

**Type of Application: Student Assistance Professional (SAP) Counselor**

**BIOGRAPHICAL DATA**

<b>Name (last, first, middle initial)</b>		<b>Social Security Number</b>	
<b>Address (street &amp; no., city, state, zip)</b>		<b>Phone</b>	
		<b>Home:</b> <b>Work:</b>	
<b>Date of Birth (month, day, year)</b>		<b>Place of Birth (city, state)</b>	
<b>Male _____ Female _____</b>		<b>Ethnic Affiliation (circle one)</b>	
<b>E-mail address:</b>		Native American Alaskan Native Asian African American Caucasian Hispanic Pacific Islander	
<b>Schools you work in: (List current first)</b>	<b>Location</b>	<b>Dates From: to: (E.g. 2004-Currently)</b>	<b>Supervisor (Please print)</b>

**Have you ever been arrested or convicted?**                    \_\_\_Yes \_\_\_No

**List any other states in which you are certified:**

**Has certification been denied or revoked in another state?**   \_\_\_Yes\_\_\_No

If yes to any of the above you must explain on a separate sheet.

- A. I hereby attest that all the information given herein is true and complete to the best of my knowledge and belief. I authorize investigation and the release of personal information necessary to the certification process. I understand that falsification of any portion of this application will result in my being denied certification, or revocation of same, upon discovery.
- B. I have read, understand, and agree to act in accordance with the National Association of Alcoholism and Drug Abuse Counselors Ethical Standards.
- C. I will hold the VADACB, its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they, or any of them, may take in connection with this application, the attendant examinations, the grades with respect to any examination, and/or failure of the Board to bestow upon me certification as an alcoholism and drug abuse counselor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date