



Confirmation #: [redacted] QAVMX

Submission Date: 4/27/2021 7:16:45 PM

Electronically Signed By: [redacted]

General Information

Name:

Date of Birth:

Are you currently in the military? Yes No

Are you a military spouse? Yes No

Maiden Name:

Alias:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Primary Address

Address 1:

Address 2:

City/State/Zip: Lumberton, NC 28360

Business Information

Business Name:

Work Fax:

Work Email Address:

Credentials

List all professional counseling credentials which you now hold or have held in the past in order of attainment.

Credential Information

Legal and Ethics

Have you ever been denied licensure in this state or any other state? If yes, please state which occupational board denied you licensure and in which state and provide the final written decision from the denying Board. Yes
 No

Have you ever had any disciplinary action taken against an occupational license or certificate to practice or are any such actions pending? If yes, explain in detail below. Yes
 No

Have you ever been convicted of a violation of/or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargain for violations, except for minor traffic violations? If yes, provide the following: 1) A written explanation of the event(s). 2) A written explanation on how you have dealt with the circumstances that led up to the event(s). Yes
 No

Within the past four years, have you been unable to engage in the practice of counseling due to a physical and/or emotional dependency or use of alcohol and/or drugs? If yes, please provide a letter from your treating professional summarizing diagnosis, treatment and prognosis. Yes
 No

Within the past four years, have you been unable to engage in the practice of counseling due to treatment and/or hospitalization for a nervous, emotional or mental disorder? If yes, please provide a letter from your treating professional summarizing diagnosis, treatment and prognosis. Yes
 No

Have you ever been censured, warned, or requested to withdraw from your practice/employment, terminated from any health care facility, agency, or practice for reasons involving your conduct as a counselor? If yes, please provide an explanation below. Yes
 No

Have you ever been convicted of an offense involving the taking of illegal drugs or the consumption of alcohol? If yes, provide the following: 1) A written explanation of the event(s). 2) A written explanation on how you have dealt with the circumstances that led up to the event(s). Yes
 No

I certify that I have read and understand the Public Notice Statement regarding Employee Misclassification provided below. I Agree

Public Notice Statement - Required by N. C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017
Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96- 1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582
Fax: (919) 715-0282
Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. § 143-762(5)]

Noting the definition of Employee Misclassification, have you ever been investigated for employee misclassification? Yes
 No

Education

List all Graduate Institutions (Undergraduate Not Required). **Official Graduate Transcripts** from each of the universities listed below must be submitted directly to the NCBLCMHC Board Office from the Graduate Institution.

Education Information

University of North Carolina at Pembroke

2

State: NC
Start Date: 08/2018
Degree: Masters
Major: Clinical Mental Health Counseling
Date Conferred: 05/2021

References

* Check the box to automatically send form.

Please list three individuals (may include supervisors) who are acquainted with your professional counseling work. Send [Professional Reference](#) form(s) to the individuals listed. Listed individuals should complete the form and send it directly to the NCBLCMHC.

Reference Information

Charlamane Suggs

Title: Ms.
Years Known: 1
Phone: 910-521-6202
Email: @uncp.edu
Address: 1 University Dr, Pembroke, NC 28372

Whitney Akers

Title: Dr.
Years Known: 3
Phone: 910-775-4293
Email: @uncp.edu
Address: 1 University Dr, Pembroke, NC 28372

Nicole Stargell

Title: Dr.
Years Known: 3
Phone: 910-521-6898
Email: @uncp.edu
Address: 1 University Dr, Pembroke, NC 28372

Graduate Counseling Experience

* Check box to auto send form, one needed for each SITE.

List your graduate practicum and internship experience. These experiences should appear on your graduate transcript(s). Send [Verification of Graduate Counseling Experience](#) form(s) to your University. A faculty member/university supervisor should complete the form and send it directly to the NCBLCMHC. Practicum and Internship are defined in Rule .0701(2)(b).

Experience Information

Practicum

Graduate Institution: University of North Carolina at Pembroke
Start - End Date: 01/2020 - 05/2020
Weeks / Hours: 15 / 10
Course # / Title: CNS 6100 / CMHC Counseling Practicum
University Supervisor: Nicole Stargell
Site Supervisor:
Practicum/Internship Site:
Position Held: Counseling Practicum Student
Responsibilities: Under direct supervision individual and group counseling.

Internship

Graduate Institution: University of North Carolina at Pembroke
Start - End Date: 08/2020 - 12/2020
Weeks / Hours: 15 / 20
Course # / Title: CNS 6120 / Clinical Mental Health Counseling
University Supervisor: Nicole Stargell

(only one semester of internship is needed to list)

3

Site Supervisor:
Practicum/Internship Site:
Position Held: CMHC Intern
Responsibilities: Individual (to include intake) and group counseling sessions, as well as psychoeducation outreach efforts on campus.

Graduate Courses * *These are the mandatory classes to list, all courses are not necessary.*

List all professional counseling courses which you now hold or have held in order of attainment. Course areas are fully defined in Rule .0701 of the Administrative Code and are posted on the Board website. **In cases where the course title does not clearly reflect course content, applicants shall provide university course descriptions and/or syllabi for clarification.** Each course area must have at least one 3-semester hour or 5-quarter hour course unless otherwise specified. **Courses may only be used once for one content area.**

Graduate Course Information

Professional Orientation to Counseling

Code: CNS 5000
Title: Professional and Ethical Issues in Counseling
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2018

Human Growth and Development Theories in Counseling

Code: CNS 5025
Title: Lifespan Development
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2018

Career Counseling and Lifestyle Development

Code: CNS 5700
Title: Career Counseling and Development
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2018

Helping Relationships in Counseling

Code: CNS 5050
Title: Counseling Skills & Techniques
Credit Hrs: 3.00
Hours Type: Semester
Semester: Spring
Completed: 05/2019

Group Counseling Theories and Processes

Code: CNS 5100
Title: Groups in Counseling
Credit Hrs: 3.00
Hours Type: Semester
Semester: Spring
Completed: 05/2019

Professional Orientation to Counseling

Code: CNS 5450
Title: The Clinical Mental Health Counselor
Credit Hrs: 3.00
Hours Type: Semester
Semester: Spring
Completed: 05/2019

Research and Program Evaluation

Code: CNS 5500
Title: Research and Program Evaluation
Credit Hrs: 3.00
Hours Type: Semester
Semester: Spring
Completed: 05/2019

Helping Relationships in Counseling

Code: CNS 5400
Title: Theories of Counseling
Credit Hrs: 3.00
Hours Type: Semester
Semester: Summer
Completed: 06/2019

Social and Cultural Foundations in Counseling

Code: CNS5800
Title: Multicultural and Social Justice Counseling
Credit Hrs: 3.00
Hours Type: Semester
Semester: Summer
Completed: 06/2019

Assessment in Counseling

Code: CNS 5600
Title: Assessment Practices in Counseling
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2019

Practicum in Counseling

Code: CNS 6100
Title: Counseling Practicum
Credit Hrs: 3.00
Hours Type: Semester
Semester: Spring
Completed: 05/2020

Internship in Counseling

Code: CNS 6120
Title: Clinical Mental Health Counseling Internship I
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2020

Total Hours: 36.00

5


Transcripts #1 (NCBL CMHC)

1. Order through National Student Clearing House > Transcript Request
<https://tsorder.studentclearinghouse.org/school/select>
2. Email to transcripts@ncblcmhc.org (double check this email is correct!)
3. Submit proof of payment/receipt to board

**Transcripts will be sent after degree is conferred

11/20/2019 National Student Clearinghouse Track Your Order

Transcript Order Status



Order Confirmation for

Requestor Information

Order Number: [REDACTED]
School: University of North Carolina at Pembroke
Name: [REDACTED]
Order Date: November 20, 2019 10:59 AM ET
Credit Card: [REDACTED]
Billing Address: [REDACTED]
FAYETTEVILLE, NORTH CAROLINA 28303

Recipient Order Details

NORTH CAROLINA BOARD OF LICENSED PROFESSIONAL COUNSELORS

Total Fee for this Recipient: \$10.25

Email: TRANSCRIPTS@NCBLPC.ORG

Processing Option: After Degree Is Awarded
Delivery Method: Electronic
Quantity: 1 copy
Transcript Quantity Fee: \$10.25

Total Fee for Order: \$10.25

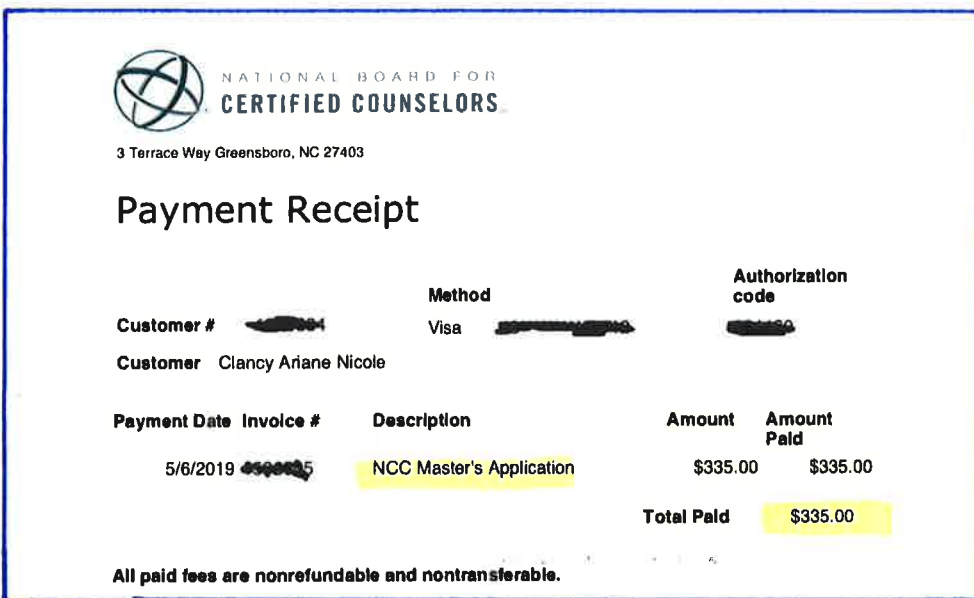
Your credit card will not be charged until transcript(s) are sent. The charge for this transaction will appear on your credit card statement as "College Transcript". An order confirmation will be sent to anclancy3@gmail.com. Thank you for your order!

6

National Exam Scores

Part 1: For application

- Upload receipt of payment for NCE Exam.



NATIONAL BOARD FOR CERTIFIED COUNSELORS
3 Terrace Way Greensboro, NC 27403

Payment Receipt

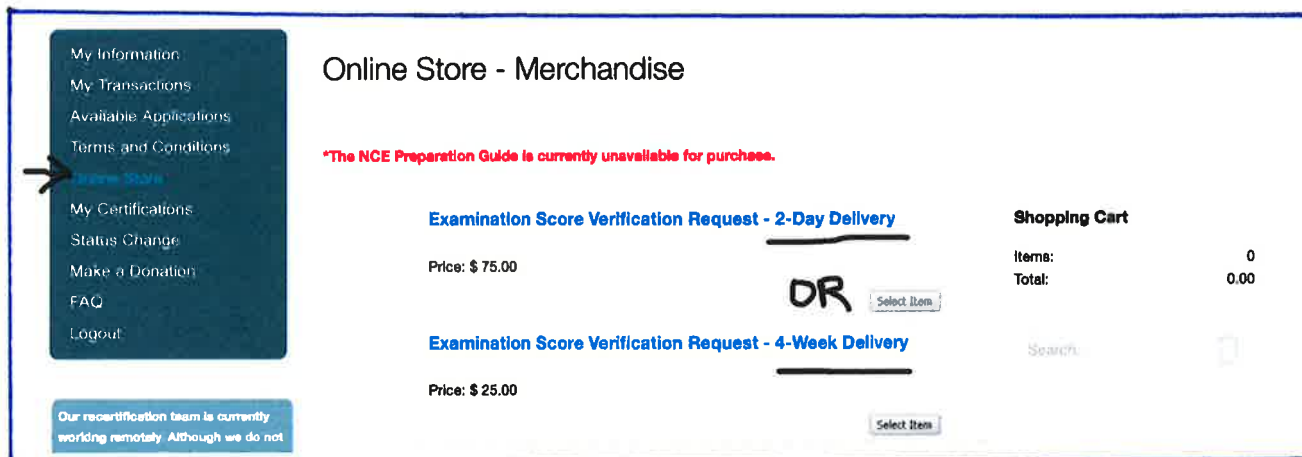
Customer #	[REDACTED]	Method	Visa [REDACTED]	Authorization code	[REDACTED]
Customer	Clancy Ariane Nicole				

Payment Date	Invoice #	Description	Amount	Amount Paid
5/6/2019	4500025	NCC Master's Application	\$335.00	\$335.00
Total Paid			\$335.00	

All paid fees are nonrefundable and nontransferable.

Part 2: After Passing NCE

1. Order NCE scores from Pro-Counselor account to be sent to board



Online Store - Merchandise

*The NCE Preparation Guide is currently unavailable for purchase.

Examination Score Verification Request - 2-Day Delivery	Shopping Cart
Price: \$ 75.00	Items: 0
DR <input type="button" value="Select Item"/>	Total: 0.00
Examination Score Verification Request - 4-Week Delivery	Search: <input type="text"/>
Price: \$ 25.00	<input type="button" value="Select Item"/>

Our recertification team is currently working remotely. Although we do not

Transcript #2 For NBCC:

Order transcript through National Student Clearing House > Transcript Request
<https://tsorder.studentclearinghouse.org/school/select>
Email to certification@nbcc.org (double check this email is correct!)

- **Transcript will be sent after conferral of degree
- **Scores will be sent to board after transcript is received and reviewed by NBCC
- **This part of the process can take some time :(

7



- 1
- 2
- 3 Confirm Order and Checkout

Order Confirmation

Requestor Information

Order Number: 52567627
School: University of North Carolina at Pembroke
Name:
Order Date: 04/28/2021 09:31 PM ET
Credit Card:
Billing Address: LUMBERTON, NORTH CAROLINA 28360-1798

Recipient Order Details

Total Fee for this Recipient: \$10.25

Recipient: NBCC

Attention: CERTIFICATION DEPARTMENT

Recipient Address:

3 TERRACE WAY
GREENSBORO, NC 27403

Processing Option: After Degree Is Awarded

Delivery Method: Mail ⓘ

Quantity: 1 copy

Transcript Quantity Fee: \$10.25

Total Fee for Order: \$10.25

8

Education

Status: Pending Review

Institution	Degree	Major	Graduation	Verified	Add Transcript
University of North Carolina-Pembroke	M.A.	CACREP-Accredited Counseling Degree	May/2021		<input type="button" value="Update"/>

Instructions:

NBCC does not require your transcript as part of your registration for the National Counselor Examination (NCE) or National Clinical Mental Health Counseling Examination (NCMHCE) as part of this application.

We do need your transcript once you have graduated and passed the examination in order to complete this application and gain the National Certified Counselor (NCC) credential. You will have two years from the date you submit this application to submit a final, official transcript to be reviewed. Once received, the review of the transcript can take between four and eight weeks.

This application for the NCC requires an applicant be enrolled in a CACREP-accredited degree program. In order to be certified as an NCC under this application, you must complete all of the requirements of the degree program. If you switch degree programs, contact NBCC's Certification Department immediately so that we can determine if it affects your eligibility for this application.

Transcripts can be mailed to NBCC, Attn: Certification Department, 3 Terrace Way, Greensboro, NC 27403, or emailed to certification@nbcc.org. Official digital transcripts must come directly from the university or their password-protected transcript clearinghouse system.

More Information

[About](#)
[Newsletter](#)

Reach Out

tel: +1 336-547-0607
fax: +1 336-547-0017

ALL ACCESSED From SITE

Graduate Experience Review: This goes to UNCP field placement coordinator (not site supervisor or UNCP supervisor) **cmhc Dr. Stargell** | **Professional School Counselor Dr. Bicks**

LiveScan Fingerprint Card:

- Cumberland County Sherriff's Office (By appt., \$12)
- Robeson County Sheriff's Department (By appt., \$5 cash)

CBC Application (Live Scan/Fingerprint Card) → (1) Background Check.
(2) Submit electronic fingerprint. (criminal background check results)

Jurisprudence Exam:

1. Counselor Gateway Account > Exams Tab > Jurisprudence Exam (\$45)
 2. Submit Certificate of Completion
- ** You can take it until you pass

Application Affidavit Notary:

1. Counselor Gateway Account > Forms Tab > Online Forms and Requests > Under Downloadable Forms
2. Print form & complete
3. Have signed & stamped by notary (UPS & FedEx stores usually have one on staff and charge \$5) (Free at SECU for members)
4. Scan & upload

Visit

UNCP Field Placement and Testing Website

- (1) Resources for Students.
- (2) Resources for LCMHCA Applicants.
- (3) Applying for Your LCMHCA.
- (4) Ethics Resources

ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation, to perform a national criminal history record check in connection with my application for employment with the agency listed below.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information.

Applicant/Licensee's Signature

April 29, 2021
Date

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

Agency Authorized Official's Signature

April 29, 2021
Date

Stefon Plummer, Board Administrator

Authorized Official's Printed Name

North Carolina Board of Licensed Counselors

Agency Name

NCBLCMHC000

Agency OCA#

PO Box 77819, Greensboro, NC 27417

Agency Address

844-622-3572

Agency Phone Number

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the State Bureau of Investigation.

Signature of Official Taking Fingerprints

Date

By checking this box, I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

This completed form is to be mailed to Agency listed above.
Do NOT send this form to the SBI.

11

Certificate

Certificate of Completion

Certificate #V119893 - Date of completion: 04/27/2021

- NC License:

has successfully completed a continuing education course provided by ContinuingEdCourses.Net

Course #125 - North Carolina LCMHCA Jurisprudence Exam
by ContinuingEdCourses.Net

5 CE Hours

ContinuingEdCourses.Net is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. ContinuingEdCourses.Net maintains responsibility for this program and its content.

ContinuingEdCourses.Net, provider #1107, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. ContinuingEdCourses.Net maintains responsibility for this course. ACE provider approval period: 3/9/2015-3/9/2024. Social workers completing this course receive 5 continuing education credits.

ContinuingEdCourses.Net has been approved by the National Board for Certified Counselors (NBCC) as an Approved Continuing Education Provider (ACEP), ACEP #6323. Programs that do not qualify for NBCC credit are clearly identified. ContinuingEdCourses.Net is solely responsible for all aspects of the programs.

ContinuingEdCourses.Net is recognized by the New York State Education Department's State Board for Social Work (NYSED-SBSW) as an approved provider of continuing education for licensed social workers #SW-0561. These are self-study courses.

ContinuingEdCourses.Net, Inc.
12842 Francine Ct.
Poway, CA 92064
858-484-4304

Ruth Samad, Ph.D.

Ruth Samad, Ph.D. Program Administrator

Print

Name of Applicant: (Required) _____

APPLICATION VALIDATION - To be completed by all applicants.

North Carolina Board of Licensed Clinical Mental Health Counselors

Licensure Application Affidavit

This form must be signed and dated in the presence of a Notary Public.

To be completed by applicant:

I declare and affirm all of the following:

- I am the person who executed this application.
- The statements contained on this application including accompanying documents, are true and complete in every aspect.
- I have not suppressed or withheld information that might affect this application.
- I will comply with all legal and ethical standards and standards of practice in my professional conduct, as required by the NC Licensed Professional Counselors Act and the ACA Code of Ethics.
- I have read and understand this affidavit.

I understand that any false or misleading information in, or in connection with, my application may be cause for denial of licensure, disciplinary action against a license, or revocation of a license. I also understand that the Board has the authority to conduct a full criminal record search, including state and national records.

Applicant's Full Name (PRINTED): _____

Applicant's Signature: _____

Date: 4/28/2021

Notary Information:

State of North Carolina

City/County of Robeson

Sworn to (or affirmed) and subscribed before me, on this,

the 28 day of April in the year 2021, and proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public Signature: _____

My Commission Expires: May 16, 2022

Upload the completed form in the Counselor Gateway or mail to: NCBLCMHC • PO Box 77819 • Greensboro, NC 27417

Application Status: Under Review

Item	Status	Action
Application Received	✔ Complete	
Payment Received	✔ Complete	
Legal Documentation	✔ Complete	
Transcripts Receipt Submitted	✘ Incomplete	+ Upload
Transcripts Received	✘ Incomplete	+ Upload
Education Review	✘ Incomplete	
Graduate Experience Review	✘ Incomplete	+ Upload
LiveScan/Fingerprint Card	✘ Incomplete	
National Exam Receipt Submitted	✘ Incomplete	+ Upload
National Exam Scores Received	✘ Incomplete	+ Upload
Professional Disclosure Statement	✘ Incomplete	+ Upload
Jurisprudence Exam Certificate	✘ Incomplete	+ Upload
Professional References Received	✘ Incomplete	+ Upload
Professional References Review	✘ Incomplete	
Criminal Background Check Results	✘ Incomplete	
Application Affidavit Notary	✘ Incomplete	+ Upload

BEFORE
ANY
UPLOADS

①④



» LCMHC Associate

- [Information Request](#)
- [View Receipts](#)
- [Back to Home](#)

License #: [REDACTED]-JQAVMX **Issued:**

Status: **Expiration:**

Options

No options are available at this time

Application History

[Click here for status and required documents](#)

[REDACTED]-JQAVMX

Type: Initial

Status:

Last Update: 4/29/2021 4:34:19 PM

License Files

Receipt_20210427.pdf	Jurisprudence_Exam-[REDACTED].pdf	NBCCPaymentSummary_NCE-[REDACTED].PDF
Transcript_Order-[REDACTED].pdf	affidavit_[REDACTED].jpg	

Back to License

» LCMHC ASSOCIATE »

Application Checklist Application Viewer

 If any documents are required from you, you may upload them using the Upload button on the appropriate checklist item below.
 NOTE: Uploading of documents will not complete any checklist item. Checklist items will be marked complete by Board staff after submitted documents are reviewed. Completed checklists do not guarantee licensure approval as licenses must be issued under the approval of the Board.

DISCLAIMER:
 All information provided by the North Carolina Board of Licensed Clinical Mental Health Counselors on this website is made available to provide immediate access for the convenience of interested persons. While the Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or for any errors or omissions, or for the use or results obtained from the use of this information. All access to and use of this website is governed by the Disclosures as set forth by the North Carolina Board of Licensed Clinical Mental Health Counselors.

Application Status: [Under Review](#)

Item	Status	Action
Application Received	✓ Complete	
Payment Received	✓ Complete	
Legal Documentation	✓ Complete	
Transcripts Received	✗ Incomplete	Upload
Education Review	✗ Incomplete	Upload
Graduate Experience Review	✗ Incomplete	Upload
LiveScan/Fingerprint Card	✓ Complete	
National Exam Scores Received	✗ Incomplete	Upload
Professional Disclosure Statement	✗ Incomplete	Upload
Jurisprudence Exam Certificate	✓ Complete	Upload
Professional References Received	✓ Complete	
Professional References Review	✓ Complete	
Criminal Background Check Results	✗ Incomplete	Upload
Application Affidavit Notary	✓ Complete	Upload

AFTER UPLOADS

Two Remaining:

① →

② → *After appt at sheriff's Dept.

*After graduation.

*After exam order.

TEMPLATE

LCMHC Professional Disclosure Statement

<Full Name, Credentials>

Office: <Number with Area code>

Fax: <Number with Area code>

E-mail: <Email Address if you want clients to have one>

Qualifications <In paragraph form, describe the elements below.>

- The licensee's or applicant's highest relevant degree, year degree received, discipline of degree, and name of institution granting the degree.
- Names and numbers of all relevant credentials (licenses, certificates or registrations).
- Number of years of counseling experience.

Counseling Background <In paragraph form, describe the elements below.>

- Description of clientele (populations) served.
- Description of services offered (include a brief description of theoretical orientation and types of techniques used).
- Description of areas of competence (such as theoretical orientation and techniques – e.g., play therapy, EMDR, DBT, etc.).

Session Fees and Length of Service <In paragraph form, describe the elements below.>

- Length of sessions
- Specific fee charged for each type of session. If a sliding scale is used, it must be included in full with a blank for the agreed upon fee. If no fee is charged, this must be stated.
- Methods of payment accepted (cash, check, credit card, etc) and information about billing or insurance reimbursement.

Use of Diagnosis <Below is an example. Modify to fit your preference.>

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Confidentiality <Below is an example.>

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

Complaints <This section should remain the same>

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

North Carolina Board of Licensed Clinical Mental Health Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
E-mail: Complaints@ncblemh.org

Acceptance of Terms <This section should remain the same>

We agree to these terms and will abide by these guidelines.

Client: _____ Date: _____

Counselor: _____ Date: _____

APPLY AFTER GRADUATION



NCASPPB
North Carolina Addictions Specialist
Professional Practice Board

[CREDENTIALING](#)

[BOARD MEETINGS](#)

[TRAINING APPROVAL](#)

[ABOUT US](#)

[RULES](#)

[VERIFY CREDENTIALS](#)

[Home](#) [Credentialing](#) [Licensed Clinical Addiction Specialist](#)

LICENSED CLINICAL ADDICTION SPECIALIST

What is a Licensed Clinical Addiction Specialist?



[Click here for more information](#)

Who Can Apply?

This credential is *only* available to persons who have completed a Master's Degree *with a clinical internship* from a regionally accredited college or university.

Exceptions are *not* made for applicants based on experience or the various requirements for graduation.

This requirement is by law and is non-negotiable.

There is no grandfathering for this statutory requirement.

What Criteria Am I?

Criteria A is the standard application procedure for all qualifying Master's Degrees.

Criteria B is the application procedure for persons who already hold a CADC from NCSAPPB.

[Criteria C Schools/Programs](#) (If your school is not included, then your program is not Criteria C) is the application procedure to pre-approved substance abuse/addictions Master's degrees.

Criteria D (Deemed Status) please also click [here](#).

What can an LCAS do?

Scope of Practice: The practice of a licensed clinical addictions specialist may be independent and consists of the Twelve Core Functions, including screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, report and record keeping, consultation with other professionals in regard to client treatment and services, referral to reduce the conditions that place individuals at risk of developing addictive disorder or disease with co occurring disorders, and treatment for addictive disorder or disease. The licensed clinical addictions specialist may provide supervision to maintain a [CADC or CCJP] ...

FORMS

[Ethical Complaint Form](#)

[IC&RC International Certificate](#)

[Training Approval Request Form](#)

RESOURCES

[*Coronavirus Resolution](#)

[Administrative Rules](#)

[Announcements](#)

[Bylaws of the Board](#)

[Criminal Background Information](#)

[Disciplinary Actions](#)

[Ethics Rules](#)

[Exam Study Material](#)

[Fees](#)

[Information on Grandfathering](#)

[Job Postings](#)

[LCAS Scope of Practice](#)

[Practice Board Reflections](#)

[Reciprocity](#)

[Statutes](#)

[Supervisors](#)

[Trainings](#)

From the time of application you have 5 years to take the exam.



[Click here to start your application:](#)



[Click here for questions about getting started.](#)

FORMS

[Ethical Complaint Form](#)

[IC&RC International Certificate](#)

[Training Approval Request Form](#)

RESOURCES

[*Coronavirus Resolution](#)

[Administrative Rules](#)

[Announcements](#)

[Bylaws of the Board](#)

[Criminal Background Information](#)

[Disciplinary Actions](#)

[Ethics Rules](#)

[Exam Study Material](#)

[Fees](#)

[Information on Grandfathering](#)

[Job Postings](#)

[LCAS Scope of Practice](#)

[Practice Board Reflections](#)

[Reciprocity](#)

[Statutes](#)

[Supervisors](#)

[Trainings](#)

NEED HELP?

Search...

[Want to contact us?](#)

P.O. Box 10126, Raleigh, NC 27605

Ph: 919-832-0975

Fax: 919-833-5743

For LCAS,
include on
professional
disclosure
statement.