SUPPLEMENTAL APPLICATION FOR:
NAADAC SPONSORED ADDICTION COUNSELORS

(THE MENTAL HEALTH PROFESSIONAL AND BUSINESS LIABILITY APPLICATION MUST ALSO BE COMPLETED FOR US TO PROCESS YOUR REQUEST FOR COVERAGE)

Name of Applicant: ________________________________

1. Is applicant a current member of NAADAC? ___Yes ___No

2. NAADAC Membership #: _______________________

   (Check here if applicant is also a member of ATTUD: □)

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

4. Composition of your counseling practice: (must total 100%)

   Addiction Counseling (including Co-Dependency and Co-Occurring) ______%

   Other Addiction Services (Prevention Education, Interventions, Peer Support, Assessments and Referrals): ______%

   Other Counseling or Services:
   Describe Other: __________________________________________________________
   __________________________________________________________
   __________________________________________________________

NAADAC SUPPLEMENT REV 10/18