



North Carolina Substance Abuse
Professional Practice Board

**Substance Abuse Professional
Checklist**

Please return the following documentation as relevant to your application process, checking off each item that is enclosed. Please refer to the Credentialing Procedures Manual as your guide for application. This Checklist must be returned with your application.

Certified Substance Abuse Residential Facility Director Checklist

- | | |
|---------------------------|--|
| For Board Use Only | <input type="checkbox"/> Check Each Item Enclosed |
| _____ | <input type="checkbox"/> Application Form — Form 1 |
| _____ | <input type="checkbox"/> Criminal History Statement — Form 2 (If applicable) |
| _____ | <input type="checkbox"/> Job Description |
| _____ | <input type="checkbox"/> Documentation of Employment |
| _____ | <input type="checkbox"/> Documentation of Education (Official Transcript with School Seal) |
| _____ | <input type="checkbox"/> Supervisor’s Evaluation(s) of Experience — Form 15 |
| _____ | <input type="checkbox"/> Colleague Evaluation — Form 16 |
| _____ | <input type="checkbox"/> Co-Worker Evaluation — Form 17 |
| _____ | <input type="checkbox"/> Applicant’s Code of Ethical Conduct — Form 4 |
| _____ | <input type="checkbox"/> Credentialing Training Record — Form 11 |
| _____ | <input type="checkbox"/> Disabilities Act Form — Form 5 |
| _____ | <input type="checkbox"/> Out-of-State Supervisor Form — Form 6 (If applicable) |
| _____ | <input type="checkbox"/> Finger Print Card — \$38.00 |
| _____ | <input type="checkbox"/> Registration Fee — \$250.00 |

Mail Complete Application Information to:
North Carolina Substance Abuse Professional Practice Board
Post Office Box 10126
Raleigh, NC 27605