



## Transcript Review Request for LCADC/ CADC (Clinical Alcohol and Drug Counselors) Verification

1. This form must be mailed into our office along with an administrative fee of \$ 75 (check or money payable to The Certification Board). The form is to be mailed to: 180 A Tices Lane, Suite 205 East Brunswick, NJ 08816.
2. The only documents acceptable for review will be copies of certificates of completion from our Approved Educational Providers that are coded with an approval number or official sealed transcripts sent from the College/University. You must send the official course descriptions that are published by the college or university. Please be advised we cannot return college/university transcripts.
3. Continuing Education Units or CEU's are only acceptable for renewal (recertification). CEU's do not count towards initial licensure or certification.
4. All concerns must be addressed in writing. If you feel that we missed something, please supply our office with additional documentation: i.e. "Social Work I", does not supply us with enough information to make a judgment. Please supply us with a course description or narrative containing the learning objectives for that course. This will help with the review and shorten the review process time.
5. Requests will only be accepted by mail or by [contacting the Certification Board](#). Do not FAX this information.
6. Additional copies of this form can be downloaded from our website.
7. Results will be mailed to you within 60 days. Do not contact us prior to the 60 day window from when we receive your information. Once all 270 hours have been approved you and the DCA will receive our official transcript with a red seal that indicates completion of the standard.

*Richard J. Bowe. LPC, LCADC, CCS, Executive Director*

Name \_\_\_\_\_  
(Please Print Your Name as it should appear on your Certificate)

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Optional Information - Does Not Affect Certification. For Data Collection Purposes Only.

Highest Degree of Education\*: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Ethnicity/Race: \_\_\_\_\_ \*Sex: \_\_\_\_\_

\*Languages Spoken: \_\_\_\_\_