



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Examiners for Licensure of  
Professional Counselors, Marriage and Family  
Therapists, Addiction Counselors  
and Psycho-Educational Specialists**

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4658 • Contact.Counselor@llr.sc.gov • Fax: 803-896-4719

[llr.sc.gov/cou](http://llr.sc.gov/cou)

**REQUIREMENTS AND INSTRUCTIONS FOR LICENSURE AS AN  
ADDICTION COUNSELOR ASSOCIATE**

Addiction Counselor Associate applicants must meet education and examination requirements. Associates can only practice under supervision, pursuant to an approved clinical supervision plan.

**EDUCATION**

**CACREP ACCREDITED PROGRAM**

To meet education requirements for licensure, an applicant can either show evidence of graduation from an addiction counseling program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP) at the time of graduation;

**OR**

**NON-CACREP ACCREDITED PROGRAM**

Submit evidence of successful completion of a master's degree, specialist's degree or doctoral degree with a minimum of forty-eight (48) graduate semester hours primarily in counseling or related field from a program accredited by the National Addiction Studies Accreditation Commission (NASAC), CACREP, or one that follows similar educational standards, and from a college or university accredited by the Commission on the Colleges of the Southern Association of Colleges and Schools, one of its transferring regional associations, the Association of Theological Schools in the United States and Canada, or a regionally-accredited institution of higher learning subsequent to receiving the graduate degree.

On their graduate transcript(s) the applicant must demonstrate successful completion of 27 of the 48 hours consisting of courses in the following areas:

- (a) Human growth and development course; and/or
- (b) Social and cultural foundations course; and/or
- (c) Counseling Theory Course; and/or
- (d) Family System Theory Course; and/or
- (e) Career Theory; and/or
- (f) Group Dynamics; and/or
- (g) Screening, Assessment and Clinical Diagnosis within behavioral health; and/or
- (h) Research and evaluation; and/or
- (i) Professional orientation: coursework content providing an understanding of professional roles and functions, professional goals and objectives, professional organizations and associations, professional history and trends, ethical and legal standards, professional preparation standards, and professional credentialing; and
- (j) 6 hours of Substance Use Disorder/ Addiction Specific Coursework; and
- (k) Practicum: a minimum of one (1) supervised one hundred (100) hour counseling practicum; and

## **INTERNSHIP REQUIREMENTS**

Applicant must have completed an internship, as part of a degree program, of at least six hundred (600) hours, of which three hundred (300) hours must be working primarily with the substance use disordered population with a minimum of one hundred twenty (120) hours of direct client contact; however, if the 300/120 specific hours requirement is not met within the 600 hour internship, a post-graduate experience may be served to meet this requirement.

## **EXAMINATION**

All licensure candidates must take and pass either the:

- National Association for Alcoholism and Drug Abuse Counselors (NAADAC) Master Addiction Counselor (MAC) Exam <https://www.naadac.org/mac>  
OR
- International Certification and Reciprocity Consortium (IC&RC) Advanced Alcohol and Drug Counselor (AADC) Exam <https://www.internationalcredentialing.org>

## **ASSOCIATE SUPERVISION**

### **SUPERVISION**

In order to obtain the Addiction Counselor license, documentation of completion of a minimum of one thousand one hundred twenty (1120) hours of post-master's clinical experience and post master's clinical supervision in the practice of addiction counseling performed over a period of not fewer than two (2) years must be submitted to the Board. Of the one thousand one hundred twenty (1120) hours, there must be a minimum of one thousand (1,000) hours of documented direct client contact with clients presenting with addiction issues, and a minimum of one hundred twenty (120) hours of documented supervision.

Supervision must be provided by a licensed Addiction Counselor Supervisor (LAC-S) or other qualified licensed mental health practitioner approved by the Board prior to beginning supervision. In addition to a licensed Addiction Counselor Supervisor, a qualified licensed mental health practitioner (QLMHP) includes a person licensed as a Professional Counselor Supervisor, Marriage and Family Therapy Supervisor, a Psychologist or a Medical Doctor. The LAC-S or QLMHP must be approved by the Board and shown to have knowledge and expertise necessary to provide addiction counseling supervision.

A minimum of sixty (60) hours of the supervision hours must be individual/triadic, and the remaining sixty (60) hours may be individual/triadic or group.

These supervised experience hours are obtained as an Associate, pursuant to a Plan for Clinical Supervision. The Plan for Clinical Supervision of Post-Master's Clinical Experience in Addiction Counseling form may be submitted along with the Associate license application or submitted once you have obtained employment; however, it must be effective once you have passed your exam and your Associate license has been issued. An Addiction Counselor Associate cannot provide addiction counseling services until the supervision plan is submitted to the Board and approved, and the Associate license is issued.

### **ASSOCIATE EXTENSION**

An LAC Associate license is a two-year license. If Post-Master's clinical experience has not been completed within that two-year period, you will need to apply for an Associate Extension.



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## ADDICTION COUNSELOR ASSOCIATE LICENSE APPLICATION

### Include with your application:

- Check or money order in the amount of \$150 made payable to LLR-Board of Professional Counselors Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
- Copy of your valid driver's license, state issued ID, passport or military ID
- Copy of your social security card
- Legal documentation for name change (marriage cert, divorce decree, etc.)(if applicable)
- Exam Score Report (if applicable)
- Plan for Clinical Supervision of Post-Master's Clinical Experience in Addiction Counseling Form (may be submitted after you obtain employment rather than submitting with this application; however, the Plan must be submitted and approved before you can provide addiction counseling services)
- Coursework Description and Verification Form (if applicable)
- LAC Practicum and Internship Review Form (if applicable)

### Have submitted directly to the Board office address above from the issuing agent:

- Official Transcripts
- MAC Exam Scores (if available)
- AADC Exam Scores (if available)
- Out of State License Verification, if applicable

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you ever had a legal name change?  Yes  No Maiden Name: \_\_\_\_\_

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (If different than above)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Gender (For statistical purposes only):  Female  Male

### EXAM INFORMATION

1. Have you taken and passed either the MAC or the AADC exam? If yes, provide a copy of your score report.

Yes  No

Name: \_\_\_\_\_

**PROFESSIONAL EDUCATION INFORMATION**

Contact all graduate institutions and have an official transcript mailed or emailed directly to the Board. Undergraduate transcripts are not needed. You may include with your application unopened, sealed transcripts that were mailed to you from the school.

Did you attend a CACREP accredited addiction counseling program?  Yes  No

(If **no**, you will need to complete the Coursework Description and Verification Form and the Practicum/Internship Review Form.)

Institution/Program	Attendance Dates (MM/YR – MM/YR)	Graduation Date	Degree Earned

**OUT-OF-STATE LICENSURE**

If you are a licensed Addiction Counselor Associate in another state, the Board may consider giving you credit for completed supervised hours. (NOTE: Providing credit for supervised hours completed as a licensed associate in another state is discretionary.)

1. Are you licensed as an Addiction Counselor Associate in another state?  Yes  No

a. List state(s) where you are actively licensed: \_\_\_\_\_

b. Do you have supervised hours you would like to be reviewed by the SC Board?  Yes  No  
If yes, provide the following:

- i. Confirmation of Clinical Supervision Form
- ii. Associate Supervision Log
- iii. Have an official license verification mailed/sent directly to the SC Board.
- iv. Have an official license verification for your supervisor mailed/sent directly to the SC Board.  
(Supervisor may need to request.)

**PERSONAL HISTORY INFORMATION**

Answer all the questions below; you are required to include a detailed written statement of explanation with your application for any “Yes” answers.

1. Have you ever had any application for any professional license refused or denied by any licensing authority?  Yes  No

2. Have your privileges ever been restricted or terminated by any association and/or licensed facility?  Yes  No

Name: \_\_\_\_\_

3. Have you been convicted of or pled guilty or nolo contendere to a felony, or to a crime involving drugs or moral turpitude?

Yes  No

**If yes, attach a detailed written statement, certified copy of the court disposition, an official statewide background check from the state in which the conviction occurred and from the South Carolina Law Enforcement Division (<https://catch.sled.sc.gov/>). If applicable, have a statement from your probation or parole officer sent directly to the Board.**

4. Currently or within the last five years, have you practiced the profession under the influence of alcohol and/or drugs, or do you use alcohol and/or drugs to such a degree that you are unfit to competently and safely practice the profession?

Yes  No

5. Currently or within the last five years, have you sustained a physical or mental impairment or disability which renders your ability to practice dangerous to the public?

Yes  No

### STATEMENT OF APPLICANT

Should I furnish any false information on this application or on any supporting document or material, I understand that such an act shall constitute cause for denial of my application or revocation of my addictions counselor license.

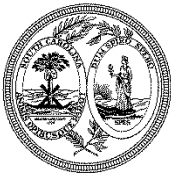
\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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**LAC PLAN FOR CLINICAL SUPERVISION OF  
 POST-MASTER'S CLINICAL EXPERIENCE IN ADDICTION COUNSELING**

- This form must be signed by the licensed addiction counselor supervisor and supervisor candidate (if applicable) or licensed mental health practitioner and by the applicant/LAC associate.

Please refer to [www.llr.sc.gov/cou/](http://www.llr.sc.gov/cou/) for a current list of licensed addiction counselor supervisors.

Applicant/Associate Name: \_\_\_\_\_ License No: \_\_\_\_\_  
 (If applicable)

**LICENSED SUPERVISOR / SUPERVISOR CANDIDATE INFORMATION (To be completed by supervisor)**

If supervision will be provided by a qualified licensed mental health practitioner rather than an LAC-S or LAC-S Candidate, complete the below Qualified Licensed Mental Health Practitioner section.

**LAC-Supervisor Name:** \_\_\_\_\_ **LAC-Supervisor License No.:** \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**LAC-Supervisor Candidate Name:** \_\_\_\_\_ **LAC-S Candidate License No.:** \_\_\_\_\_  
 (If applicable)

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**QUALIFIED LICENSED MENTAL HEALTH PRACTITIONER**

A qualified licensed mental health practitioner (QLMHP) means a person licensed as a Marriage and Family Therapy Supervisor, a Professional Counselor Supervisor, a Psychologist or a Medical Doctor. The QLMHP must be pre-approved by the Board and shown to have knowledge and expertise necessary to provide addiction counseling supervision.

**Mental Health Practitioner Name:** \_\_\_\_\_ **License Type/No.:** \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**LOCATION OF SUPERVISED PRACTICE**

Facility Name: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Work Experience: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position Title: \_\_\_\_\_

*Planned over two years*



The following requirements regarding supervision must be met:

The supervised clinical experience requires completion of a minimum of one thousand one hundred twenty (1120) hours of post-master's clinical experience and post master's clinical supervision in the practice of addiction counseling performed over a period of not fewer than two (2) years. Of the one thousand one hundred twenty (1120) hours documented, there must be a minimum of one thousand (1,000) hours of direct client contact with clients presenting with addiction issues and a minimum of one hundred twenty (120) hours of supervision by a licensed addiction counselor supervisor or other qualified licensed mental health practitioner approved by the Board. A minimum of sixty (60) hours of the supervision hours must be individual/triadic, and the remaining sixty (60) hours may be individual/triadic or group. At the conclusion of the supervised clinical experience, you must submit the Board form documenting that this supervision has been obtained.

**Supervision is defined as:**

(1) "Supervision" means direct contact between a supervisor and an associate or other person requiring supervision under this chapter. Supervision may be conducted either in person or via a HIPAA compliant technological medium. During this time, the person supervised appraises the supervisor of the diagnosis and treatment of each client seen during the supervisory process. The supervisor provides the supervised person with oversight and guidance in diagnosing, treating, and dealing with clients, and the supervisor evaluates the supervised person's performance. The focus of a supervision session is on raw data from clinical work which is made directly available to the supervisor through such means as written clinical materials, direct (live) observation, co therapy, audio and video recordings, and live supervision. Supervision is a process clearly distinguishable from personal psychotherapy and is contrasted in order to serve professional goals. The major focus in supervision of supervisors is on the development of supervisory abilities as opposed to an exclusive focus on clinical skills.

(2) "Group supervision" means a regularly scheduled meeting of not more than six (6) supervisees, and an approved supervisor, for a minimum of two (2) hours.

(3) "Individual/triadic supervision" means a meeting of one (1) or two (2) supervisees with a supervisor for a period of at least a one (1) hour session.

**APPLICANT/ASSOCIATE CERTIFICATION**

I have read and understand the supervision requirements, and understand that as an Associate I can only provide addiction counseling services while being supervised. I also understand that I must provide the completed supervision forms at the conclusion of the period of supervision. If I obtain a new supervisor, I understand that I must provide both a Confirmation of Supervision Form and a new Plan for Clinical Supervision Form to the Board for approval before continuing to practice and in order to obtain clinical contact and supervision hours.

**Applicant/Associate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUPERVISOR/QLMHP CERTIFICATION**

I have read and understand the supervision requirements, and agree to provide supervision in accord with Board statutes and regulations to the above LAC applicant.

**Signature of Supervisor/QLMHP:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Original signature required)

**SUPERVISOR CANDIDATE CERTIFICATION**

I have read and understand the supervision requirements, and agree to provide supervision in accord with Board statutes and regulations to the above LAC applicant.

**Signature of Supervisor Candidate:** (If applicable) \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Original signature required)