



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

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

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

NAADAC CERTIFICATION FORM

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 NAADAC.

- The applicant completes the **APPLICANT INFORMATION** section and sends the form to the certifying organization. Contact information may be found at <https://www.naadac.org/>.
- An official of NAADAC 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 about the applicant's certification:

Certified as: _____ Certification No. _____

Date Certified: _____ Expiration Date: _____

2. Is the applicant currently certified as a NCAC I, NCAC II or MAC? Yes No

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

4. If the answer to either of the above is "no," please explain fully _____

Signature of NAADAC Official: _____ **Date:** _____

Printed Name of Official: _____ Title: _____

Upload this document when you submit your application