



## APPLICATION INSTRUCTIONS TEMPORARY LICENSURE RESIDENT IN SUBSTANCE ABUSE TREATMENT

This application is for individuals who have completed the degree program requirements of [18VAC115-60-60](#), the coursework requirements of [18VAC115-60-70](#) and would like approval for temporary licensure as a Resident in Substance Abuse Treatment.

### APPLICATION INSTRUCTIONS

Follow these steps to apply for Temporary Licensure as a Resident in Substance Abuse Treatment:

1. **Read** the [Laws](#) regarding governing Counseling and the [Regulations](#) governing the Practice of Substance Abuse Treatment Practitioners in Virginia and utilize the detailed information in the [Licensed Substance Abuse Treatment Practitioner \(LSATP\) Handbook](#) for detailed information about the required documents and process to obtain a license.
2. **Gather and Request** ALL the necessary documents in the checklist BEFORE beginning the online application. Have copies of the required documents ready to upload as part of the application process. PDF format is preferred.
3. **Apply Online** by registering for an account or logging into your existing account.
  - Select the license type of: "Resident in Substance Abuse Treatment" and the Obtained by Method of "Application".
  - Complete the required fields.
4. **Upload** the necessary documentation within the online application portal.
  - Ensure you have uploaded all the necessary documents as indicated by this checklist. A complete application provides the best opportunity to avoid delays in the review and approval process.
  - Once you have paid the application fee, your application will be submitted, and you can no longer upload additional documents. Any documents you did not upload will need to be emailed to the Board and will delay the review of your application.
5. **Pay** the application fee within the online application portal.
  - Application fees are non-refundable.
  - The application fee for Temporary Licensure as a Resident in Substance Abuse Treatment is \$65.00.
  - Your application is not submitted until the fee is paid.
6. **Wait** for Board review of your application and reply to any correspondence from the Board.
  - Applications that are complete, fully documented, and meet the minimum requirements for the [Regulations Governing the Practice of Substance Abuse Treatment Practitioners](#) will be reviewed within **30 days** of receipt of a **complete** application.
  - Incomplete applications remain active for one year from the date of payment, after which incomplete application files are destroyed as outlined in the Library of Virginia records retention and disposition schedules. If your application is not completed in the one-year timeframe, you are required to re-apply by submitting a new application, fee, and documentation pursuant to the regulations at that time.
  - Your [online checklist](#) will be your primary source of application status.
  - As documentation is received and reviewed, your checklist will be updated, and an automated email will be sent to you 24 hours later.

## **RULES AND GUIDELINES**

- In order to be considered for temporary licensure as a Resident in Substance Abuse Treatment, you must meet all the education requirements in [18VAC115-60-60](#) and [18VAC115-60-70](#).
- Licensed Residents in Substance Abuse Treatment must have a signed and executed supervisory contract for supervision before providing clinical substance abuse treatment services and before counting hours toward LSATP licensure.
- The Board will conduct random audits to ensure Residents are practicing in accordance with the regulations.
- Licensed Residents in Substance Abuse Treatment must renew their license each year and complete three hours of continuing education hours that emphasize ethics, standards of practice, or laws governing behavioral science professions in Virginia.
- Residents in Substance Abuse Treatment must pass the [Master Addiction Counselor \(MAC\)](#) examination administered by NAADAC within six years of the date of issuance of their Resident in Substance Abuse Treatment License.
- Once a Resident in Substance Abuse Treatment has completed the residency requirements and passed the [Master Addiction Counselor \(MAC\)](#), they must submit the LSATP by Examination application to be considered for LSATP licensure.
- Please notify the Board in writing within 60 days of a name change or address change by completing the [Name/Address Change](#) form.
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration, certification, or license.
- Pursuant to [Virginia Code § 54.1-2400.2](#) addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publicly available, please complete both sections with the same address on the application.
- Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number, or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended, and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **No license will be issued to any individual who has failed to disclose one of these numbers.**

# RESIDENT IN SUBSTANCE ABUSE TREATMENT APPLICATION CHECKLIST

Check	REQUIRED DOCUMENTATION	SUBMIT BY
Required	<b>1. OFFICIAL COLLEGE TRANSCRIPTS</b>	
<input type="checkbox"/>	<p>The transcripts must show that you graduated with a graduate degree from a program that prepares individuals to practice substance abuse treatment or a related counseling discipline.</p> <ul style="list-style-type: none"> <li>It is encouraged that transcripts be electronically sent directly to the Board at <a href="mailto:coun@dhp.virginia.gov">coun@dhp.virginia.gov</a> via a secured electronic transcript service used by the school (for example: eScript or Parchment).</li> <li>If your school is unable to send your transcripts electronically, the official transcripts can be mailed to the Board.</li> <li>Photocopied or scanned copies of transcripts will not be accepted.</li> </ul>	<b>DIRECTLY FROM SCHOOL</b>
Required	<b>2. VERIFICATION OF REQUIRED COURSEWORK</b>	
<input type="checkbox"/>	<p>Provide a completed copy of the <a href="#">Verification of Required Coursework</a> form to demonstrate the courses you took to obtain the required semester or quarter hours of graduate coursework in each of the 15 core content areas of <a href="#">18VAC115-60-70</a>.</p> <ul style="list-style-type: none"> <li>This form should be completed by the school, or completed by the applicant and reviewed by the school for accuracy.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
Required	<b>3. VERIFICATION OF DEGREE AND INTERNSHIP</b>	
<input type="checkbox"/>	<p>Provide a completed copy of the <a href="#">Verification of Degree and Internship</a> form signed by your graduate school verifying that your degree and internship meets the requirements of <a href="#">18VAC115-60-60</a> and <a href="#">18VAC115-60-70</a>.</p>	<b>ONLINE PORTAL UPLOAD</b>
Required	<b>4. SUPERVISORY CONTRACT</b>	
<input type="checkbox"/>	<p>A copy of a signed contract between you and your supervisor outlining the expectations and responsibilities during your residency.</p> <ul style="list-style-type: none"> <li>A <a href="#">sample supervisory contract</a> to use as a template is available on the Board's website.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
Required	<b>5. NPDB SELF-QUERY</b>	
<input type="checkbox"/>	<p>You must request and submit a copy of your <a href="#">National Practitioners Data Bank</a> self-query report with your application. The report must be current and generated no more than 30 days prior to submitting your application for licensure.</p>	<b>ONLINE PORTAL UPLOAD</b>
If Applicable	<b>6. VERIFICATION OF SUPERVISOR'S TRAINING</b>	
<input type="checkbox"/>	<p>If your supervisor is not listed on the <a href="#">Approved Supervisor Registry</a> you must submit a copy of their completed training certificate as evidence that your supervisor has received the required supervisory training as outlined in <a href="#">18VAC115-60-80</a>.</p> <ul style="list-style-type: none"> <li>The training certificate must show the following: <ul style="list-style-type: none"> <li>i. Training Content: Supervision,</li> <li>ii. Provider: Listed in <a href="#">18VAC115-60-116</a></li> <li>iii. Hours: 20 hours of continuing education or 3 credit-hours or 4.0 quarter hours in graduate-level coursework in supervision.</li> </ul> </li> </ul>	<b>ONLINE PORTAL UPLOAD</b>

If Applicable	7. DEGREE PROGRAM INFORMATION	
<input type="checkbox"/>	<p>If your degree was not <a href="#">CACREP</a> accredited <b>at the time you graduated</b>, or your degree is not specifically in the practice of substance abuse treatment or a related counseling discipline, you must provide the following information for review:</p> <ul style="list-style-type: none"> <li>• A letter on official university letterhead or printed from the university website that your degree program has the express intent to prepare counselors.</li> <li>• Evidence that your degree program has an identifiable licensed counselor faculty with an identifiable body of students. <ul style="list-style-type: none"> <li>◦ The Board considers identifiable licensed counselor training faculty as core counselor education program faculty that holds a doctorate degree in counselor education; or holds a LPC or comparable license.</li> </ul> </li> <li>• Degree program has clear authority and primary responsibility for the core and specialty areas as required by <a href="#">18VAC115-60-70</a>.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
If Applicable	8. LICENSE VERIFICATION	
<input type="checkbox"/>	<p>If you have ever held, or currently hold, a health or mental health license, certification, or registration in Virginia or any other jurisdiction, whether current, inactive, or expired, you must submit an online license verification.</p> <ul style="list-style-type: none"> <li>• The online license verification can be printed directly from the jurisdiction's website. <ul style="list-style-type: none"> <li>◦ You can print to PDF or scan the printed online verification to include it with your online application.</li> </ul> </li> <li>• The verification must include the following information: <ul style="list-style-type: none"> <li>◦ Licensee name, License number, License title, Issue date, Expiration date, <b>and</b> whether disciplinary action has ever occurred against your license or certification.</li> </ul> </li> <li>• Submitting a copy of your license certificate is <b>not</b> considered license verification.</li> <li>• If the jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain license verification. Please see the Board's <a href="#">Applicant Out-of-State Licensure Verification</a> form.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
If Applicable	9. PROOF OF NAME CHANGE	
<input type="checkbox"/>	<p>You must provide documentation if your name has ever been legally changed from the time you attended school or were licensed, certified, or registered in another jurisdiction or is other than what is listed on your application. Acceptable forms of documentation are copies of a marriage certificate, court order, or divorce decree.</p>	<b>ONLINE PORTAL UPLOAD</b>
If Applicable	10. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS	
<input type="checkbox"/>	<p>If you answer "YES" to any of the questions on the criminal convictions, past actions, or possible impairment questions on the application, you must include a detailed explanation and supporting documentation. Please refer to <a href="#">Guidance Document 115-2</a>, for a list of required documentation and further information. Examples of supporting documentation that may be required include:</p> <ul style="list-style-type: none"> <li>• Certified copies of court orders, orders for disciplinary action or denials.</li> <li>• Evidence that court ordered, or disciplinary action requirements have been met.</li> <li>• Evidence of past treatment, such as a discharge summary.</li> <li>• Letter from the applicant's current healthcare provider(s).</li> <li>• Letter from the applicant explaining the factual circumstances of the criminal offense, disciplinary action, denial, or condition or impairment.</li> <li>• Letters from employers concerning work performance.</li> </ul> <p>All applications are reviewed on a case-by-case basis.</p>	<b>ONLINE PORTAL UPLOAD</b>

**END OF INSTRUCTIONS. PROCEED TO THE [ONLINE APPLICATION](#).**