FOR OFFICE USE ONLY
Receipt #
ID #
Issue Date
License #

Rhode Island
Board of Licensing for Chemical Dependency Professionals

Room 205
3 Capitol Hill
Providence, RI 02908-5097

Instructions and License Application for:

☐ **Chemical Dependency Professional**

☐ **Chemical Dependency Clinical Supervisor**

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2837 **TTY/TDD: (800) 745-5555** **Fax: (401) 222-2158**

Revised 09/22/2011 jcp

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Instructions for Completing Application.....4

Application Materials

Application.....5-8

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Licensure Requirements

For all Applicants:

- Completed, notarized application.
- Fee of **$50.00** (Payable to "General Treasurer, State of RI")
- Birth Certificate (***original or a copy notarized as being a true copy of the original)***, or if born outside the United States, proof of citizenship or lawful alien status, ***(original or a copy notarized as being a true copy of the original).***
- One (1) recent identification photograph of the applicant, head and shoulders, front view, approximately 2 X 2 inches in size. The photograph must be submitted with the application.
- Copy of current Certification at the appropriate-cite level sent.

APPLICATION PROCESS OVERVIEW

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

http://www.health.ri.gov/atoz/

Rhode Island General Laws pertaining to the Licensing Procedure for Chemical Dependency Professionals may be downloaded at the following website:

http://www.rilin.state.ri.us/statutes/title5/5-69/INDEX.HTM

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Licensing for Chemical Dependency Professionals (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the "checklist" (page 9) must be received by this Office for an application to be considered complete. If you do not complete the application process and obtain a license within one year, a new application must be submitted.

Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have malpractice, criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following the approval of the license. In order to view the status of your license visit our website at:

https://healthri.mylicense.com/Verification

You are responsible for notifying the Board office, in writing, if your address changes. Visit the following website to obtain a change of address form.

http://www.health.ri.gov/forms/changeofaddress/professions.pdf

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed by the Board. Be advised, you may be required to appear for an interview. NOTE: You may ***not*** practice in Rhode Island until you have received a license number.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2837.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application pages (5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages MUST clearly indicate the section for which such information is being reported.
2. Make a check or money order (in U.S. Funds only) for the application fee payable to **General Treasurer, State of Rhode Island** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NONREFUNDABLE.
3. Complete all application materials as instructed and arrange them in the order listed on the application checklist (page 9). Do not submit the application without all applicable information, documentation and fee(s). Mail these components of the application to:

Rhode Island Department of Health
Board of Licensing for Chemical Dependency Professionals
Room 205, 3 Capitol Hill
Providence, RI 02908-5097

State of Rhode Island
Board of Licensing for Chemical Dependency Professionals

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/ Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., Dr., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Divison of Taxation to verify that no taxes are owed to the State."

3. Gender

☐ Male ☐ Female

4. Date of Birth

Month Day Year 19

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Home Phone Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Business Phone Extension Business Fax

7. Preferred Mailing Address Please check ONE	☐ Please use my **Home Address** as my preferred mailing address ☐ Please use my **Business Address** as my preferred mailing address
8. Disciplinary Questions Check either Yes or No for each question.	1. Have you ever been sanctioned by the National Asssociation of Alcohol and Drug Abuse Counselors, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse board? ☐ Yes ☐ No 2. Have you ever been declared mentally incompetent by any court? ☐ Yes ☐ No 3. Have you ever been convicted of a felony violation of any state or federal law? ☐ Yes ☐ No 4. Have you been impaired by any controlled substance or any alcoholic beverage to the extent that the use impairs your ability to practice the profession that is authorized by this license? ☐ Yes ☐ No NOTE: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. If necessary, you may continue on a separate 8½ x 11 sheet of paper.

9. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Rhode Island Board of Chemical Dependency Professionals any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Chemical Dependency Professionals of any change in the answers to these questions after this application and this affidavit is signed.

_____ Signature of Applicant

_____ Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

_____ Name of Notary (Print, Type or Stamp)

_____ Signature of Notary

Notary Seal

_____ Notary No/Commission No.

_____ Commission Expiration Date (MM/DD/YY)

10. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.

Affix Photo Here

Write your name on the back of the photograph, and provide the date that the photograph was taken.

_____ Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the Rhode Island Board application as instructed (pages 5-8).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 9, **"Affidavit of Applicant"** (page 7), and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 10, **"Recent Photograph"** (page 7) as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have a **check** or **money order**, made payable (in U.S. funds only) to the ***"RI General Treasurer"*** in the amount of **$50.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
- ☐ I have arranged my Board Application materials in the following order.

  1. Fee (attached as instructed).
  2. Board Application (including cover page) (pages 5-8)
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] MUST indicate the section for which the information is being reported.]

- ☐ I have mailed the above application materials directly to the Rhode Island Board of Chemical Dependency Professionals

Other Documents

- ☐ I understand that I will not be issued a license to practice in Rhode Island until the Board of Chemical Dependency Professionals receives verification of my current certification, at the appropriate-cite level, directly from the Rhode Island Certification Board for Chemical Dependency Professionals.