NCC AP
National Certification Commission for Addiction Professionals

44 Canal Center Plaza, Suite 301 Alexandria, VA 22314
Tel: 800.548.0497 **Fax:** 703.741.7698 www.naadac.org

NCC AP Master Addiction Counselor Credential (MAC) Verification Request

Verification to be sent to the:

North Dakota Board of Addiction Counseling Examiners

Address:_____ **Suite/Floor**_____

City:_____ **State:**_____ **Zip code:**_____

Contact Person:_____ **Telephone:**_____

Email Address: _____

Credential: **MAC** **Credential Number:** _____

Credential Holder's Name:_____

Address:_____

City: _____ **State:** _____ **Zip code:**_____

Telephone:_____ **Email:**_____

"I authorize NCC AP to provide verification of my Master Addiction Counselor credential to the North Dakota Board of Addiction Counseling Examiners."

_____ _____
Credential Holder's Signature Date

NOTE: Credential holder must sign the above statement authorizing NCC AP to verify their MAC credential status. Verification requests will be processed in 5 to 7 business days.

Request can be submitted by fax (703.741.7698), email (dcroy@naadac.org) or mailed to:

NCC AP
44 Canal Center Plaza, Suite 301
Alexandria, VA 22314