



Application Packet for

**Upgrade from
ADC-MN to ADCR-MN**

Directions/Checklist

Read the application packet thoroughly. Submit your application forms in the following order with supporting documents. You are only required to submit material sufficient to meet the requirements of the certification for which you are applying. If you have used any names other than the name on the application, please submit legal documentation of a name change along with the Counselor Application.

All information must be typed or printed legibly. Items may be mailed. or emailed.

- Form 1: Application
- Form 2: Documentation of Experience
- Form 3: Documentation of Academic Equivalentents
- Payment of \$75 (If paying by check, it must be included and made payable to MCB)

When the application is approved, you will receive an email. Application packets are typically processed within one month of receipt. If there are any problems with the application, you will be notified by email or phone.

Make sure to retain a photocopy of the entire application for your records. All materials submitted become property of the MCB and may be disposed of after 3 years. Send your completed application, accompanying materials, and the fee to:

MCB
PO Box 586
Wyoming, MN 55092
Phone: 763 434 9787
Website: www.mcboard.org Email: mcb@mcboard.org

If applying online:

Start your application on our website at www.mcboard.org. Under the Certification tab, identify the credential you are interested in applying for and click on “apply online”. You will be directed to our online system called Certemy to begin the registration process and complete your application. Follow the online instructions and submit the requested information. The online process requests the same information requested in the paper application.

UPGRADING FROM ALCOHOL AND DRUG COUNSELOR (ADC-MN) TO ALCOHOL AND DRUG COUNSELOR RECIPROCAL (ADCR-MN)

This packet allows you to upgrade your non-reciprocal Alcohol and Drug Counselor – Minnesota (ADC-MN) credential to the reciprocal level Alcohol and Drug Counselor Reciprocal – Minnesota (ADCR-MN) credential. The upgrade is based on acquiring 6000 hours of relevant experience.

DOCUMENTATION OF EXPERIENCE

Applicable to this experience is any time spent providing services within the IC&RC Alcohol and Drug Counselor Domains.

- Screening, Assessment, and Engagement
- Treatment Planning, Collaboration, and Referral
- Counseling
- Professional & Ethical Responsibilities

To be eligible, the work experience must meet the following requirements:

- Experience must have been gained within the last seven years
- Experience is based on the applicant providing direct, primary alcohol and drug counseling to persons who has a substance use disorder diagnosis or the applicant is providing supervision of alcohol and drug counseling
- Applicant must be clinically supervised by an individual who is knowledgeable in addiction
- Experience must be gained as an intern or paid employee

Applicant must document their experience on the Documentation of Experience form (Form 2). Submit a separate form for each program where you have accumulated experience that you wish to apply toward your application.

The Minnesota Certification Board offers a degree equivalent process to substitute a degree for experience requirements. The equivalent is based on your highest relevant degree.

- An associate's degree in behavioral science may substitute for 1000 hours
- A bachelor's degree in behavioral science may substitute for 2000 hours
- A master's degree in behavioral science may substitute for 4000 hours

The degree must be from an accredited college or university with a major in sociology, psychology, social services, counseling, human services or a related behavioral science field. To be considered for the education credit, you must complete the Documentation of Academic Equivalents form (Form 3) and also submit a copy of your transcripts with the major and date of completion highlighted.

**MINNESOTA CERTIFICATION BOARD
UPGRADE FROM ADC-MN to ADCR-MN
Application**

***Please print clearly to prevent delays in the processing of your application.**

Date of Application		Date of Birth	
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Name (as you want it to appear on your certificate):	
Prior Names, Known Aliases (submit legal documentation of name change)	

Last Four of SSN: XXX-XX-		Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Home Address (Street, APT #)					
City		State		ZIP	
Home Email		Home Phone	()		

Work Address (Street, Suite #)					
City		State		ZIP	
Work Email		Work Phone	()		

If MCB needs to contact you, please indicate your preference: Home Contact Work Contact

Disciplinary Actions

Have you ever received any disciplinary action from another certification or licensing authority?

Yes No

If yes, please explain in full on a separate sheet and attach to this form.

Payment Information (non-refundable)

Fee of \$75 paid by:

- Check/Money Order (Payable to MCB)
- Credit Card# _____ Expiration: _____
- Third Party Payer Information _____

**MINNESOTA CERTIFICATION BOARD
ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (ADCR-MN)
Documentation of Experience**

6000 hours of supervised experience specific to the Alcohol and Drug Counselor domains are required. For explanations of acceptable experience, please see the Documentation of Experience section on page 3 of this manual.

Section I - Applicant Information

Name					
Home Address (Street, APT #)					
City		State		ZIP	

Section II - Program Information - To be completed by the applicant's supervisor, program director, or personnel office.

Program Name					
Program Address (Street, APT #)					
City		State		ZIP	
Program License #		Phone			

Section III - Documentation of Experience - To be completed by the applicant's supervisor, program director, or personnel office. **A copy of the applicant's official job description for the position listed must be attached.** Please complete a separate copy of this form for each position used toward the experience requirement.

Applicant's Position					
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Start Date		End Date		Total Hours	
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By signing below, I attest that the applicant (named in Section I) performed competently at the program (named in Section II) providing supervised counseling services to AODA clients.

Supervisor's Signature

Supervisor: Print Name and Title

Date

**MINNESOTA CERTIFICATION BOARD
ALCOHOL & DRUG COUNSELOR RECIPROCAL-MN (ADCR-MN)
Documentation of Academic Equivalents**

Applicants may apply academic degrees toward part of the experience requirement. The degree must be from an accredited college or university with a major in sociology, psychology, social services, counseling, human services or a related behavioral science field. To be considered for the education credit you should **submit a copy of your transcripts** with the major and date of completion highlighted.

- An associate’s degree in behavioral science may substitute for 1000 hours
- A bachelor’s degree in behavioral science may substitute for 2000 hours
- A master’s degree in behavioral science may substitute for 4000 hours

Applicants who have completed an alcohol and drug counseling practicum/internship for academic credit through a MN college/university may count the hours toward their experience requirement. Please check **one** of the following and attach a copy of your transcripts for your highest degree.

<input type="checkbox"/>	I do NOT have a degree in a behavioral science field and am not eligible to apply an academic equivalent to my experience requirement.
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<input type="checkbox"/>	The highest behavioral science degree that I possess is an associate’s degree , which may substitute for 1000 hours toward my experience requirement.	
	Major:	Completion Date:

<input type="checkbox"/>	The highest behavioral science degree that I possess is a bachelor’s degree , which may substitute for 2000 hours toward my experience requirement.	
	Major:	Completion Date:

<input type="checkbox"/>	The highest behavioral science degree that I possess is a master’s degree , which may substitute for 4000 hours toward my experience requirement.	
	Major:	Completion Date: