



## GACA CERTIFIED MASTER ADDICTION COUNSELOR (CMAC)

*Provide detailed information for all sections of this application. Print legibly or type. Incomplete or unsigned applications will be returned to applicants for completion, causing delay or disqualification. Applications without payment will not be processed. A resume may be attached but will not be accepted as a substitute for a completed application form.*

**Please do Not submit double-sided applications or double-sided supporting documents**

**PLEASE PRINT CLEARLY /TYPE INFORMATION:**

<b>NAME:</b>	Last Name	First	Middle Initial	Maiden Name, if applicable
<b>ADDRESS:</b>	Street or PO Box	City	State	Zip County
<b>CONTACT</b>	Daytime Phone:		Cell Phone:	
	E-mail			
<b>PERSONAL</b>	Date of Birth (must be over the age of 21)	AGE:	Last 4 Social Security #: <b>XXX-XX-</b>	
<p><i>*It is the responsibility of the applicant to inform GACA and the Certification Committee in writing of any demographic changes, GACA is not held responsible of applicant does not inform the office of these changes; failure to do so may impact certification/re-certification process and late fees will apply.</i></p> <p><b>(For statistical purposes only:</b></p>				
<b>GENDER:</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
<b>MARITAL STATUS:</b>	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
<b>RACE:</b>				

**EDUCATION / DEGREES STATUS:** *Please check all that may apply*

<input type="checkbox"/> Grandfathering <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Other:		
<p><b>COLLEGE:</b> Course(s) have specific relevance to the field of addiction or counseling. <i>(Core courses such as English, Science and Math cannot be counted toward certification)</i> <b>*College degrees must be in human service or related field AND must be accredited and listed on the Council for Higher Education Accreditation web site (<a href="http://www.chea.org">www.chea.org</a>).</b></p>		
Have you <b>EVER</b> been arrested, charged or convicted of any felonies or misdemeanors?	YES	NO
Do you have any pending misdemeanor or felony charges?	YES	NO
<p><b>PLEASE READ:</b></p> <p><i>Any applicant with a criminal history must be cleared of all criminal charges/misdemeanors and/or felonies/probation and parole requirements prior to applying for any GACA addiction certifications. Applicant must submit a completion letter from his/her parole/probation officer at the time of application.</i></p>		
<p><b>If you answer yes to either question, please include a brief explanation for each reported criminal charge.</b></p>		

**EMPLOYMENT INFORMATION:** *(Must include current resume)*

*Applicant must hold/maintain position(s) providing direct services to clients utilizing the eight (8) counseling skill groups in an agency or facility that is licensed to provide addiction counseling.*

Name of Employer:	
Your Job Title:	Dates of Employment:
Name and Title of Immediate Supervisor:	Number of Hours per Week:
Mailing Address of Employer:	Telephone - include area code and/or extension:
Primary Job Duties (Please include current job description issued by employer)	

Name of Employer:	
Your Job Title:	Dates of Employment:
Name and Title of Immediate Supervisor:	Number of Hours per Week:
Mailing Address of Employer:	Telephone - include area code and/or extension:
Primary Job Duties (Please include current job description issued by employer)	

***I HEREBY AFFIRM, that ALL information submitted in this application is true and accurate, falsifying information will result in denial of application and any future GACA certification applications.***

Applicants name (printed):	Date:
Applicants signature:	

**DISCLAIMERS and INSTRUCTIONS**

*I hereby understand that by seeking any GACA certification it does not guarantee any employment options or opportunities. I will not hold GACA, GACA clinical supervisor, officers, Committee members, employees and examiners liable for any lack of ability to obtain employment.*

***Office use ONLY***

Staff Initials:	Date Application Received:	Fees Paid:	Late Fees:
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## AFFIRMATION OF CODE OF ETHICS

On October 15, 2017, Georgia Addiction Counselors Association (GACA) adopted the NAADAC/NCC AP Code of Ethics that was updated and became effective October 9, 2016. The Code of Ethics sets nine principles that consider the clinician, supervisor, and relevant others.

The nine principles are:

- Principle I: The Counseling Relationship
- Principle II: Confidentiality and Privileged Communication
- Principle III: Professional Responsibilities and Workplace Standards
- Principle IV: Working in a Culturally Diverse World
- Principle V: Assessment, Evaluation and Interpretation
- Principle VI: E-Therapy, E-Supervision and Social Media
- Principle VII: Supervision and Consultation
- Principle VIII: Resolving Ethical Concerns
- Principle IX: Publication and Communications

The GACA / NAADAC/NCC AP Code of Ethics provides direction and guidance to addiction counselors, education providers, service organizations, regulatory boards, legislators, and other related parties. The GACA Code of Ethics is located at <http://gaca.org/about-gaca/gaca-code-ethics/>. Ethics code violations may result in disciplinary actions, including loss of credential.

**I HEREBY AFFIRM**, that I have read and understand all my professional obligations, duties, and responsibilities under all nine (9) principles and/or provision of the GACA / NAADAC/NCC AP Code of Ethics.

Applicants name (printed):	Date:
Applicants signature:	



**GACA OATHS**

***I HEREBY CERTIFY THAT ALL OF THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO AUTHORIZE ANY NECESSARY INVESTIGATIONS AND THE RELEASE OF MANUSCRIPTS AND OTHER PERSONAL INFORMATION RELATIVE TO MY CERTIFICATION, (FALSIFICATION WILL NULIFY THIS APPLICATION AND MAY RESULT IN REVOCATION OF ANY GACA CERTIFICATION).***

**ASSURANCES AND RELEASE**

**PLEASE NOTE:** GACA reserves the right to request further information from all employers and other persons listed on the application form. The Certification Committee and its review committees reserve the option of requesting an oral interview with the applicant. This information will be strictly used to evaluate the professional competence of the applicant as requested in order to verify education, employment, etc. This information is not available to anyone outside this process without the written consent of the applicant.

“I give my permission for GACA and its staff to investigate my background as it relates to statements contained in this Application for Certification. All information given herein is true and complete to the best of my knowledge and belief. I understand that intentional false or misleading statements or intentional omissions shall result in denial or revocation of any GACA certification.”

“I consent to the release of information contained in my application file and other pertinent data submitted to or collected by GACA to officers, members, and staff of the aforementioned Committee.”

“I further agree to hold GACA, its officers, Committee members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with application and subsequent examinations, and/or the failure of GACA to issue certifications.”

“By affixing my signature on receipt of acknowledgement, I certify my complete understanding of these statements and my intention to be fully bound thereby.”

**I HEREBY AFFIRM**, that I have read and understand the components outlined in the GACA Oath, Assurance and Release.

Applicants name (printed):	Date:
Applicants signature:	

**I HEREBY AFFIRM**, that I have received information related to the eight (8) counseling skill groups in this application, along with information related to the required clinical supervision, work experience and education requirements.

Applicants name (printed):	Date:
Applicants signature:	



## GACA CERTIFIED MASTER ADDICTION COUNSELOR (CMAC) FEE

ALL FEES ARE NON-REFUNDABLE	
CMAC INITIAL APPLICATION	\$300.00 <i>(bi-annual renewal required)</i>
<b>TOTAL AMOUNT DUE</b>	\$ _____
<b>Make ALL check or money order payable to Georgia Addiction Counselors Association</b> *If renewal application is late, late fees will apply	

If paying with debit/credit card, please complete the following information:

X \_\_\_\_\_

Print name as it appears on card

Credit Card #: \_\_\_\_\_

Expiration Date on Card \_\_\_\_/\_\_\_\_ VIN# \_\_\_\_\_ (last 3 digits on back of card)

X \_\_\_\_\_

Print name as it appears on card

X \_\_\_\_\_

Company Name, if applicable

Cardholder Billing Address: Street: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

(Zip Code Required to Process Credit Card)

### APPLICATIONS SUBMITTED WITHOUT REQUIRED FEES WILL NOT BE PROCESSED OR REVIEWED

Mail application, documentation and fees to:

Georgia Addiction Counselors Association (GACA)  
4015 South Cobb Drive SE, Suite 160, Smyrna, Georgia 30080