



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
ALCOHOL AND DRUG COUNSELOR  
VERIFICATION OF LICENSURE/CERTIFICATION/REGISTRATION**

**TO BE COMPLETED BY APPLICANT**

**APPLICANT:** Complete the top portion of this form and forward it to each state where you are now or have ever been licensed, certified or registered as an alcohol and drug counselor (make copies as necessary).

**Name:** \_\_\_\_\_  
Last                                      First                                      Middle                                      Maiden

**Address:** \_\_\_\_\_  
No. & Street                                      City                                      State                                      Zip Code

Original License or Certification \_\_\_\_\_ Date Issued \_\_\_\_\_ In (State) \_\_\_\_\_

I hereby authorize the \_\_\_\_\_ to furnish the Connecticut Department of Public Health the information requested below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY LICENSING AGENCY ONLY**

This is to certify that the above named individual was issued license/certification/registration number \_\_\_\_\_ in the state of \_\_\_\_\_ to practice as an alcohol and drug counselor effective \_\_\_\_\_.

Current Status:                      Active                       Inactive                       Lapsed

Date license, certification or registration expires: \_\_\_\_\_

What was the basis for licensure/certification/registration in your state?    Endorsement     Examination

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? **YES**  **NO** . If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

Name/Title \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_

State/Agency \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE AND RETURN DIRECTLY TO:**

Department of Public Health  
ADC Licensure/Certification  
410 Capitol Ave., MS #12APP  
P.O. Box 340308  
Hartford, CT 06134-0308  
(860) 509-7603 • Web site: [www.dph.state.ct.us](http://www.dph.state.ct.us)