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

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 prior to the applicant beginning supervision, and must be 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 the applicant has obtained employment; however, it must be effective once the applicant has passed the exam and the 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.

Include with your application:

- Copy of your valid driver's license, state issued ID, passport or military ID
- Copy of your social security card
- Notarized Verification of Lawful Presence Form
- 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

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LAC COURSEWORK REVIEW

Coursework Requirements Verification:

- Please print or type.
- Include an official sealed transcript from your graduate institution(s) attended or have transcripts sent directly from the school to the SCLLR Counselors Board.
- This form must be filled out in order to review your coursework.
- Did you attend a CACREP or NASAC accredited program? ☐ Yes ☐ No
- Please see regulation 36-10(3) prior to completing.

REQUIRED COURSES

Coursework Categories	Course Title	Course No.	Credit Hours	Institution Where Course Was Taken
Human Growth and Development				
Social and Cultural Foundations				
Counseling Theory				
Family System Theory				
Career Theory				
Group Dynamics				
Screening, Assessment and Clinical Diagnosis Within Behavioral Health				
Research and Evaluation				
Professional Orientation				
Substance Use Disorder/Addiction Specific Coursework				
Practicum				
Internship				

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LAC PRACTICUM AND INTERNSHIP REVIEW

This form is for applicants who did not graduate from a CACREP accredited addiction counseling program.

To meet requirements for licensure, the applicant must demonstrate the following:

- Practicum: a minimum of one supervised 100 hour counseling practicum.
- Internship: completed an internship, as part of a degree program, of at least 600 hours, of which 300hours was working primarily with the substance use disordered population with a minimum of 120 hours of direct client contact (If not met during the degree program Internship, the 300/120 hour requirement can be met post-graduate.)

Name:_____

PRACTICUM

Institution/Place of Employment: _____

Address: _____

Director of Program: _____

Major Supervisor: _____

From: (MM/YY) _____ To: (MM/YY) _____ Total Hours: _____

INTERNSHIP

Institution/Place of Employment: _____

Address: _____

Director of Program: _____

Major Supervisor: _____

From: (MM/YY) _____ To: (MM/YY) _____ Total Hours: _____

Did the internship include working primarily with the substance use disordered population? YES NO # Hours: _____

Did the internship include direct client contact with the substance use disordered population? YES NO # Hours: _____

Institution/Place of Employment: _____

Address: _____

Director of Program: _____

Major Supervisor: _____

From: (MM/YY) _____ To: (MM/YY) _____ Total Hours: _____

Did the internship include working primarily with the substance use disordered population? YES NO # Hours: _____

Did the internship include direct client contact with the substance use disordered population? YES NO # Hours: _____

Total number of hours of counseling experience provided by practicum: _____

Total number of hours of counseling experience provided by internship: _____

Total number of internship hours working with substance use disordered population: _____

Total number of internship hours of direct client contact with the substance use disordered population: _____

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: _____

Rev: 02-02-2015

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)