

**SUPPLEMENTAL APPLICATION FOR:  
NAADAC SPONSORED ADDICTION COUNSELORS**

1. Is applicant a current member of NAADAC? \_\_\_\_YES \_\_\_\_NO

2. NAADAC Membership #: \_\_\_\_\_

3. Coverage Effective Date Desired: \_\_\_\_\_  
(Coverage cannot be backdated)

4. Composition of your counseling practice:

Drug & Alcohol Counseling \_\_\_\_\_%

Other Counseling \_\_\_\_\_% Describe: \_\_\_\_\_

\_\_\_\_\_