

State Merit System Addictions Classification Series Special Training Requirements Evaluation Request Form

Name (print) _____ SS# _____

Home Address _____ City _____ State _____

Zip Code _____ Home Phone # _____ Work Phone # _____ Fax # _____

Name of Employer _____ Email Address _____

Select Classification you are applying for and enter **all** courses to be evaluated:

Certified Professional Counselor – Alcohol and Drug, Supervisor

Certified Professional Counselor – Alcohol and Drug, Advanced

Specialty in Co-Occurring Disorders

Specialty in Family Counseling

Course Title(s) to be Evaluated	Contact Hours	Name of Training Provider	Grade	Type of Documentation

Send application to: Atten: Fiscal, c/o Office of Workforce Development & Training/Behavioral Health Administration
 Voc Rehab Building/55 Wade Avenue/Catonsville MD 21228
 Office: [410-402-8575](tel:410-402-8575)

Make check or money order payable to **Behavioral Health Administration**. The fee is **\$25.00** per evaluation.
 There is no fee if courses were provided by OETAS.