

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS
121 South Fruit Street
Concord, N.H. 03301-2412
Telephone 603-271-6761 · Fax 603-271-6702

SARAH T. BLODGETT
Acting Executive Director



Dear Applicant for initial certification as a Recovery Support Worker:

Enclosed is the packet of application materials for you to use in applying for initial certification as a Certified Recovery Support Worker (CRSW). The Board will respond to your application as promptly as possible upon receipt of all of the information needed for the Board to make its decision. If it seems that the Board is not responding to your application quickly enough, please remember that, by law, the Board can make no decision on your application until it has received federal and State reports about any criminal convictions you might have had, and all other required documentation.

The following items are to be mailed or delivered (not faxed) to the Board's office:

- A completed application form.
- Payment of \$110.00 by check or money order made out to "Treasurer, State of NH" for combined application and certification fees, or in cash if you prefer.
- A recent 2-inch by 2-inch headshot photo of yourself.
- A photocopy of your high school diploma, GED or any other document showing that you have earned the equivalent of a high school diploma.
- The completed division of state police form, which is in this application packet. Please issue a check to the agency you use to do your fingerprint check. **Please do not send the payment to the Board; it needs to go directly to the agency where you choose to get your fingerprints done.**
- On a separate sheet of paper a written description of the circumstances for each "yes" answer to any of the "yes-no" questions on the application form.
- A letter from each of the entities for which you did the paid or volunteer work required by rule Alc 303.01. Please see rule Alc 304.04(g) for what must be in the letter.
- As many photocopies of certificates of completion as necessary to show that you have met the educational requirements in rule Alc 303.03. Please see Alc 304.04(h) for what must be shown on the certificates.
- If you have ever been authorized to practice recovery support in any other jurisdiction(s), please arrange for a letter of verification described in rule Alc 303.04(e) to be mailed directly from each jurisdiction to the board's office.

**NEW HAMPSHIRE BOARD OF LICENSING FOR ALCOHOL AND OTHER
DRUG USE PROFESSIONALS**

APPLICATION FOR CERTIFIED RECOVERY SUPPORT WORKER

NAME: _____
 Last First Middle

OTHER NAMES USED: _____ DOB: _____

CURRENT EMPLOYER: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

BUSINESS E-MAIL: _____

HOME ADDRESS: _____

MAILING ADDRESS (if different from above) _____

HOME PHONE: _____ CELL PHONE: _____

PERSONAL E-MAIL: _____

1. Please list the public and private settings in which you have completed the paid or volunteer work experience required by Alc 303.02. (Attach additional sheets if necessary)

2. Please list the sources of training required by Alc 303.03. (Attach additional sheets if necessary)

3. a. Do you have any pending criminal charges? Yes _____ No _____
 b. Have you made a plea agreement relative to any criminal charge? _____ No _____
 c. Do you have a license or certification under revocation, suspension or probation in another state or territory of the United States? Yes _____ No _____

4. Have you engaged in work with individuals with substance use disorders in a manner harmful or dangerous to them or the public? Yes _____ No _____
5. Have you practiced fraud or deceit in procuring or attempting to obtain certification? Yes _____ No _____
6. Have you engaged in sexual relations with, solicited sexual relations with, or committed an act of sexual abuse against or sexual misconduct with, a current or past client? Yes _____ No _____
7. Have you failed to remain free from the use of any controlled substance or any alcoholic beverage to the extent that its use impaired your ability to engage in work with individuals with substance disorders with safety to the public? Yes _____ No _____
8. Have you engaged in false or misleading advertising? Yes _____ No _____
9. Do you have any disciplinary action pending in another state or territory of the United States? Yes _____ No _____
10. Do you have a mental disability that significantly impairs your professional ability or judgment? Yes _____ No _____

If you have answered "yes" to any of the above questions, have you made any restitution or taken any remedial action? Yes _____ No _____

Please explain:

PRIVACY NOTICE

The Board of Licensing for Alcohol and Other Drug Use Professionals is required by RSA 161-b:11 to obtain your SSN for the purpose of child support enforcement. Except for its use in child support enforcement, your social security number will not be used by the Board of Alcohol and Other Drug Use Professionals and will be held confidential.

SOCIAL SECURITY NO. _____

The information provided on this application form and in the materials I have provided to support my application is true, accurate and complete to the best of my knowledge and belief. I acknowledge that, pursuant to RSA 641:3, the knowing making of a false statement on this application form is punishable as a misdemeanor.

Signature
Date

FOR BOARD USE ONLY

Date Received _____ Check # _____ Amount: _____

ASSURANCES

Alcohol and Drug CRSW Code of Conduct

- (a) With regard to quality of care, the CRSW shall make a commitment to provide the highest quality of care for the client.
- (b) With regard to non-discrimination, the CRSW shall not discriminate against any client or other professional based on race, color, religion, age, sex, marital status, national origin, ancestry, sexual orientation, or mental or physical disability.
- (c) With regard to professional responsibility, the CRSW shall:
 - (1) Exercise professional judgment;
 - (2) Maintain the best interest of the client; and
 - (3) Assist the client to help him or her toward the primary goal of recovery.
- (d) With regard to professional competence, the CRSW shall:
 - (1) Provide competent professional service to the client;
 - (2) Participate in ongoing professional education to maintain state-of-the-art knowledge and skill;
 - (3) Be responsible for his or her conduct in all areas of professional life;
 - (4) Maintain physical, mental and emotional well being;
 - (5) Recognize personal and professional boundaries and limitations;
 - (6) Seek the advice and counsel of colleagues and supervisors whenever such consultation is in the best interest of the client; and
 - (7) Recognize the effect of impairment on professional performance and be willing to seek appropriate treatment when necessary.
- (e) With regard to professional standards, the CRSW shall:
 - (1) Maintain the highest professional standards;
 - (2) Respect institutional policies and management functions within agencies and institutions, and provide initiative toward improving institutional policies and management functions;
 - (3) Not claim or imply professional knowledge, qualifications, certifications, or affiliations that he or she does not possess; and
 - (4) Not lend his or her name to, or participate in, any professional and/or business relationship, which may misrepresent or mislead the public in any way.
- (f) With regard to professional obligation to the public, the CRSW shall not state or imply a higher degree of knowledge and/or insight into co-occurring or substance use disorders than would be available through similarly situated and/or trained professionals.
- (g) With regard to publications, the CRSW shall preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques used in creating his or her opinions; or in writing, editing, or publishing papers, pamphlets or books.
- (h) With regard to client welfare, the CRSW shall:
 - (1) Place the best interest of the client before conflicting professional commitments or professional gain;
 - (2) Always strive to provide an appropriate setting for clinical work; and
 - (3) Provide a supportive environment for any client having special needs.
- (i) With regard to confidentiality, the CRSW shall:
 - (1) Not reveal information relating to a client unless the client consents to such release of information in writing and after consultation with the CRSW; and
 - (2) Strive to preserve client records and information regardless of the media used to store such information.
- (j) With regard to client and public safety, notwithstanding confidentiality regulations, the CRSW may reveal confidential information to public authorities or other professionals to the extent that he or she reasonable believes necessary to prevent a client from serious harm whether self-inflicted or inflicted upon a third person, or where the client is in imminent danger, or in danger of injuring another person.
- (k) With regard to client relationships, the CRSW shall:

- (1) Respect and maintain an objective, non-possessive, non-personal, professional relationship with the client at all times;
 - (2) Obtain the client's permission for recording a session, for involving any third party in a session, or for releasing any information pertaining to the client;
 - (3) Not enter into a business relationship with the client during the therapeutic relationship;
 - (4) Not enter into a business relationship with any other person if doing so would adversely affect the client;
 - (5) Not engage in any sexual activity with any current or former client;
 - (6) When it is in the best interests of a client, release or refer the client to other programs or individuals as dictated by professional standards and good clinical practice;
 - (7) Not enter into a counseling relationship with a client if the CRSW's own responsibilities to or relationship with a third person would adversely affect the client; and
 - (8) Not enter into a personal and/or exploitive relationship with a former client following the termination of the therapeutic relationship.
 - (9) Not enter into a counseling relationship with anyone with whom you have had a previous intimate relationship.
- (l) With regard to professional integrity, the CRSW shall:
- (1) Cooperate with and adhere to this New Hampshire alcohol and drug CRSW code of conduct;
 - (2) Never knowingly make a false statement to the New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals;
 - (3) Promptly report violations of this professional code of conduct by other CRSWs to the New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals;
 - (4) Disclose to the New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals any material fact, which could adversely affect a CRSW-client relationship. To include any disciplinary action taken by any other board or regulatory body.
- (m) With regard to remuneration, the CRSW shall:
- (1) Establish reasonable financial arrangements based on fees customarily charged in his or her locality for similar services; and
 - (2) Not accept fees or gratuities for professional work from a client whose fees are being paid through an institution and/or agency and who is otherwise entitled to such services.
- (n) With regard to professional promotion, the CRSW shall strive to maintain and promote the integrity and advancement of the alcohol and drug CRSW profession.

ASSURANCE # 1: I HAVE READ AND I SUBSCRIBE TO THE PROFESSIONAL CODE OF CONDUCT OF THE NEW HAMPSHIRE BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS.

_____ NAME _____ SIGNATURE _____ DATE

ASSURANCE #2: I HEREBY CERTIFY THAT ALL OF THE ENCLOSED APPLICATION MATERIALS IS, TO THE BEST OF MY KNOWLEDGE, TRUE.

_____ NAME _____ SIGNATURE _____ DATE

ASSURANCE #3: I AGREE TO SURRENDER MY CERTIFICATION, IF NECESSARY, FOR VIOLATIONS OF THE PROFESSIONAL CODE OF CONDUCT.

_____ NAME _____ SIGNATURE _____ DATE

EDUCATION AND TRAINING SUMMARY
(A MINIMUM OF 46 CONTACT HOURS IS REQUIRED)

- A minimum of 24 hours, of the 46 total hours, must have been obtained within the past 12 months.
- A minimum of 16 hours training, of the 46 total hours, is required in Ethics as related to substance abuse.
- A minimum of 6 hours training, of the total 46 hours, is required in HIV/Aids as related to substance abuse.
- A minimum of 6 hours training, of the 46 total hours, is required in suicide prevention.
- 25% of the total hours (11.5 hours) can be from on-line training(s).

	Dates of Attendance	Sponsoring Agency	Total Hours
HIV/Aids			
Ethics			
Suicide Prevention			

If the training has been pre-approved by the NH Board of Licensing for Alcohol and Other Drug Use Professionals, attach a copy of the Certificate of Attendance. **IF THE TRAINING HAS NOT BEEN PRE-APPROVED, YOU MUST ATTACH A DESCRIPTION OR OUTLINE OF THE TRAINING IN ADDITION TO A COPY OF THE CERTIFICATE OF ATTENDANCE. Give each certificate an "Item #" and place your certificates in numerical order.**

Item #	Title of Course or Training	Dates of Attendance	Sponsoring Agency	Total Hours

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Concord, N.H. 03301-2412

Telephone 603-271-6761 · Fax 603-271-6702

SARAH BLODGETT
Executive Director



Dear Applicant:

Enclosed is a Registration Form for the International Certification Examination for Alcohol & Other Drug Abuse Counselors.

To register for the exam, please return the enclosed Registration Form and check or money order for \$115.00, made payable to **"Treasurer, State of New Hampshire"** to this office.

All exams are done through Computer Based Testing. Once I receive your registration form, I will pre-register you with the testing company. You will receive an e-mail from IQT Testing on how to register for the exam. You will be able to choose your own date and location and will be able to print your admission letter once you have successfully registered. The admission document will give you all the information needed for the day of testing. Once you have been pre-registered, you will have one year to take the exam.

Information on study guides and practice exams can be found at www.internationalcredentialing.org/examprep. Please consult the appropriate candidate guide for the exam for which you are preparing:

CRSW – PR exam

LADC – ADC exam

MLADC – AADC exam

Licensed Clinical Supervisor – CS exam

Co-occurring Disorders – CCDP exam

IF YOU ARE CURRENTLY A LADC & DO NOT HAVE YOUR NEW HAMPSHIRE MENTAL HEALTH LICENSE, YOU MUST TAKE THE CO-OCCURRING EXAM TO BE ELIGIBLE FOR THE MLADC.

IF YOU ARE TAKING THE MLADC EXAM & YOU DO NOT HAVE A NEW HAMPSHIRE MENTAL HEALTH LICENSE, YOU ALSO NEED TO TAKE THE CO-OCCURRING EXAM

Should you have any questions, feel free to contact me at (603) 271-6761.

Sincerely,

Glenda Hanscom

Glenda Hanscom, Administrator
nhladc@nh.gov

PLEASE NOTE YOU CAN ONLY TAKE ONE EXAM AT A TIME.

STATE OF NEW HAMPSHIRE BOARD OF LICENSING FOR ALCOHOL & OTHER DRUG USE PROFESSIONALS

International Examination Registration Form

NAME: _____

ADDRESS: _____

STREET

TOWN

STATE

ZIP

PHONE NUMBER: W- _____ H- _____ C- _____

E-MAIL: _____

PLEASE INDICATE WHICH EXAM YOU WISH TO TAKE:

PR _____ LADC _____ MLADC _____ CO-OCCURRING _____ LCS _____

FOR THE LADC EXAM PLEASE INDICATE:

ENGLISH VERSION _____ SPANISH VERSION _____ FRENCH VERSION _____

(PLEASE NOTE, YOU CANNOT TAKE THE LCS EXAM IF YOU HAVE NOT BEEN LICENSED AS A MLADC/LADC FOR 5 YEARS)

ADMISSION TICKET INFORMATION

PLEASE CIRCLE THE APPROPRIATE NUMBERS IN THE COLUMNS BELOW:

Educational Level:

- 0 No High School/GED
- 1 High School/GED
- 2 Vocational Certificate
- 3 Associate Degree
- 4 Bachelor Degree
- 5 Masters Degree
- 6 Doctorate

Race:

- 1 Caucasian
- 2 Black/Afro-American
- 3 American Indian or
Alaskan Native
- 4 Asian/Pacific Islander
- 5 Hispanic
- 6 Other

Gender:

- 1 Male
- 2 Female

REGISTRATION CODE _____ (BOARD USE ONLY)

Send this form along with \$115.00 registration fee (payable to "Treasurer, State of NH") to:

NH Board of Licensing for Alcohol and Other Drug Use Professionals
121 South Fruit Street
Philbrook Building
Concord, NH 03301
603-271-6761

Date received: _____ Check #: _____ Amount: _____

Registration Number: _____

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SARAH T. BLODGETT
Executive Director



ATTENTION APPLICANTS:

The Board of Licensing for Alcohol and Other Drug Use Professionals, in accordance with RSA 330-C:20, is requiring all applicants to submit a criminal record check. In order for this record to be complete, your fingerprints must be obtained and submitted to the New Hampshire State Police to check the FBI criminal history records. A copy of the form required by the State Police Central repository for Criminal Records is attached.

In order to streamline this process, the State Police is transitioning to a process of obtaining fingerprints through the use of LIVESCAN technology. LIVESCAN captures a "photograph" of fingerprints and this is no guesswork error here and it takes away the possibility of a fingerprint card being rejected and prints having to be redone, thus lengthening the time period involved in this process as is the possibility if submitting inked fingerprint cards.

Currently there are four locations where this technology is in place. The four locations are Twin Mountains, Keene, Dover Point and the Department of Safety in Concord. It is highly recommended that prior to appearing at one of these locations you call the central office of the State Police Criminal Records Unit and make an appointment at whichever location you so choose. The telephone number for making this appointment is 603-271-2538. Upon appearing at the location, you will need to provide photo identification, the appropriate fee associated with this procedure, \$39.75 for the LIVESCAN and \$49.75 for the inked version, and the completed form that you have received with this correspondence.

We thank you for your anticipated co-operation in this process.

Sincerely,

Glenda Hanscom

Glenda Hanscom
Administrator

The New Hampshire State Police Criminal Records Unit now offers livescan fingerprint capture for individuals requiring a record check through the FBI.

This digital capture of fingerprint impressions will nearly eliminate poor fingerprint rejection from the FBI. Please see below for locations, times of operation, and other pertinent information.

All fingerprinting is done by appointment. Please contact 603-223-3867 to schedule an appointment at one of the sites listed below.

Please arrive 10 minutes prior to your scheduled appointment. Should you arrive more than 10 minutes late, you will be required to reschedule your appointment for another date and time. The process takes approximately 15 – 20 minutes.

A 24-hour notice is required for all cancellations.

Location: NH State Police Headquarters – Dept. of Safety
33 Hazen Drive – Room 106A
Concord, NH 03301
Hours: 8:30 – 3:45

Location: NH State Police – Troop C
15 Ash Brook Court
Keene, NH 03431
Hours: 8:30 – 3:45

Location: NH State Police – Troop E
1864 Route 16
Tamworth, NH 03886
Hours: 8:30 – 3:45

Location: NH State Police – Troop F
549 Route 302
Twin Mountain, NH 03595
Hours: 8:30 – 3:45

Location: Dept. of Safety – DMV Substation
50 Boston Harbor Road
Dover, NH 03820
Hours: 8:30 – 3:45

Location: Dept. of Safety – DMV Substation
377 South Willow Street
Manchester, NH 03103
Hours: 8:30 – 3:45

REQUIRED DOCUMENTS:

- Photo identification (Valid drivers license, valid non-driver ID, passport)
- Completed Criminal History Authorization Form (Complete both Sections I & II – form must be notarized prior to arriving to your appointment)
- Payment by cash, check or money order (Credit cards are currently accepted **only** at the Headquarters location in Concord)



State of New Hampshire

Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG PROFESSIONALS

BACKGROUND CHECK REQUEST OF ALCOHOL AND OTHER DRUG USE COUNSELORS NH RSA 330-C

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____

SEX _____ DRIVER LICENSE NUMBER _____ STATE _____

My signature below certifies I am the individual listed above and the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Board of Licensing for Alcohol and Other Drug Use Professionals

NAME OF PERSON/ENTITY TO RECEIVE RECORD

ADDRESS 121 South Fruit Street, Philbrick Bldg Concord, NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(AFFIX Seal) (comm. Exp.)

Glenda Hanscom
SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD DATE

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

LIVESCAN - \$39.75 (\$49.75 if printed at a state police livescan site) INKED - \$49.75

NOTE: Make checks payable to: State of NH - Criminal Records

Applicant fingerprint card must be submitted at the same time as payment and this form.