



---

New Mexico Regulation and Licensing Department  
BOARDS AND COMMISSIONS DIVISION  
Counseling and Therapy Practice Board  
PO Box 25101 Santa Fe, New Mexico 87505  
(505) 476-4610 • Fax (505) 476-4645 • www.rld.state.nm.us

---

**APPLICATION INSTRUCTIONS FOR LICENSED SUBSTANCE ABUSE COUNSELOR (LSAA)**

1. Read the entire application before you begin to answer any questions, so you will understand exactly what information is being requested.
2. All questions must be answered. The burden of proof in satisfying the board that you are eligible for licensure is upon you.
3. Type or print your responses in **Black Ink**.
4. Your application fee of \$75.00 must accompany your application. Your check or money order should be made payable to the "Counseling and Therapy Practice Board" **Fees' ARE NON-REFUNDABLE.**
5. You must contact all colleges or universities you have attended contributing to the required associate, BA or master's degree. Your official transcripts sent in a **sealed envelope**, to be submitted with your application to the Counseling and Therapy Practice Board.
6. You must have an assigned appropriate licensed New Mexico supervisor. The supervisor must complete attachment C and place it in a sealed envelope to be submitted with your application.

---

To assist you in completing your applications please use the enclosed check-off list:

**Licensure by Requirements:**

- 1. Complete the Application;
- 2. Application fee \$75.00 (NON-REFUNDABLE);
- 3. Current Color Photo; 2x2 in. (Passport Quality, NO PAPER COPIES);
- 4. Answer all questions to the best of your knowledge (if you answer yes to any questions, please give details on a separate sheet of paper include a certified copy of final judgment papers);
- 5. Application must be signed, dated, and notarized;
- 6. Attachment C (must come directly from your licensure state, sent in a sealed envelope), submitted with your application; and
- 7. Attachment D (verification of 90 education) attach copies of acquired certificates; and
- 8. Official sealed college or university transcripts, submitted with your application.

## New Mexico Counseling and Therapy Practice Board Application

LICENSED SUBSTANCE ABUSE ASSOCIATE

\$75.00 Application (Application Review time is 10-15 business days)

**PERSONAL INFORMATION**

**Attach Current Photo**

Last Name:	First Name:	Middle Initial:
Address:		
City/State/Zip:		
Social Security Number:	Date of Birth:	
Telephone:	E-Mail:	
Home Phone:	Business Phone:	
Employers Name:	Employers Address:	
States in which you are licensed:		

**PROFESSIONAL EDUCATION:**

School Attended	Degree Awarded
-----------------	----------------

Exams:  NCAC  ICRC

**NOTICE**

**CASH IS NO LONGER ACCEPTED** as a form of payment for all business transactions including but not limited to licenses, permits, fees, and penalties. Payment must be made in one of the following methods: Check, Cashier's Check, Money Order, or Credit Card (where authorized).

When you provide a check as payment, you authorize The State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Application Fee payment method (please mark): <input type="checkbox"/> check <input type="checkbox"/> money order <input type="checkbox"/> credit card		
Type: <input type="checkbox"/> MC <input type="checkbox"/> Visa	Number: _____	Expiration date: _____ Security Code: ____
<b><u>Office Use Only</u></b>		
Receipt# _____	Deposit Date _____	Fee Amount _____ CK/MO _____

**DISCIPLINARY/LEGAL ISSUES**

Read the following carefully, check all appropriate boxes: Yes answers required an explanation and a copy of the final judgment paper.

1. Have you ever used another name under which records relating to your application, education, training or experience may be filed?

Yes  No If yes, please enter names(s) used \_\_\_\_\_

2. Have you ever received a deferred prosecution or judgment or been convicted of, or pled guilty or nolo contendere to a felony or misdemeanor (not including traffic violations) in any state, territory or district of the United States or a foreign country?

Yes  No

3. Has any disciplinary action ever been started against you as result of your counseling or therapy services or any license you hold or have held to practice counseling or therapy? (Note: disciplinary action includes but is not limited to suspension, probation, practice limitations, reprimand, letter admonition, censure, and any allegations currently pending.)

Yes  No

4. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such a claim yourself?

Yes  No

5. Have you ever voluntarily surrendered a license or certification to practice counseling, therapy or any other health related profession in any state, foreign country, territory, or institution?

Yes  No

6. Do you have any personal or legal problems with alcohol or drugs that in any way affect your ability to be a counselor or therapist?

Yes  No

7. Have you ever pled guilty or nolo contendere to or been convicted, of driving under the influence of driving while intoxicated?

Yes  No

8. Have you ever been denied a license or permission to take an examination to practice counseling or therapy in any state, foreign country or territory?

Yes  No

9. Do you have any mental illness that affects your ability to be a counselor or therapist?

Yes  No

10. Have you ever had any malpractice claims made against your license in New Mexico or any other state, foreign country or territory?

Yes  No

11. Have you had any judgments, or entered into any settlements, in regards to malpractice claims made against you in New Mexico or any other state, foreign country or territory?

\_\_\_Yes\_\_\_No

12. Do you now have any pending lawsuits or claims in regarding to counseling or therapy services in any capacity?

\_\_\_Yes\_\_\_No

13. Are you in violation of compliance with court-ordered child support payments?

\_\_\_Yes\_\_\_No

**AFFIDAVIT AND NOTARIZATION**

The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect. By executing this application, the undersigned also acknowledges that he/she has read the Code of Ethics for Counseling and, if issued a license, agrees to conform with and support the Code of Professional Ethics, Rules and Regulations of the New Mexico Counseling and Therapy Practice Board, and the Professional Counseling and Therapy Act. **I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME on this day of \_\_\_\_\_, 20\_\_\_\_\_ personally appeared the above named applicant who, being by me duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
My Commission Expires:

**ATTACHMENT C: EXPERIENCE PLAN**

It is the applicant's responsibility to send this form to the appropriate supervisors. Your application will not be reviewed without the necessary forms (Supervision must be provided by a licensed NM supervisor).

Date: \_\_\_\_\_

To (Name of Supervisor) \_\_\_\_\_

In applying for a license to practice as a licensed mental health counselor in The State of New Mexico, The Counseling and Therapy Practice Board requires a signed statement by my supervisor.

**I therefore ask that you furnish the information requested on this page, place it in a sealed envelope and return to me to submit with the application.**

Applicant's Name (Please Print): \_\_\_\_\_

**SUPERVISOR'S INFORMATION (Please Print)**

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Mailing Address Telephone No.

\_\_\_\_\_  
Physical Address (No. & Street Name) City/State Zip

\_\_\_\_\_  
License Title License No. State Issue Date

\_\_\_\_\_  
License Title License No.

\_\_\_\_\_  
Name of Individual Supervised (Print)

**Supervisors must comply with Title 16-Chapter 27-Part 19 approved supervisors**

**I (supervisor) understand that for the supervision to be acceptable I must provide professional supervision.**

**AFFIDAVIT AND NOTARIZATION**

**I (supervisor) declare under penalty of perjury under the laws of The State of New Mexico that the above information is true and correct. The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect. By executing this application, the undersigned also acknowledges that he/she will receive the required supervision. I certify that all of the statements made in this application (C) are true, complete, and correct to the best of my knowledge and my belief and are made in good faith.**

\_\_\_\_\_  
Signature of Supervisor Date

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

**BEFORE ME** on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared the above-named applicant who, being by me duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

Seal

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**Please return this form to:**  
NM Counseling & Therapy  
Practice Board PO Box 25101,  
Santa Fe, NM 87505

**ATTACHMENT D**

**VERIFICATION OF EDUCATION AND TRAINING HOURS**

Name \_\_\_\_\_

90 Clock Hours

90 clock hours in the field of Alcohol Abuse and Drug Abuse.

Attach photocopies of Certificates or Official Transcripts (number each certificate as you list them on the attachment)

Title of Courses/Seminars Workshops pertaining to Alcohol Abuse	Date	Location	Presenter	Hours
A-1				
A-2				
A-3				
A-4				
A-5				
A-6				
A-7				
A-8				
TOTAL HR.				

Title of Courses/Seminars Workshops pertaining to Drug Abuse	Date	Location	Presenter	Hours
D-1				
D-2				
D-3				
D-4				
D-5				
D-6				
D-7				
D-8				
TOTAL HR.				

**SERVICE SATISFACTION SURVEY**

In response to each question please rate your satisfaction with the service you received from the board office on a scale from 1-5, with 5 being the highest.

- 1. You were able to reach the board office during state business hours (includes leaving a message). Rating\_\_\_\_\_
- 2. The period of time from your initial request of an application packet to its receipt was satisfactory. Rating\_\_\_\_\_
- 3. All necessary forms were provided in your application packet. Rating\_\_\_\_\_
- 4. If you accessed the board website, you found the information/forms helpful. Rating\_\_\_\_\_
- 5. Telephone calls were returned in a timely manner. Rating\_\_\_\_\_
- 6. The board staff was courteous. Rating\_\_\_\_\_
- 7. Board staff assistance was provided efficiently and accurately. Rating\_\_\_\_\_
- 8. Overall, you were satisfied with the service you received from the board office. Rating\_\_\_\_\_

9. Let us know how we can improve our services:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete and return this survey. It is our endeavor to provide the best service possible to our applicants, licensees and the general public.

Optional: Name \_\_\_\_\_

Please send this survey with your application.