

APPLICATION TO TAKE THE WRITTEN EXAMINATION

Alcohol and Drug Counseling (LADC)

Examination Fee: \$100

Make check or money order payable to "Licensure Unit"
DO NOT SEND CASH
 We are unable to accept electronic payments

SECTION A: PERSONAL INFORMATION			
1	You must print your Legal Name below		
	First:	Middle:	Last Name:
	List any other names, including maiden and your last name on your birth certificate, you are or have been known as (AKA).		
2	Address: (where we can send license and examination information)	Street/PO/Route:	
	City:	State or Country:	Zip:
3	Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):
4	Phone #: (optional)		Additional Phone #: (optional)
5	E-Mail Address: (MUST be provided for computer based examination)		
6	Social Security Number:		
	If you have an A# or I-94# check the correct box(s) and provide your number	<input type="checkbox"/> Alien Registration Number ("A#"):	
		<input type="checkbox"/> I-94#:	
<p><small><u>Neb. Rev. Stat.</u> §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.</small></p>			

SECTION B: APPLICANT SIGNATURE	
<p>_____ Signature</p>	<p>_____ Date</p>
Provisional License #: _____	