOT** in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an "Application for Hardship."

or

I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security # _____ - _____ - _____ * Date of Birth ____/____/____

* The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. §403 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training, in the administration of tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge, and that providing false information or omission of information is unlawful and may jeopardize my application to become licensed as an alcohol & drug abuse counselor in Vermont.

Signature of Applicant _____ Date _____