



Sacramento County
Department of Health Services
Division of Behavioral Health Services
ADS COUNSELOR APPLICATION

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I attest that I, \_\_\_\_\_, have the following qualifications required to register for the counselor classification category indicated below.

[ ] ADS Counselor I –An individual who is successfully registered in a DHCS Designated Certifying Organization. This candidate must remain in good standing and complete certification within five (5) years from the date of registration.

Must submit proof of registration with a DHCS Designated Certifying Organization

[ ] ADS Counselor II. An individual who has completed program requirements and/or passed an exam issued by the DHCS Designated Certifying Organization and is a “certified AOD Counselor”. Must submit proof as a Certified AOD Counselor from a DHCS Designated Certifying Organization.

Applicant: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Quality Management: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_