



National Association of Forensic Counselors  
PO Box 8827, Fort Wayne, Indiana 46898  
260-426-7234 – P      260-426-7431 - F  
[www.nationalafc.com](http://www.nationalafc.com)      [nafc@locl.net](mailto:nafc@locl.net)



**This form must be signed and returned with your application.**

Name of Applicant: \_\_\_\_\_

\_\_\_\_\_ Application completed in its entirety

\_\_\_\_\_ Copy of degree and transcripts

\_\_\_\_\_ Four reference forms

\_\_\_\_\_ Copy of state license, if applicable

\_\_\_\_\_ Payment

I have read and understand the minimum requirements for certification. I understand that if I submit an application for review and I do not meet the requirements for certification before examination is scheduled, my application will be denied and fees paid will be refunded with the exception of the \$25.00 application fee, which is non-refundable. I understand that if my application is accepted and certification is granted, that it is my responsibility to study all standards, guidelines, policies and procedures, code of ethics, and other materials pertaining to NAFC/ACCFC and my certification. By submitting my application, I agree to follow all standards, guidelines, policies and procedures, code of ethics, and other materials pertaining to NAFC/ACCFC and my certification.

I also understand that I must pass the NAFC/ACCFC certification examination. Once an examination is scheduled, no fees will be refunded. If I do not pass the certification examination, no fees will be refunded.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Applicant is responsible for providing records & documents to support the application, which become the property of the NAFC Certification Board.*

Form A



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This application must be completed in its entirety. Applications received that are not filled out completely cannot be processed. If you have any questions about the application, please contact us.

Date \_\_\_/\_\_\_/\_\_\_

(Check only one): A separate application with supporting documentation is required for each credential. For applicant's possessing a Master's degree or higher, the certification level is Clinical.

**CCDC-** Certified Chemical Dependency Counselor  
 **MAC-** Master Addictions Counselor (*Masters Degree and above*)  
 **MSWAC-** Master Social Work Addictions Counselor (*Masters Degree and above*)  
 **CFAE-** Certified Forensic Addictions Examiner (*Masters Degree and above*)  
 **CFAS-** Certified Forensic Addictions Specialist (*Masters Degree and above*)

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Address City State ZIP

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext: \_\_\_\_\_

E-Mail (valid email required) \_\_\_\_\_

**REFERENCES:** Give the complete names and addresses of four (4) persons. At least three (3) of your references must be persons engaged professionally in the addictions field, one of whom has known you a minimum of two (2) years.

**Supervisor:** \_\_\_\_\_  
(Name) (Title)  
 \_\_\_\_\_  
(Address) (City) (State) (Zip) (Telephone)

**Past Supervisor:** \_\_\_\_\_  
(Name) (Title)  
 \_\_\_\_\_  
(Address) (City) (State) (Zip) (Telephone)

**Co-Worker:** \_\_\_\_\_  
(Name) (Title)  
 \_\_\_\_\_  
(Address) (City) (State) (Zip) (Telephone)

**Co-Worker:** \_\_\_\_\_  
(Name) (Title)  
 \_\_\_\_\_  
(Address) (City) (State) (Zip) (Telephone)

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Please include the last five years of paid or voluntary employment which are relevant to this application, starting with your present position. In the section PROGRAM TYPE, indicate In-Patient, Out-Patient, Screening, Detention, Corrections, Probation/Parole, etc.

Job title: Program Name & Address:	Program Type & Description:	Working Hours/Week: _____ Employed From: ____/____ To: ____/____ Supervisor Name & Phone Number:
Job title: Program Name & Address:	Program Type & Description:	Working Hours/Week: _____ Employed From: ____/____ To: ____/____ Supervisor Name & Phone Number:
Job title: Program Name & Address:	Program Type & Description:	Working Hours/Week: _____ Employed From: ____/____ To: ____/____ Supervisor Name & Phone Number:
Job title: Program Name & Address:	Program Type & Description:	Working Hours/Week: _____ Employed From: ____/____ To: ____/____ Supervisor Name & Phone Number:

Y  N Are you licensed or certified by any state for a profession?

If so, what state? \_\_\_\_\_ What profession? \_\_\_\_\_ License No. \_\_\_\_\_

Y  N Have you previously applied for NAFC/ACCFC certification? If so, when and under what name?

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**AFFIDAVIT**

State Of: \_\_\_\_\_

County Of: \_\_\_\_\_

I, \_\_\_\_\_ do solemnly swear that I am the applicant named in this application, that I have made or read the contents thereof and to the best of my knowledge and belief, the foregoing answers and statements are true and correct.

I hereby authorize all persons listed as references in this application to release any information pertinent to my application.

I agree that abuse of alcohol and/or other drugs is not acceptable behavior for a certified counselor and, should circumstances indicate, I may be subject to additional review by the Certification Board.

I understand that the fee submitted herewith represents the preliminary application fee. The Board will require an additional fee for certification, coincident to the application and certification process.

I further agree to hold the National Association of Forensic Counselors and it's Certification Board members, officers, agents, staff and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they, or any of them, may take in connection with this application, the attendant examinations and the grades with respect to any examination, and/or the failure of the Board to issue me said certificate.

I hereby affirm that I have read and agree that I will abide by the NAFC Code of Ethics, and I agree to submit to proceedings for any alleged violation of the same in accordance with the NAFC Constitutions and By-Laws. I understand that falsification of the contents of this application will be grounds for denial and/or revocation of certification, membership, and any and all benefits resulting there from.

I agree to report within 30 days of my notification any formal charge, complaint or conviction related to a criminal act or ethical violation, civil action or civil litigation professionally related, and any charge or complaint by another professional organization, including any and all corrective actions issued.

I understand that NAFC may use information collected from my application and membership for research and statistical purposes only.

I agree that if my NAFC/ACCFC certification is suspended or revoked to comply with all directives of the NAFC Ethics Committee and/or Board of Governors and that failure to comply will result in the revocation of my certification.

I agree to notify NAFC/ACCFC within 30 days of any change of name, home/work address, place of employment, job title, home/work phone numbers and e-mail address.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ A.D.

My Commission Expires: \_\_\_\_\_ License No. \_\_\_\_\_

Notary Public: \_\_\_\_\_

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Form A



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**Credit Card Authorization Form**  
*Visa, MasterCard, Discover only*

I, \_\_\_\_\_, authorize NAFC/ACFC to charge my credit card in the amount listed below. I attest that I am an authorized user of the below card.

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Billing address of Card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Amount to Charge: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Fee Schedule

(Fees must accompany your application)

- 1). \$325.00 examination fee, plus additional \$25.00 application fee, totaling \$350.00.
- 2). The first year certification fee is included in the initial \$350.00 fee.

### Renewal

The renewal of certification is annual. To renew your certification, you must:

- 1) Attest to meeting the requirement of 20 hours of approved continuing education. Keep record of CEU trainings and provide them to NAFC/ACCFC upon request.
- 2) Hold an active state license in your profession with no violations.
- 3) Pay and annual renewal fee of \$125.00.

### Requirements for Certification

#### **CCDC-** *Certified Chemical Dependency Counselor* (No Masters Degree)

This certification is issued in those states that allow those with less than a Masters Degree to practice addiction counseling. This certification requires that you have an active state license in your profession with no violations, meet all the requirements for training, supervision, and the passing of the certification examination.

***Please be advised, that the majority of states moving towards licensure of chemical dependency counselors are requiring a masters degree in social work, addictions, psychology, counseling, or a closely related field.***

**MAC-** *Master Addictions Counselor* (Requires a minimum of a Masters Degree in social work, counseling, psychology, addictions, or a closely related field) This certification requires that you have an active state license in your profession with no violations, meet all the requirements for training, supervision, and the passing of the certification examination.

**MSWAC-** *Master Social Work Addictions Counselor* (Requires a minimum of a Masters Degree in social work, counseling, psychology, addictions, or a closely related field) This certification requires that you have an active state license in your profession with no violations, meet all the requirements for training, supervision, and the passing of the certification examination.

**CFAE-** *Certified Forensic Addictions Examiner* (Requires a minimum of a Masters Degree in social work, counseling, psychology, addictions, or a closely related field) This certification requires that you have an active state license in your profession with no violations, meet all the requirements for training, supervision, and the passing of the certification examination.

**CFAS-** *Certified Forensic Addictions Specialist* (Requires a minimum of a Masters Degree in social work, counseling, psychology, addictions, or a closely related field) This certification requires that you have an active state license in your profession with no violations, meet all the requirements for training, supervision, and the passing of the certification examination.

### Requirements

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- 1). Must hold a Masters degree from an accredited educational institution. You must be state licensed in your profession unless exempted through legislation or your state does not have licensure in your profession within the human services.
- 2). You must have 270 hours of formal training in alcohol and drugs.
- 3). You must have an additional 50 hours of formal training in HIV/AIDS and STD's.
- 4). You must have an additional 24 hours in legal issues and ethics in addictions.
- 5). You must have three years (6,000 hours) of supervised fulltime counseling experience in addiction services, alcohol, and drugs.
- 6). You must have evidence of at least 500 hours of an approved, supervised practice or practicum in addictions.
- 7). You must successfully pass the NAFC/ACCFC certification examination.

### **Further Requirements**

- 1). Reference forms- attached to completed application in sealed envelopes
- 2). No misdemeanor or felony arrests for any sexual offense or violent crime.
- 3). Copy of your degree and state license/certification attached to completed application.
- 4). Have no reprimands or suspensions of your state license or state certification.

### **Examination Information**

The certification examination is multiple-choice, and has 150 questions. The scope of the examination covers common-core knowledge in the particular area, and there is no specific study guide available. However, there are reading materials that are highly recommended by the NAFC while preparing for the examination. NAFC examinations are scheduled online and are administered at over 270 ACT testing sites throughout the U.S. and Canada. Because the NAFC has nationally accredited certification programs, the administration of examination must follow the most stringent guidelines.

### **Suggested Reading Material for Examinations:**

Forensic Counselor/Criminal Justice Specialist – Contemporary Assessment and Treatment of Adult Criminal Justice Clients – by Francis J. Deisler, Ph.D.

Addictions – Substance Abuse: Information for School Counselors, Social Workers, Therapists, and Counselors (2<sup>nd</sup> Edition) – by Gary L. Fisher

Domestic Violence – When Violence Begins at Home: A Comprehensive Guide to Understanding and Ending Domestic Abuse – by K.J. Wilson

Sex Offender Treatment Specialist – Assessment and Treatment of Sex Offenders: A Handbook – by Anthony R. Beech, Leam A Craig, and Kevin D. Browne

Gambling Addictions Counselor – This Must Be Hell: A Look at Pathological Gambling – by Hale Humphrey, Ph.D.

Juvenile Sex Offender Treatment Specialist – The Juvenile Sex Offender (2<sup>nd</sup> Edition) – by Howard E. Barbaree, Ph.D., and William L. Marshall

Group Therapy Specialist – Group Therapy Approaches for Working with Criminal Justice Clients – by Francis J. Deisler, Ph.D.

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**Applicants Name & Address:** \_\_\_\_\_  
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**Credential Seeking**  
**(Please Check Box)**

- \_\_\_ **CCDC**- Certified Chemical Dependency Counselor
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I, \_\_\_\_\_, grant my permission for \_\_\_\_\_, to  
**Name of Applicant** **Name of Reference**  
 render an honest appraisal of my ability and/or potential work in the forensic counseling field. NAFC and my references are both authorized to release information to each other regarding my appraisal and all parties involved in the certification process are released from civil liability in connection with this appraisal.

\_\_\_\_\_  
**Applicant’s Signature and Date**

**Reference**

Please indicate on this form the following regarding the applicant. Thank you for taking the time to assist the applicant in the certification process.

I. How long have you known the applicant? \_\_\_\_\_

If the applicant has been employed by your agency, how long? \_\_\_\_\_

II. To your knowledge, has the applicant abused or misused alcohol or other drugs while rendering professional service and character to the field of addictions counseling? If so, please explain:

\_\_\_\_\_  
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III. Please comment on the applicant’s ability or potential to work in the addictions field.

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IV. Do you know of any reason why this person would not be suitable to work with substance abusing clients? If so, tell us why.

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V. Relevant to the preceding evaluation:

I can recommend this applicant for certification.

I cannot recommend this applicant for certification.

If you cannot recommend the applicant for certification, please tell us why.

---



---

If you have any additional comments that you believe will help the Certification Board evaluate the applicant for certification, please list them:

---



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**Reference**

Printed Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Signature and Date: \_\_\_\_\_



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## -Reference Form-

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V. Relevant to the preceding evaluation:

I can recommend this applicant for certification.

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I. How long have you known the applicant? \_\_\_\_\_

If the applicant has been employed by your agency, how long? \_\_\_\_\_

II. To your knowledge, has the applicant abused or misused alcohol or other drugs while rendering professional service and character to the field of addictions counseling? If so, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Applicant is responsible for providing records & documents to support the application, which become the property of the NAFC Certification Board.*



National Association of Forensic Counselors  
PO Box 8827, Fort Wayne, Indiana 46898  
260-426-7234 – P 260-426-7431 - F  
[www.nationalafc.com](http://www.nationalafc.com) [nafc@locl.net](mailto:nafc@locl.net)



III. Please comment on the applicant's ability or potential to work in the addictions field.

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IV. Do you know of any reason why this person would not be suitable to work with substance abusing clients? If so, tell us why.

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V. Relevant to the preceding evaluation:

I can recommend this applicant for certification.

I cannot recommend this applicant for certification.

If you cannot recommend the applicant for certification, please tell us why.

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If you have any additional comments that you believe will help the Certification Board evaluate the applicant for certification, please list them:

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**Reference**

Printed Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Signature and Date: \_\_\_\_\_

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