



OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF HEALTH PROFESSIONS  
**BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS**  
121 South Fruit Street, Philbrook Building, Suite 303

PETER DANLES  
Executive Director

Concord, N.H. 03301-2412  
Telephone 603-271-6761 · Fax 603-271-6702

JOSEPH G. SHOEMAKER  
Division Director

Dear Applicant:

Enclosed is a Registration Form for the International Certification Examination for Alcohol & Other Drug Use Counselors.

To register for the exam, please return the enclosed Registration Form and check or money order for \$115.00 made payable to "**Treasurer, State of New Hampshire**" to this office.

All exams are done through Computer Based Testing. Once I receive your registration form, I will pre-register you with the testing company. You will receive an e-mail from IQT Testing on how to register for the exam. You will be able to choose your own date and location and will be able to print your admission letter once you have successfully registered. The admission document will give you all the information needed for the day of testing. Once you have been pre-registered, you will have one year to take the exam.

Information on study guides and practice exams can be found at [www.internationalcredentialing.org/examprep](http://www.internationalcredentialing.org/examprep). Please consult the appropriate candidate guide for the exam for which you are preparing.

CRSW - PR exam  
LADC - ADC exam  
MLADC - AADC exam  
Licensed Clinical Supervisor - CS exam  
Co-occurring Disorders - CCDP exam

**IF YOU ARE CURRENTLY A LADC AND DO NOT HAVE YOUR NEW HAMPSHIRE MENTAL HEALTH LICENSE, YOU MUST TAKE THE CO-OCCURRING EXAM TO BE ELIGIBLE FOR THE MLADC.**

**IF YOU ARE TAKING THE MLADC EXAM AND YOU DO NOT HAVE A NEW HAMPSHIRE MENTAL HEALTH LICENSE, YOU ALSO NEED TO TAKE THE CO-OCCURRING EXAM.**

Should you have any questions, feel free to call (603) 271-6761 .

# STATE OF NEW HAMPSHIRE BOARD OF LICENSING FOR ALCOHOL & OTHER DRUG USE PROFESSIONALS

International Examination Registration Form

NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_ STREET \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: W- \_\_\_\_\_ H- \_\_\_\_\_ C- \_\_\_\_\_

E-MAIL: . . . . .

PLEASE INDICATE WHICH EXAM YOU WISH TO TAKE:

PR \_\_\_ \_ LADC\_ \_ MLADC \_ \_ CO-OCCURRING \_ \_ LCS\_ \_

FOR THE **LADC** EXAM PLEASE INDICATE:

ENGLISH VERSION \_\_\_\_\_ SPANISH VERSION \_ \_ FRENCH VERSION\_ \_

(PLEASE NOTE, YOU CANNOT TAKE THE LCS EXAM IF YOU HAVE NOT BEEN LICENSED AS A MLADC/LADC FOR 5 YEARS)

## ADMISSION TICKET INFORMATION

PLEASE CIRCLE THE APPROPRIATE NUMBERS IN THE COLUMNS BELOW:

**Educational Level:**

- 0 No High School/GED
- 1 High School/GED
- 2 Vocational Certificate
- 3 Associate Degree
- 4 Bachelor Degree
- 5 Masters Degree
- 6 Doctorate

**Gender:**

- 1 Caucasian
- 2 Black/Afro-American
- 3 American Indian or Alaskan Native
- 4 Asian/Pacific Islander
- 5 Hispanic
- 6 Other

- 1 Male
- 2 Female

REGISTRATION CODE- - - - - (BOARD USE ONLY)

Send this form along with \$115.00 registration fee (payable to "Treasurer, State of NH") to:

NH Board of Licensing for Alcohol and Other Drug Use Professionals  
121 South Fruit Street  
Philbrook Building  
Concord, NH 03301  
603-271-6761

Date received: \_\_\_ \_ Check#: \_\_\_ \_ Amount: \_\_\_ \_

Registration Number: - - - - -