

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**CERTIFIED ADVANCED SUBSTANCE USE DISORDER**  
**COUNSELOR INTERN (CASUDC-I)**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number (SSN) is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES FOR CERTIFIED ADVANCED SUBSTANCE USE DISORDER COUNSELOR – INTERN APPLICANTS:**

1. Submit an official college transcript stating Bachelor's or Master's degree and the date conferred. Have the school mail this documentation to DOPL or include with your application. To be official, a transcript must bear the school seal and be enclosed in a sealed envelope. The school's seal/stamp must also be on the flap of the sealed envelope.
2. Submit an official transcript or certificate from an accredited institution or higher education verifying completion of the substance abuse education program that includes completion of at least 300 hours of substance use disorder related education and a supervised practicum of at least 350 hours.
3. Submit \$70 check to cover non-refundable application-processing fee. Make check payable to "DOPL."

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Submit Completed Application to:**

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

2. **Statutes and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- Division of Occupational & Professional Licensing Act
- General Rule of the Division of Occupational & Professional Licensing
- Mental Health Professional Practice Act
- Mental Health Professional Practice Act Rule
- Substance Use Disorder Counselor Licensing Act Rule
- For explanation of each license classification refer to Utah Code 58-60-506

3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.

4. **License Expiration:** CASUDC-I licenses expire 6 months after the date of issuance and they can NOT be extended for any reason. You cannot apply for a CASUDC-I license a second time.

5. **Examination:** To register for or to obtain information regarding the NAADAC or ICRC exam, contact the Association of Utah Substance Abuse Professionals (AUSAP) at (801) 335-0537 or <http://naadac.org/ut/>. It is the responsibility of the applicant to submit the exam fees directly to the testing agency.

6. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).

7. **Name Change:** If you have been licensed by DOPL under any other name, please submit legal documentation of your name change (*i.e. copy of a marriage license or divorce decree*).

8. **Phone:** (801) 530-6628 or (866) 275-3675 – toll-free Utah  
**Email:** [dopl.bureau3@utah.gov](mailto:dopl.bureau3@utah.gov)  
**Website:** [www.dopl.utah.gov](http://www.dopl.utah.gov)  
**Fax:** (801) 530-6511

# APPLICATION FOR LICENSURE

## CERTIFIED ADVANCED SUBSTANCE USE DISORDER COUNSELOR - INTERN

<b>***Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.***</b>			
Last Name:		First Name:	
		Middle Name:	
Social Security Number:     -     -		Maiden Name:	
I certify under penalty of perjury that:			
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __			
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.			
<input type="checkbox"/> I am a foreign national not physically present in the United States.			
Mailing Address:			
City:			State:     ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:
<input type="checkbox"/> Female			
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>			
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:

<b>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</b>	
License/Certificate Number: _____	
Date License/Certificate Approved: ____/____/____	
Approved By: _____	
Date License/Certificate Denied: ____/____/____	
Denied By: _____	
Reason for Denial/Other Comments: _____	

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify that am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_/\_\_\_/\_\_\_\_\_

**EDUCATION REQUIREMENT:** *(Use additional sheets if necessary.)*

**BACHELORS OR MASTERS DEGREE:**

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_/\_\_\_/\_\_\_

**SUBSTANCE USE DISORDER EDUCATION PROGRAM:**

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_/\_\_\_/\_\_\_

Major: \_\_\_\_\_ Minor (if any): \_\_\_\_\_

**CERTIFIED ADVANCED SUBSTANCE USE DISORDER COUNSELOR - INTERN**

**QUALIFYING QUESTIONNAIRE**

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
9. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
10. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
11. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
12. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?

13. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
14. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
15. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
16. \_\_\_\_\_ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
17. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
20. \_\_\_\_\_ Do you currently have any criminal action pending?
21. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
22. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
23. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
24. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 20, 21, 22, 23, or 24 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**