

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

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

3 Terrace Way
Greensboro, NC 27403-3660
Tel: 336-482-2856 • Fax: 336-482-2852
cce@cce-global.org • cce-global.org

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: 336-482-2856

Telephone Hours: 8:30 am to 5 pm ET; 7:30 am to 4 pm CT (Monday–Friday)

E-mail: cce@cce-global.org

Fax: 336-482-2852

Send written correspondence to:

CCE

3 Terrace Way

Greensboro, NC 27403-3660

Reviews are conducted in order of receipt and completed within six weeks. Failure to include all required items 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 email, postal mail or fax. CCE responds to all questions in the order they are received.

Applicant Appeal of CCE Review Results

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.



Addiction Counselor (CAC or LAC) Licensure by Endorsement Review

This is a fillable application. Download the file to your computer to complete.

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. National Examination (Specifically for Addiction Counseling)

Applicant Information

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email Address: _____

Level of Certification or licensure applying for (select 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: Education and Training

Addiction Counseling

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.

Applicant Information

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Address: _____ City: _____ State: _____ ZIP: _____

Required CAC Course	Name of course for educational equivalency	Official transcript included	Cover letter attached	Syllabus attached	Written Description attached
Addiction Counseling Skills		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case Conceptualization & Documentation		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Culturally Informed Treatment		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethical Practice in Addiction Treatment		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motivational Interviewing		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Motivational Interviewing		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Worksheet continues to next page.

Required CAC Training	Name of course for educational equivalency	Official transcript included	Cover letter attached	Syllabus attached	Written description attached
Cognitive Behavioral Therapy		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Occurring Disorders		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Case Conceptualization		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Group Counseling Skills		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma Informed Care for Diverse Populations		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Treatment Models		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treating Diverse Populations		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

	Requirements	Explain how you meet the requirements below (for the appropriate level.)	Documentation attached
Certified Addiction Technician (CAT) (High School Diploma/GED)	1,000 hours of clinically supervised addiction work experience		<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified Addiction Specialist (CAS) (Bachelor's degree in behavioral health specialty)	3,000 hours of direct clinically supervised addiction work experience		<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Addiction Counselor (LAC) (Clinical behavioral health Master or Doctorate degree)	2,000 hours of direct clinically supervised addiction work experience		<input type="checkbox"/> Yes <input type="checkbox"/> No

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	Explain how you meet the requirements.	Verification requested	Documentation attached
Certified Addiction Technician (CAT)	NCAC I: National Certified Addiction Counselor, Level I		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified Addiction Specialist (CAS)	NCAC II: National Certified Addiction Counselor, Level II		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Addiction Counselor (LAC)	MAC: Master Addictions Counselor (Master's level only)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

