NEW HAMPSHIRE BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS

APPLICATION FOR CERTIFIED RECOVERY SUPPORT WORKER

NAME:							
	Last	First	Middle				
0	THER NAMES USE	D:	DOB:				
CI	CURRENT EMPLOYER:						
BUSINESS ADDRESS:							
Pł	HONE:	BUSINESS E-MA	IL:				
1.		rmit the Board to include your name ertificate holders which the Board of	e and business address on the ffers for sale? Yes No				
2. Please list the public and private settings in which you have cor work experience required by Alc 303.02. (Attach additional she							
3.	 Please list the sources of training required by Alc 303.03. (Attach additional sheets if necessary) 						
4.	a. Do you have any po	ending criminal charges? Yes	No				
	b. Have you made a p	plea agreement relative to any crimin	nal charge? No				
		nse or certification under revocation, the United States? Yes No	, suspension or probation in another 				
5.		n work with individuals with substand angerous to them or the public? Ye					
6.		raud or deceit in procuring or attemp					

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:

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	S:				

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.