STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

AFFIDAVIT AND LICENSE APPLICATION

ADVANCED SUBSTANCE USE DISORDER COUNSELOR

Submit $85 check made payable to "DOPL" with this application.

Last Name:	First Name:	Middle Name:	
Social Security Number: - -	Maiden Name:		
Mailing Address:			
City:	State:	ZIP:	LSAC License #:
☐ Male ☐ Female	Date of Birth:	Phone #:	E-Mail:

I hereby attest that I have held a substance use disorder counselor (SUDC) license for at least 6 years with the Utah Department of Commerce, Division of Occupational and Professional Licensing.

I hereby attest that while licensed as a SUDC, I have completed at least 12,000 hours of substance abuse counseling experience during a period of at least 6 years.

I understand that it is my responsibility to read and understand all laws applicable to licensing and practice as an advanced substance use disorder counselor.

I am the applicant described and identified in this application and the information provided in this application is correct and free of fraud or misrepresentation.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY APPLICANT'S CURRENT OR MOST RECENT MENTAL HEALTH THERAPIST SUPERVISOR

Applicant's Name: _____

Current or Most Recent Mental Health Therapist Supervisor's Name: _____

Current or Most Recent Mental Health Therapist Supervisor's License #: _____

I hereby attest that I am responsible to provide general supervision to the applicant as they practice substance use disorder counseling. To the best of my knowledge, the applicant has completed at least 12,000 hours of substance abuse counseling experience during a period of at least 6 years.

Mental Health Therapist Supervisor Signature: _____ Date: _____

IMPORTANT INSTRUCTIONS AND INFORMATION

1. **Submit Complete Application with $85 non-refundable application fee to:**

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 1st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

2. **Other DOPL Contact Information:** **Phone:** (801) 530-6628 or (866) 275-3675 – toll-free
   Email: doplbureau3@utah.gov

3. **Scope of Practice:** The scope of practice of an advanced substance use disorder counselor (ASUDC) is outlined in the Mental Health Professional Practice Act (Utah Code 58-60). Utah Code 58-60-502 (9) provides that an ASUDC may identify substance use disorder symptoms and behaviors, and co-occurring mental health issues. They may also perform treatment planning for substance abuse disorders, including initial planning, ongoing intervention, continuity of care, discharge planning, planning for relapse prevention, and long term recovery support; however, an ASUDC cannot diagnose mental illness, including substance use disorders.

4. **July 1, 2013 Application Deadline**: To qualify for an ASUDC license without completing additional education, you must complete 6 years of experience as a SUDC before July 1, 2013 and your application must be postmarked before July 1, 2013.