



CANNON BUILDING
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STATE OF DELAWARE
**BOARD OF MENTAL HEALTH AND CHEMICAL
DEPENDENCY PROFESSIONALS**

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EMAIL: customerservice.dpr@delaware.gov

CERTIFICATION FORM FOR THE DELAWARE CERTIFICATION BOARD, INC.

INSTRUCTIONS – Upload this document when you submit your application

The applicant below has applied for Delaware licensure as a chemical dependency professional. This form elicits information about the applicant's certification issued by the Delaware Certification Board, Inc. (DCB, Inc.)

- The applicant completes the **APPLICANT INFORMATION** section and sends the form to the certifying organization. Contact information may be found at www.delawarecertificationboard.org.
- An official of DCB, Inc. completes the **CERTIFICATION INFORMATION** section, signs the form and mails it *directly* back to the applicant.

INFORMATION ABOUT APPLICANT

1. Full Name: _____
Last First Middle

2. Mailing Address: _____
City State Zip

I authorize the certifying agency named above to release information regarding my certification to the Delaware Board of Mental Health and Chemical Dependency Professionals.

Applicant Signature: _____ **Date:** _____

CERTIFICATION INFORMATION

1. Enter the following information about the applicant's certification:

Certified as: _____ Certification No. _____

Date Certified: _____ Expiration Date: _____

2. Is the applicant currently certified as a Certified Alcohol and Drug Counselor? Yes No

3. Is the applicant currently in good standing? Yes No

4. If the answer to Questions 2 or 3 above is "no," please explain fully: _____

Signature of DCB Inc. Official: _____ **Date:** _____

Printed Name of Official: _____ Title: _____

Upload this document when you submit your application