

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>First, Middle Initial, Last</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>	
DATE OF BIRTH	
TEST LANGUAGE	<i>(Circle One) ENGLISH FRENCH</i> <i>If left uncircled, test will be ordered in English</i>
EMAIL ADDRESS <i>Preferably Home EMAIL</i> <i>The testing company (ISO) will notify you of test info at this email address.</i>	
SPECIAL ACCOMMODATIONS	<i>(Circle One) YES NO</i> <i>If you require special accommodations, information on how to proceed will be sent to you. Documentation will be required.</i>

*The testing company (ISO-Quality Testing) will **email** you (adjust your JUNK/SPAM filters) with test information, which could take up to 30 (thirty) days. You will be notified of the testing sites available to you, and you will be given a window of time in which to make your appointment. You must bring the testing company notice **and** a picture ID with you to the test site or you will not be allowed to test. 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.*