STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING  
SUBSTANCE USE DISORDER COUNSELOR  
APPLICATION INSTRUCTIONS AND INFORMATION  

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, submit a complete application form including all applicable supporting documents and fees. Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. Please read all instructions carefully.

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number (SSN) is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES FOR SUBSTANCE USE DISORDER COUNSELOR LICENSE BY ENDORSEMENT APPLICATIONS:

1. If you were enrolled in a substance use disorder education program before July 1, 2012, submit an official college transcript verifying completion of an associate’s or bachelor’s degree. If you do not have a college degree, submit a copy of your high school diploma or GED. Have the school mail this documentation to DOPL or include with your application. To be official, a transcript must bear the school seal and be enclosed in a sealed envelope. The school’s seal/stamp must also be on the flap of the sealed envelope.

   If you were enrolled in a substance use disorder education program after July 1, 2012, submit an official college transcript verifying completion of an associate’s or bachelor’s degree. Also submit verification of completion of three pre-requisite courses covering the following subjects: human growth and development, general psychology, and human biology. Have the school mail this documentation to DOPL or include with your application. To be official, a transcript must bear the school seal and be enclosed in a sealed envelope. The school’s seal/stamp must also be on the flap of the sealed envelope.

2. Submit a copy of the score report showing a passing score on the written National Association of Alcohol and Drug Abuse Counselors (NAADAC) National Certification Exam Level I, II, or MAC. A passing score on the ICRC AADC or ADC exam may be submitted in lieu of verification of a passing score on the NAADAC exam.

3. Submit a “Verification of Supervised Experience” form (attached to this application) completed by each of your supervisors verifying completion of at least 2,000 hours of supervised substance use disorder counseling experience. The form must be completed in it’s entirety by the
supervisor. If you completed a portion of your experience outside of Utah, submit documentation verifying your supervisor’s license type and license number.

4. Submit an $85 check to cover non-refundable application-processing fee. Make the check payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. Submit Completed Application to:

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<tr>
<th>By U.S. Mail</th>
<th>Division of Occupational &amp; Professional Licensing</th>
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<td>By Express Mail</td>
<td>Division of Occupational &amp; Professional Licensing</td>
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<tr>
<td>or In Person</td>
<td>1st Floor Lobby</td>
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<td>Salt Lake City UT 84111-2305</td>
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2. Statutes and Rules: You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- Division of Occupational & Professional Licensing Act
- General Rule of the Division of Occupational & Professional Licensing
- Mental Health Professional Practice Act
- Mental Health Professional Practice Act Rule
- Substance Use Disorder Counselor Licensing Act Rule

3. Current Documents: Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.

4. License Renewal: SUDC licenses expire on May 30 of each odd-numbered year. Unlike many other states, Utah’s license renewal schedule is not based on the licensee’s date of initial licensure. Therefore, the length of a licensee’s first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure PRIOR to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee’s last address of record, as provided to DOPL.

5. Continuing Education: SUDCs must complete at least 40 contact hours of continuing education during every two year renewal cycle in order to qualify for license renewal.

6. Examination: To register for or to obtain information regarding the NAADAC exam, contact the Association of Utah Substance Abuse Professionals (AUSAP) at (801) 335-0537 or http://naadac.org/ut/. It is the responsibility of the applicant to submit the exam fees directly to the testing agency.
7. Updating Address Information: It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.

8. Name Change: If you have been licensed by DOPL under any other name, please submit legal documentation of your name change (i.e. copy of a marriage license or divorce decree).

10. Telephone Numbers: (801) 530-6628 or (866) 275-3675 – toll-free in Utah
    Email: doplbureau3@utah.gov
    Website: www.dopl.utah.gov
    Fax: (801) 530-6511
APPLICATION FOR LICENSURE

SUBSTANCE USE DISORDER COUNSELOR

***Please list your full legal name as it appears on your driver’s license, Social Security Card, etc.***

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<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
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Social Security Number: - - - Maiden Name:

I certify under penalty of perjury that:

☐ I am a citizen of the United States and I have a valid US Driver License or US State ID.
  License/State ID Number: ____________ State: __

☐ I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.

☐ I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID.
  License/State ID Number: ____________ State: __

☐ I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.

☐ I am a foreign national not physically present in the United States.

Mailing Address:

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<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
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☐ Male ☐ Female

Date of Birth: Phone #: E-Mail:

List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

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DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: ____________________________

Date License/Certificate Approved: ___/___/____

Approved By: ____________________________

Date License/Certificate Denied: ___/___/____

Denied By: ____________________________

Reason for Denial/Other Comments: ____________________________
AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: ________________________________ Date of Signature: ___ / ___ / _____

EDUCATION REQUIREMENT: (Use additional sheets if necessary.)

BACHELORS, ASSOCIATES, HIGH SCHOOL OR EQUIVALENT:
Name: ________________________________ Dates Attended: _______to _________
Location: ________________________________
Degree Received: _________________________ Date of Graduation: ________/___/____

NOTE: A high school diploma or equivalent satisfies the education requirement only if you completed over 100 hours of addiction-specific training as part of an approved education program before July 1, 2012.

SUBSTANCE USE DISORDER EDUCATION PROGRAM:
Name: ________________________________ Dates Attended: _______to _________
Location: ________________________________
Title of Certificate Received: _________________________ Date of Graduation: ___/___/____

EXAMINATION REQUIREMENT: (Answer “yes” or “no.”)

☐ Yes  ☐ No  National Association of Alcohol and Drug Abuse Counselors (NAADAC) National Certification Exam Level I, II, or MAC

☐ Yes  ☐ No  ICRC AADC or ADC Exam

To qualify for a SUDC license, you must have already passed at least one of the exams referenced above.
SUBSTANCE USE DISORDER COUNSELOR QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?

2. _____ Have you ever been denied the right to sit for a licensure examination?

3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?

4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?

5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?

6. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?

7. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

8. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?

9. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

10. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?

11. _____ Have you been named as a defendant in a malpractice suit?

12. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?

(Continued on the next page.)
13. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?

14. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?

15. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

16. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?

17. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

18. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

19. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?

20. _____ Do you currently have any criminal action pending?

21. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

22. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

23. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?

24. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

STOP If you answered “yes” to questions 20, 21, 22, 23, or 24 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit
documentation on official letterhead from the police department and/or court indicating that
the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a
judge, you do not need to disclose that criminal history. Expungement orders must be sent
to the Bureau of Criminal Identification and the FBI to enable the expungement to be
completed and the criminal history eliminated from the records.

If you answered “yes” to any of the above questions, enclose with this application complete
information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL
may request additional documentation if the information submitted is insufficient.
VERIFICATION OF SUPERVISED EXPERIENCE
TO BE COMPLETED IN ITS ENTIRETY BY EACH SUPERVISOR OF THE REQUIRED SUPERVISED EXPERIENCE HOURS:

Applicant’s Name: ____________________________________________

SUDC or ASUDC Supervisor’s Name: _____________________________

SUDC or ASUDC Supervisor’s License Issued: State: ____________ License #: _______

MHT Supervisor’s Name: _______________________________________

MHT Supervisor’s License Issued: State: ______________ License #: __________________

MHT Profession: ___________________________ Year: _________________

Facility Name: ______________________________________ Phone #: ______________________

Facility Street Address: ______________________________________

City: ___________________ State: ____________ Zip: _______________

Inclusive Dates of Supervised Experience: from ___/___/_______ to ___/___/_______

Total Hours of Face-to-Face Supervision: ______ Total Hours Worked: ________

The hours worked and supervised are reported on the basis of:

☐ Supervisor’s appointment calendars or records

☐ Supervisor’s best recollection

Description of Applicant’s Duties: _____________________________

________________________________________________________

________________________________________________________

SUDC/ASUDC Supervisor:

☐ I supervised the applicant at a ratio of one hour of face-to-face direct supervision for every 40 hours of substance use disorder counseling services.

(Continued on the next page.)
☐ I attest that the applicant's performance was satisfactory. If less than satisfactory, please attach an explanation regarding the nature of problem, recommendation and remediation.

☐ I certify that I have been licensed as a SUDC for at least two years or that I am an advanced SUDC in good standing and I am a qualified supervisor in accordance with Utah law.

☐ I certify that I am professionally responsible for the acts and practices of the applicant which are a part of the required supervised training.

Signature of SUDC or ASUDC Supervisor: _______________________________ Date: ___ / ___ / _____

If supervised by a SUDC or ASUDC, both the supervising SUDC or ASUDC signatures and the Mental Health Therapist signatures are required.

Mental Health Therapist Supervisor:

☐ I supervised the applicant at a ratio of one hour of face-to-face direct supervision for every 40 hours of substance use disorder counseling services.

☐ I attest that the applicant's performance was satisfactory. If less than satisfactory, please attach an explanation regarding the nature of problem, recommendation and remediation.

☐ I certify that I am a licensed mental health therapist in good standing and I am a qualified supervisor in accordance with Statute and Rules.

☐ I certify that I am professionally responsible for the acts and practices of the applicant which are a part of the required supervised training.

Signature of Mental Health Therapist Supervisor: _____________________ Date: ___ / ___ / _____