

# Colorado Addiction Counselor (CAC or LAC) Licensure by Endorsement Review

**(For Addiction Counselor Currently Holding  
Active Addiction License in Another State)  
Application**

**This application form is interactive.  
Download the form to your computer to fill it out.**



CENTER FOR  
CREDENTIALING  
& EDUCATION™

3 TERRACE WAY  
GREENSBORO, NORTH CAROLINA 27403-3660 USA  
TEL: 336-482-2856 \* FAX: 336-482-2852  
[www.cce-global.org](http://www.cce-global.org) \* [cce@cce-global.org](mailto:cce@cce-global.org)

The Center for Credentialing & Education, Inc. (CCE®) values diversity.  
There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation or national origin.

CCE and NBCC are registered trade and service marks of the National Board for Certified Counselors, Inc.

The Center for Credentialing & Education, Inc. (CCE), on behalf of the state of Colorado, performs the education equivalency review for certification and licensed addiction counselor candidates. Any correspondence outside of the education equivalency review should be directed to the state of Colorado at 303-894-7800.

CCE's review is based on Colorado Department of Human Services (CDHS), Behavioral Health Rule 2 CCR 502-1 for Addiction Counselor Certification and Licensure (21.330), available online at <https://cdhs.colorado.gov/behavioral-health/workforce-development>. Colorado State Board of Addiction Counselor Examiners Rules are available online at: <https://dpo.colorado.gov/AddictionCounselor>.

Applications will be held open for one year from the date of initial review. Please note that CCE cannot return or duplicate an application. Prior to submitting your application to CCE, please make a copy of it for your records.

#### HOW TO CONTACT CCE

Telephone Hours: 336-482-2856 8:30 a.m. to 5 p.m. Eastern time; Monday–Friday

E-mail: [cce@cce-global.org](mailto:cce@cce-global.org)

Fax: 336-482-2852

Send written correspondence to: CCE • 3 Terrace Way • Greensboro, NC 27403-3660

Telephone (toll-free): 888-817-8283

**Reviews are conducted in order of receipt and completed within six weeks.** Failure to include all required items listed on page 3 will result in the need for additional reviews. Each subsequent review takes six weeks from the date of document receipt.

In order to protect candidates from miscommunication or misinformation, CCE asks applicants to submit in writing any questions regarding their education review. Questions can be sent via e-mail, postal mail or fax. CCE responds to all questions in the order they are received.

As an applicant for licensure education review, you have the right to appeal the findings on the education review completed by CCE. Please be aware that all applications for education equivalency review in Colorado are reviewed by CCE, which is the contracted agent for the Colorado State Board of Addiction Counselor Examiners, and the credential review is based on the Colorado Code of Law, Section 12-43-804 and Rule 14: Colorado Board of Addiction Counselor Examiners Rules. These requirements must be met in full.

### **THREE COMPONENTS OF APPLICATION THAT MUST BE MET**

**(You must submit documentation as confirmation of meeting all three components)**

- **Part I. Education/Training**
- **Part II. Experience in Addiction Counseling**
- **Part III. Exam (Specifically for Addiction Counseling)**

Applicant Name: \_\_\_\_\_

                    Last Name,           First Name,           Middle Initial

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Level of Certification or licensure applying for (check one):

CAT \_\_\_\_\_

CAS \_\_\_\_\_

LAC \_\_\_\_\_

**Applicant must request official verification of  
active, current addiction counselor  
licensure/certification/registration held in  
another state.**

**Verifications should address all requirements met  
(education/training, experience, examination). If  
all requirements are not verified, CCE may accept  
website printouts of requirements met.**

**PART I**

**Addiction Counselor**

**Training/Education**

## Education Equivalency for Addiction Counselor Certification in Colorado

Anyone intending to use college equivalents must submit the following to CCE:

- An official transcript from an accredited college or university in a sealed envelope. The courses must be in a behavioral health science or field. Each college class being offered as the equivalent of a CAC required class must have a grade of C or above.
  
- A cover letter with an attached syllabus and a written description about why the college class is equivalent to the CAC required class.

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Suffix</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP:</b>

Required CAC Course	Name of course for educational equivalency	Official Transcript included	Cover letter attached	Syllabus attached	Written Description attached
Addiction Counseling Skills					
Case Conceptualization and Documentation					
Culturally Informed Treatment					
Ethical Practice in Addiction Treatment					
Motivational Interviewing					
Advanced Motivational Interviewing					
Cognitive Behavioral Therapy					
Co-Occurring Disorders					
Advanced Case Conceptualization					
Group Counseling Skills					
Trauma Informed Care for Diverse Populations					
Advanced Treatment Models					
Treating Diverse Populations					

**PART II**

**Addiction Counselor**

**Experience**

**National Examination Required for Colorado Certified Addiction Technician (CAT), Certified Addiction Specialist (CAS) and Licensed Addiction Counselor (LAC):**

You must request and provide official documentation of exam taken for Addiction Counselor license, certification, or registration you currently hold. Indicate you have requested verification and how you meet this requirement in the space provided below. If you took a different exam than listed below, CCE will determine if exam is substantially equivalent.

	NAADAC Examination	
<b>Certified Addiction Technician (CAT)</b>	NCAC I: National Certified Addiction Counselor, Level I	
<b>Certified Addiction Specialist (CAS)</b>	NCAC II: National Certified Addiction Counselor, Level II	
<b>Licensed Addiction Counselor (LAC)</b>	MAC: Master Addiction Counselor (Master's level only)	

**PART III**

**Addiction Counselor**

**National Examination**



**Work Experience in Addiction Counseling Field:**

Applicant must document substantially equivalent clinical addiction work experience to the requirements listed below. Explain how you meet the requirements in the boxes provided to the right of the appropriate level. Documented proof which may be acceptable include: verification from state license, documentation from website, copies of experience forms previously submitted, etc.

		Explain how you meet the requirements below (for the appropriate level.) You must also provide documented proof.
<b>Certified Addiction Technician (CAT)</b> (High School Diploma/GED)	<b>1,000</b> hours of clinically supervised addiction work experience	
<b>Certified Addiction Specialist (CAS)</b> (Bachelor's degree in behavioral health specialty)	<b>3,000</b> direct clinically supervised addiction work experience hours	
<b>Licensed Addiction Counselor (LAC)</b> (Clinical behavioral health Master or Doctorate degree)	<b>2,000</b> direct clinically supervised addiction work experience hours	



### PLEASE NOTE

- All fees must be paid in U.S. dollars.
- All fees are nonrefundable and nontransferable.
- Review results will be sent six weeks after application receipt.
- You will be notified in writing of your status and informed if further information is needed.
- Please make check or money order payable to CCE.

### METHOD OF PAYMENT

Applicant's Name: \_\_\_\_\_

Telephone: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

- Enclosed is a check or money order payable to CCE in the amount of \$100.
- Please charge the credit card listed below in the amount of \$100.

Card Type:  VISA  MasterCard  American Express

Name on Card: \_\_\_\_\_

Account Number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Security Code (from back of card): 

--	--	--	--	--

Expiration Date: 

--	--

 / 

--	--

Cardholder Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

### SUBMIT YOUR APPLICATION AND PAYMENT

- Mail: CCE C/O Deluxe – First Citizens Bank Lockbox 96865  
6125 Lakeview Rd., Suite 800 Charlotte, NC 28269
- Fax: 336-482-2852