## Self-Assessment - Licensed Alcohol and Drug Abuse Counselor I

Please review the **Alcohol and Drug Counselor Licensing FACT SHEET** before completing this self- assessment. These questions will help you determine if you are ready to apply for a license as an LADC I.

1. I have a Master’s Degree in Behavioral Sciences with 18 graduate semester hours in counseling or counseling related studies:

Yes No

School Name Degree Date of Graduation

## If NO, please see the LADC II Self-Assessment.

1. I have completed a minimum of 270 hours of alcohol and drug education hours through an approved Addiction Education Program (list attached)

Yes No

## OR

I have completed a minimum of 270 hours of alcohol and drug education hours through an accredited college, university or education provider. (Please note that education taken in a program not previously approved by BSAS is subject to review during the application process, please contact BSAS for more information on the education review process.)

Yes No

School Name:

## If NO, please see the LADC Assistant Self-Assessment.

1. I have a minimum of 6000 hours of supervised work experience in alcohol and drug abuse treatment, intervention and prevention. Minimum requirements include practice in diagnostic assessment, intervention, and alcoholism and/or drug counseling to establish and maintain recovery and prevent relapse. Experience must include the provision of direct patient services, and must have been obtained within the past ten years prior to application.

Yes No

## If NO and you have a bachelor’s degree and 4000 hours please see the LADC II Self- Assessment. If you do not have a bachelor’s degrees see the LADC Assistant Self-Assessment.

1. I have completed a 300 hour supervised substance abuse counseling practicum with at least 10 hours in each of the 12 Core Functions *(*screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referrals, reports and record keeping, and consultation with other professionals.*)* or have you completed and additional 300 hours of supervised work experience that meets these requirements?

Yes No

## If NO, please see the LADC Assistant Self-Assessment.

1. Have you taken and passed the ICRC examination?

Yes \_\_No

## If NO, see the Certification/ Reciprocity Self-Assessment.

1. I agree to the following:

Yes \_\_No

I have answered YES to all of the above questions and would like access to the Counselor eLicensing Application. I understand I still need to go through the prescribed application process and that this self- assessment is not an indication or whether or not a license will be issued to me. I understand that I need to submit the following information so an account may be set up though the Virtual Gateway in order for me to access to the secure eLicensing application; accounts may take up to 14 days to set up following request:

## Name (including middle initial): Month and Day of Birth:

**Email Address where my user name and password should be sent: Phone:**

### ONLY IF YOU ANSWERED YES TO ALL ASSESSMENT QUESTIONS, then:

Email the self-assessment form and request for eLicensing Access to [Ian.Bain@state.ma.us](mailto:Ian.Bain@state.ma.us) If you answered “no” periodically re-assess for as you work towards meeting the licensing requirements. Thank you.

Access requests take 10-14 days to process once processed you will receive your user name and password to access the LADC application in an email from the Virtual Gateway

If you answer “ No” review LADC requirements to see if you may qualify for a different license.

## Self-Assessment - Licensed Alcohol and Drug Abuse Counselor II

Please review the **Alcohol and Drug Counselor Licensing FACT SHEET** before completing this self- assessment. These questions will help you determine if you are ready to apply for a license as an LADC II.

1. I have completed a minimum of 270 hours of alcohol and drug education hours through an approved Addiction Education Program (list attached)

Yes No

## OR

I have completed a minimum of 270 hours of alcohol and drug education hours through an accredited college, university or education provider. (Please note that education taken in a program not previously approved by BSAS is subject to review during the application process; please contact BSAS for more information on the education review process.)

Yes No

School Name:

## If NO, please see the LADC Assistant Self-Assessment.

1. I have a minimum of 6000 hours of supervised work experience in alcohol and drug abuse treatment, intervention and prevention or I have a bachelor’s degree and a minimum of 4000 hours of supervised work experience. Minimum requirements include practice in diagnostic assessment, intervention, and alcoholism and/or drug counseling to establish and maintain recovery and prevent relapse. Experience must include the provision of direct patient services, and must have been obtained within the past ten years prior to application.

Yes No

## If NO, Please see the LADC Assistant Self-Assessment.

1. I have completed a 300 hour supervised substance abuse counseling practicum with at least 10 hours in each of the 12 Core Functions *(*screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referrals, reports and record keeping, and consultation with other professionals.*)* or have you completed and additional 300 hours of supervised work experience that meets these requirements?

Yes No

## If NO, please see the LADC Assistant Self-Assessment.

1. Have you taken and passed the ICRC examination?

Yes \_\_No

## If NO, see the Certification/ Reciprocity Self-Assessment.

1. I agree to the following:

Yes \_\_No

I have answered YES to all of the above questions and would like access to the Counselor eLicensing Application. I understand I still need to go through the prescribed application process and that this self- assessment is not an indication or whether or not a license will be issued to me. I understand that I need to submit the following information so an account may be set up though the Virtual Gateway in order for me to access to the secure eLicensing application; accounts may take up to 14 days to set up following request:

## Name (including middle initial): Month and Day of Birth:

**Email Address where my user name and password should be sent: Phone:**

### ONLY IF YOU ANSWERED YES TO ALL ASSESSMENT QUESTIONS, then:

Email the self-assessment form and request for eLicensing Access to [Ian.Bain@State.ma.us](mailto:Ian.Bain@State.ma.us) If you answered “no” periodically re-assess for as you work towards meeting the licensing requirements. Thank you.

Access requests take 10-14 days to process once processed you will receive your user name and password to access the LADC application in an email from the Virtual Gateway

## Pre-Licensing Self-Assessment Questionnaire- LADC Assistant

Licensed Alcohol and Drug Abuse Counselor Assistant means a person licensed by the Department to provide recovery based services under direct clinical and administrative supervision.

## Instructions

Please review the Alcohol and Drug Counselor Licensing FACT SHEET (attached) and complete this self-assessment to see if you appear to meet the minimum requirements for LADC Assistant

Have you completed a minimum of ten hours of continuing education\* in each of the following subject areas ; assessment; counseling; case management; client, family and community education; and professional responsibility/ethics? (\* Education may be obtained through a program of continuing education approved by a recognized certifying body, ICRC, MBSACC, NAADAC, or any of the Approved Addiction Education providers listed below- if you are unsure if the education is approved, please contact BSAS.)

Yes \_\_No

Do you have a minimum of one year or 2,000 hours of supervised full-time work experience in the alcoholism and drug abuse field. Experience must have been obtained within the past ten years prior to application

Yes No

Have you taken and passed the ICRC examination?

## If NO, see the Certification/ Reciprocity Self-Assessment.

I agree to the following:

Yes No

Yes No

I have answered yes to all of the above questions and would like access to the Counselor eLicensing Application. I understand I still need to go through the prescribed application process and that this self-assessment is not an indication or whether or not a license will be issued to me. I understand that I need to submit the following information so an account may be set up though the Virtual Gateway in order for me to access to the secure eLicensing application; accounts may take up to 14 days to set up following request:

## Name (including middle initial): Month and Day of Birth:

**Email Address where my user name and password should be sent:**

**Phone:**

### ONLY IF YOU ANSWERED YES TO ALL ASSESSMENT QUESTIONS, then:

Email the self-assessment form and request for eLicensing Access to [Ian.Bain@state.ma.us](mailto:Ian.Bain@state.ma.us) If you answered “no” periodically re-assess for as you work towards meeting the licensing requirements. Thank you.

# APPROVED ADDICTION EDUCATION PROVIDERS

AdCare Educational Institute/Addiction Counselor Education Program

**Total Program Hours:** 250

**Locations:** 5 Northampton St., Worcester, MA 01605

95 Lincoln St, Worcester, MA 01605

60 Miles Rd., Rutland, MA 01543

**Contact Person**: James Gorske

**Phone Number:** 508-752-7313

**Website:** <http://www.ace-adcare.org>

**Email Address:** [jim@adcare-educational.org](mailto:jim@adcare-educational.org)

Anna Maria College

**Total Program Hours:** 270

**Locations:** 50 Sunset Lane, Paxton, MA 01622

**Contact Person**: John Pratico

**Phone Number:** 508-849-3413

**Website:** [www.annamaria.edu](http://www.annamaria.edu)

**Email Address:** [jpratico@annamaria.edu](mailto:jpratico@annamaria.edu)

Assumption College/Certificate in Alcohol and Drug Abuse Counseling Program

**Total Program Hours:** 270

**Locations:** 500 Salisbury St., Worcester, MA 01609

**Contact Person**: Dennis Braun

**Phone Number: 508-767-7541**

**Website:** <http://cce.assumption.edu/certificates/certificate-alcohol-and-substance-abuse-counseling>

**Email Address**: [dbraun@assumption.edu](mailto:dbraun@assumption.edu)

Becker College

**Total Program Hours:** 270

**Locations:** 61 Seaver St., Worcester, MA 01609

**Contact Person**: Nina Mazloff

**Phone Number:** 508-791-9241

**Website:** <http://www.becker.edu/academics/accelerated/degree-offerings/certificate-in-drug-alcohol-counseling/>

**Email Address**: [Nina.Mazloff@Becker.edu](mailto:Nina.Mazloff@Becker.edu)

Black Addiction Counselor Education (BACE) Program

AdCare Educational Institute

**Total Program Hours:** 270

**Locations:** 5 Northampton St.

Worcester MA 01605

**Contact Person:** Della Blake

**Website:** <http://adcare-educational.org/baceaei2/>

**Email address:** [drblake@bace-aei.org](mailto:drblake@bace-aei.org)

Bristol Community College

**Total Program Hours: 270**

**Location:** 777 Ellsbree St.

Fall River, MA 02720

**Contact Person:** Bruce Frazer

**Website:** [**http://www.bristolcc.edu/**](http://www.bristolcc.edu/)

**Email address:** [Bruce.Frazer@b](mailto:Bruce.Frazer@bristolcc.edu)[ristolcc.edu](mailto:)

Boston Graduate School of Psychoanalysis

**Total Program Hours**: 270

**Locations**: 1580 Beacon Street

Brookline, MA 02246

|  |
| --- |
| **Contact Person**: Carol Panetta **Phone Number**: 617-277-3915  **Website:** [www.bgsp.edu](http://www.bgsp.edu) |

Cape Cod Community College

**Total Program House:** 270+

**Locations:** Maureen M. Wilkins Building, Rm 237

2240 Iyannough Road

West Barnstable, MA 02668- 1599

**Contact Person:** Dr. Robert Ericson Jr.

**Phone Number:** 508-362-2131

**Website:** [www.capecod.edu](http://www.capecod.edu)

**Email Address:** [rericson@capecod.edu](mailto:rericson@capecod.edu)

Center for Addiction Studies and Research

**Total Program Hours:** Individual Course Approvals-270 +

**Locations:** On-line & Distance Learning

Mailing Address:

PO Box 16495, Stamford, CT 06907

**Contact Person:** Howard Fogel

**Phone Number:** 877- 322-9720

**Website:** [www.centerforaddictionstudies.com](http://www.centerforaddictionstudies.com)

**Email Address:** [info@centerforaddictionstudies.com](mailto:info@centerforaddictionstudies.com)

Greenfield Community College

**Total Program Hours:** 270+

**Locations:** One College Drive, Greenfield, MA 01301

**Contact Person:** Amy Ford

**Phone Number:** 413-775-1127

**Email Address:** [forda@gcc.mass.edu](mailto:forda@gcc.mass.edu)

High Point Treatment Center

**Total Program Hours:** 270

**Locations:** Brockton, New Bedford and Plymouth

**Contact Person:** Ann Zarlengo

**Phone Number:** 508-997-0475

**Email Address:** [azarlengo@hptc.org](mailto:azarlengo@hptc.org)

Latinx Addiction Counselor Education (LACE) Program

AdCare Educational Institute

**Total Program Hours:** 270

**Locations:** 5 Northampton St., Worcester, MA 01605

**Contact Person:** Haner Hernandez

Phone Number: 508-752-7313

**Website:** <http://www.latinocounselors.org/>

**Email Address:** [hanerhernandez@aol.com](mailto:hanerhernandez@aol.com)

Middlesex Community College

**Total Program Hours:** 270

**Locations:** 591 Springs Rd. - Bedford House

Bedford, MA 01730

**Contact Person:** Joseph Gardner

**Website:** <https://catalog.middlesex.mass.edu/preview_program.php?poid=2561&catiod=22>

**Email Address:** [GARDNERJ@middlesex.mass.edu](mailto:GARDNERJ@middlesex.mass.edu)

Mount Wachusett Community College

**Total Program Hours:** 300

**Locations:** 444 Green St, Gardner MA 01440

**Contact Person:** Julie Capozzi

**Phone Number:** (978) 630-9302

**Website:** [https//www.mwcc.edu](file:///C:\Users\IBain\Desktop\https\www.mwcc.edu)

**Email Address:** [j\_capozzi@mwcc.mass.edu](mailto:j_capozzi@mwcc.mass.edu)

North Shore Community College/Substance Abuse Counselor Certificate Program

**Total Program Hours:** 270+

**Locations:** 1 Ferncroft Rd., Danvers, MA 01923

Some on-line courses available

**Contact Person:** Steven M. Chisholm

**Phone Number:** 978-762-4000

**Website:** http://www.northshore.edu/academics/departments/drg

**Email Address:** schishol@northshore.edu

Northern Essex Community College/ Human Services Program, Alcohol/Drug Abuse Counseling Certificate

**Total Program Hours:** 270

**Locations:** 100 Elliott Street, C314L

**Contact Person:** Brian MacKenna-Rice

**Phone Number:** 978-556-3331

**Website:** <http://www.necc.mass.edu/academics/courses-programs/areas/human-services/>

**Email Address:** [bmackennarice@necc.mass.edu](mailto:bmackennarice@necc.mass.edu)

Quincy College / Substance Addiction Certificate Program

**Total Program Hours:** 270

**Locations:** 1250 Hancock Street, Quincy, MA and 36 Cordage Park Circle, Plymouth, MA

**Contact Person:** Sabrina Mohan

**Phone Number:** 617-984-1613

**Web Site:** <https://quincycollege.edu/program/substance-addiction/>

**Email Address:** [smohan@quincycollege.edu](mailto:smohan@quincycollege.edu)

Trundy Institute of Addiction Counseling

**Total Program Hours:** 270+

**Locations:** 248 County St., New Bedford, MA 02740

386 Stanley Street , Fall River 02722

**Contact Person:** Arthur Trundy

**Phone Number:** 508-993-0802

**Website:** http://www.trundy.net

**Email Address:** [trundy@earthlink.net](mailto:trundy@earthlink.net)

University of Massachusetts- Boston/College of Advancing and Professional Studies

Addiction Counselor Education Program

**Total Program Hours:** 270

**Locations:** 100 Morrissey Blvd., Boston, MA 02125-3393

**Contact Person:** William Carlo

**Phone Number:** 617-287-5489

**Website:** [www.caps.umb.edu/acep](http://www.caps.umb.edu/acep)

**Email Address:** billcarlo@umb.edu

Westfield State University/Addiction Counselor Education Program

**Total Program Hours:** 250

**Locations:** 333 Western Avenue, Westfield, MA 01086 and 1350 West Street, Pittsfield, MA 01201

**Contact Person:** Kristine Hupfer

**Phone Number:** 413-378-2490

**Website:** <http://www.westfield.ma.edu/ace>

**Email Address:** [kmhupfer@gmail.com](mailto:kmhupfer@gmail.com)

Worcester State University

**Total Program Hours**: 270

**Locations:** 486 Chandler Street, Worcester, MA 01602

**Contact Person:** Cheryl Hersperger

**Phone Number:** 508-929-8312

**Website: https://catalog.worcester.edu/undergraduate/addictions-counseling/certificate-addictions-counseling/**

**Email Address:** chersperger@worcester.edu

8-23-19 Version

## Certification/Reciprocity Self- Assessment

Please review the **Alcohol and Drug Counselor Licensing FACT SHEET** before completing this self- assessment. These questions will help you determine if you are eligible for exam waiver due to certification or may apply under reciprocity.

# : Examination waiver

* + 1. the Department will issue a license without requiring written or oral examination to any applicant who is deemed eligible based on the following:
       1. the applicant holds a current, valid certification from a recognized certifying body including: MBSACC, CEAP, CAC, NAADAC, ICRC.
       2. the applicant meets the requirements of one of the three eligibility categories set forth in 105 CMR 168.006(A) through (C).
  1. Reciprocity

The Department will issue a license without requiring written or oral examination to any applicant who is deemed eligible for reciprocity based on the following:

* + 1. the applicant holds a current, valid licensed as an alcohol and drug counselor or a comparable field in another state wherein the requirements for licensure are deemed by the Department to be equivalent to or in excess of those requirements of the Department; and,
    2. the Department receives written verification from the other state licensing authority that the applicant is in good standing.

1. I have read the requirements to obtain a **LADC I** , **LADCI** and **LADC Assistant** in Massachusetts:

Yes No

1. I currently hold a Certification in the in the state and/or
2. I currently hold a License in the state of \_.
3. I believe the requirements I met to obtain this license/credential meet or exceed those for

in Massachusetts. (Please indicate the license you will be applying for in MA **LADC I, LADC II or LADC Assistant**)

I have answered yes to the above questions and would like to obtain access to the eLicensing Application for Counselors. I understand that this self-assessment only serves as a request for access to the eLicensing application and has no bearing on whether or not my application will be approved.

## Name:

**Month and Day of Birth:**

**Email Address where my user name and password should be sent: Phone:**

### ONLY IF YOU ANSWERED YES TO ALL ASSESSMENT QUESTIONS, then:

Email the self-assessment form to [Ian.Bain@state.ma.us](mailto:Ian.Bain@state.ma.us) and request for eLicensing Access to you answered “NO” to any of the questions, assess yourself for LADC I, LADC II and LADC Assistant or periodically re-assess for LADC I as you work towards meeting the licensing requirements. Thank you.