

## Applicant Registration

Your true legal name - matching your state identification

Name	Last	First	Middle Initial
Date of Application			
Home Address: Street Address <i>(please print)</i>			
City	State	Zip	<i>(please print)</i>
Work Address: Agency Name			
Street Address <i>(please print)</i>			
City	State	Zip	<i>(please print)</i>
Home Phone			
Work Phone			
Message Phone			
Personal Email <i>(do not write in cursive - please print)</i> <input type="checkbox"/> Please include me on the MHACBO Email list			
Business Email <i>(do not write in cursive - please print)</i> <input type="checkbox"/> Please include me on the MHACBO Email list			
Certification you are applying for CADCI, II, or III?			
Do you hold any other certifications, licensures? (LCSW, LPC, LMFT, RN, LPN, etc...)			
Highest Level of Education Completed (HS Diploma, GED, college degree)			

## Check one of the following

\_\_\_\_\_ I am not recovering from a Substance Use Disorder, nor have I ever been diagnosed with a substance use disorder

\_\_\_\_\_ I am recovering from a substance use disorder

## Statement of Substance Use Disorder Recovery

I hereby attest that I have been in recovery for the \_\_\_\_\_ years immediately preceding this application.

\_\_\_\_\_  
*applicant signature*

\_\_\_\_\_  
*date*

## Candidate Statement

I hereby apply for certification in Oregon as an Alcohol & Drug Counselor.

Initial here: \_\_\_\_\_ I understand that the application fee is non-refundable and that the \$220 Objective Examination Fee is non-refundable & non-transferable from one examination date to another. I understand that if for any reason I am unable to attend a pre-arranged National Examination appointment that I will forfeit those fees paid for the National Exam.

Initial here: \_\_\_\_\_ I understand that I must bring my "Eligibility Notice" to the examination site at the time of my National Exam.

Initial here: \_\_\_\_\_ Furthermore I attest that the information I have given in this application & all supporting documentation is correct and true. I give MHACBO permission to verify any statements given in any part of this application.

\_\_\_\_\_  
*applicant signature*

**Make a photocopy of valid state identification and attach to this form.**

Check if you are paying online by credit card. Please visit [www.mhacbo.org](http://www.mhacbo.org) for payment