

THE MASSACHUSETTS BOARD OF SUBSTANCE ABUSE
COUNSELOR CERTIFICATION, INC.

P.O. Box 7070
Worcester, MA 01605

LADC LICENSING TEST REGISTRATION FORM

In order to be scheduled for testing, please complete this form and return it to MBSACC at the letterhead address along with a check or money order for the \$350.00 test fee (made payable to **MCVCAC**). Expect a longer processing time if fee is being paid by the MA Rehab Commission (MRC).

Please print legibly. Forms that are not legible will be returned to you.
All fields are required.

NAME <i>Exactly as it appears on your Government-issued ID.</i>	
ADDRESS <i>Note: This address must match the one on your ID or you will not be admitted to the exam.</i>	
CITY, ST, ZIP	
HOME PHONE <i>Must Include Area Code</i>	
CELL PHONE <i>Must Include Area Code</i>	
WORK PHONE <i>Must include Area Code</i>	
SSN <i>Last 4 digits only</i>	
AGENCY NAME	
AGENCY ADDRESS	
HOME EMAIL ADDRESS <i>You will be notified of test info at this email address.</i>	
SPECIAL ACCOMMODATIONS	(Circle One) YES NO <i>If you require special accommodations, information on how to proceed will be sent to you. Documentation will be required.</i>

The testing company (SMT) will **email** you with test information. Please adjust your JUNK/SPAM filters. This process could take up to **30 (thirty) days** from the time MBSACC receives your form and fee. You will be notified of the testing sites available to you and you will be given a window of time (six months) in which to schedule your appointment. Please be advised that failure to schedule your exam within the time period allotted will result in the **forfeiture of your exam fee**. Should a candidate fail the exam, there is a mandatory 90-day waiting period before the candidate can reschedule the exam.