

## 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: [410-402-8585](tel:410-402-8585)

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.