



## ABCAC

P.O. Box 83165  
Phoenix, Arizona, 85071  
Phone: 480-980-1770  
Email: [abcac@abcac.org](mailto:abcac@abcac.org)

## ABCAC Board Member Application

### Administrator: Brian Reinhart

The Arizona Board for Certification of Addiction Counselors (ABCAC) Board member term is five years. A nominating committee appointed by the President presents names of eligible persons for election to the Board. If you wish to apply for Board membership, please complete and return this application to:

Email: [abcac@abcac.org](mailto:abcac@abcac.org)

Address: P.O. Box 83165 Phoenix, Arizona, 85071

1. Name: \_\_\_\_\_

2. Phone: \_\_\_\_\_

3. Address: \_\_\_\_\_

\_\_\_\_\_

4. Give a brief chronological listing of employers, positions and duties you have had in the addition and/or mental health field:

\_\_\_\_\_

---

---

---

---

---

---

5. Are you currently ABCAC certified as a CADAC?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what year were you originally certified by ABCAC \_\_\_\_\_.

6. ABCAC is an active, working Board. You would be required to attend quarterly Board meetings, serve on committee, and perform various other tasks related to certification. Are you willing to make this commitment?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Please indicate any special skills or expertise you possess which might be useful to ABCAC:

---

---

---

---

---

---

8. Briefly, why do you wish to serve on the board?

---

---

---

---

---

---

9. ABCAC also needs experienced people to serve on committees. If not elected to the Board it may simply be because no positions are available at the time you apply. Would you be willing to serve in any of the following ways?

\_\_\_\_\_ Ethics Committee

\_\_\_\_\_ Credentials Committee

\_\_\_\_\_ Public Information Workshop

10. Anything else you would like us to know about you in making our decision?

---

---

---

---

---

---

---

---

Signature

---

Date