



7. Have you engaged in sexual relations with, solicited sexual relations with, or committed an act of sexual abuse against or sexual misconduct with, a current or past client?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. Have you failed to remain free from the use of any controlled substance or any alcoholic beverage to the extent that its use impaired your ability to engage in work with individuals with substance disorders with safety to the public?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Have you engaged in false or misleading advertising? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you have any disciplinary action pending in another state or territory of the United States?  
Yes \_\_\_\_\_ No \_\_\_\_\_
11. Do you have a mental disability that significantly impairs your professional ability or judgment? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered "yes" to any of the above questions, have you made any restitution or taken any remedial action? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain:

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12. Do you agree to abide by the ethical standards set forth in Alc 500? Yes \_\_\_\_\_ No \_\_\_\_\_

FOR BOARD USE ONLY

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_

**CONFIDENTIAL PAGE**

NAME: \_\_\_\_\_

Last

First

Middle

HOME ADDRESS: \_\_\_\_\_

Number & Street

City

State

Zip Code

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

**PRIVACY NOTICE**

The Board of Licensing for Alcohol and Other Drug Use Professionals will deny certification if you do not submit your Social Security number (SSN). Your certificate will not display your SSN. Your SSN will not be made available to the public. The Board is required to obtain your social security number for the purpose of child support enforcement in compliance with RSA 161-B:11 and for the purpose of obtaining a criminal history record in compliance with RSA 330-C:20. The collection of your social security number is mandatory.

SOCIAL SECURITY NO. \_\_\_\_\_

**The information provided on this application form and in the materials I have provided to support my application is true, accurate and complete to the best of my knowledge and belief. I acknowledge that, pursuant to RSA 641:3, the knowing making of a false statement on this application form is punishable as a misdemeanor.**

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