

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

(THIS IS A SUPPLEMENTAL APPLICATION ONLY. 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: _____
