ABCAC Board Member Application

Thank you for your interest in joining the Arizona Board for the Certification of Addiction Counselors (ABCAC) Board of Directors. Please complete the following application and submit it with your resume/CV.

Applicant Information

- Full Name: _____
- Preferred Name (if different): _____
- Email Address: _____
- Phone Number: _____
- Mailing Address: _____

Professional Background

- Current Job Title: _____
- Organization/Employer: _____
- Years in the Behavioral Health/Addiction Counseling Field: _____

Certifications (Check all that apply)

☐ CADAC
☐ CCJP
☐ AADC
☐ CCS
☐ CPS
☐ CPRS
☐ Other (please specify): _____

Application Questions

Why do you want to join the ABCAC Board?
(Please provide a brief statement explaining your motivation.)

What strengths, skills, or expertise would you bring to the Board?

What is your experience with professional certification, credentialing, or ethics in the behavioral health field?

Availability

- Are you available to attend quarterly board meetings (in person or virtually)?
  ☐ Yes
  ☐ No (please explain): _____
- Are you willing to participate in board committees or special projects as needed?
  ☐ Yes
  ☐ No (please explain): _____

Supporting Documents

✅ Please attach:

- A current resume or CV
- Any additional letters of reference or supporting materials (optional)

Applicant Acknowledgment

☐ I confirm that the information provided in this application is accurate and complete. I understand that submitting this application does not guarantee selection and that board membership is subject to board review and approval.

Signature: _____
Date: _____

Submit Application To

📩 Email: abcac@abcac.org
Subject Line: ABCAC Board Member Application