



## National Association of Forensic Counselors

P.O. Box 8827 Fort Wayne, IN 46898-8827  
260-426-7234 - Phone 260-426-7431 - FAX

[www.ForensicCounselor.org](http://www.ForensicCounselor.org) [NAFC@ForensicCounselor.org](mailto:NAFC@ForensicCounselor.org)

### NAFC MEMBERSHIP APPLICATION FOR ADDICTIONS SPECIALTIES

Thank you for your interest in NAFC Membership. If you have any questions pertaining to this application, please contact us and we will assist you to the best of our ability. This application must be completed in its entirety. Incomplete applications received will not be processed until all information is received. No waivers will be granted for any part of this application.

I have read and understand the minimum requirements for certification. I understand that if I submit an application for review and I do not meet the requirements for certification before examination is scheduled, my application will be denied and fees paid will be refunded with the exception of the non-refundable \$25.00 application fee.

I understand that once my application is approved, no fees will be refunded, in whole or part.

I understand and agree that it is my sole responsibility to read and stay apprised of the most current revision of the NAFC Terms of Membership to include, but not limited to: Candidate Handbook, Ethical Standards and Code of Conduct, Policies and Procedures, Use of the NAFC Logo Terms, Renewal/Reinstatement Attestation and any and all other materials pertaining to my NAFC Membership. All of which are publicly available for download from [www.ForensicCounselor.org](http://www.ForensicCounselor.org). Hard copies may be obtained upon written request to the NAFC.

By submitting this application, I understand that I am and agree to be subject to the most recent revision of all NAFC Terms of Membership.

I understand that I must pass the NAFC certification examination. Once an examination is scheduled, no fees will be refunded. If I do not pass the certification examination, no fees will be refunded, and additional fees will be required to re-take the examination.

**Non-licensed California AODA (Alcohol & Other Drug Abuse) Counselors ONLY:** California has proposed legislation to license AODA Counselors. NAFC certification does not permit persons to practice substance abuse counseling in the State of California. Non-licensed AODA practitioners in the State of California, please consult [www.dhcs.ca.gov/provgovpart/Pages/CounselorCertificationOrganizations.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertificationOrganizations.aspx).

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

A separate application must be submitted for each NAFC Membership for which you wish to apply. Please select the NAFC Membership for which you are applying:

#### NON-CLINICAL LEVEL

For professionals holding, in part, less than a Masters degree and less than two (2) years full time supervised experience. Please see a complete list of requirements on page of this application.

- Certified Criminal Justice Addictions Specialist (CCJAS)
- Certified Co-Occurring Disorder Specialist (CCODS)

#### CLINICAL LEVEL

For professionals holding, in part, a Masters degree or higher and, minimally, three (3) years full time supervised experience. Please see a complete list of requirements on page of this application

- Certified Chemical Dependency Counselor
- Master Addictions Counselor
- Certified Forensic Addictions Specialist (CFAS)
- Certified Criminal Justice Addictions Specialist (CCJAS)
- Certified Co-Occurring Disorder Specialist (CCODS)

#### NON-CERTIFIED IN-SERVICE DESIGNATION

Professionals who wish to pursue NAFC Membership but whose application for state licensure or legislatively mandated certification is pending and/or who have not yet obtained but are actively pursuing their degree and/or formal training hours may apply for Non-Certified In-Service designation until such time when verifiable documentation is submitted showing all requirements NAFC Membership requirements have been met.

- I Request an In-Service designation for the above marked NAFC Membership.

NAFCAppA Revised: August 22, 2017





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### NAFC MEMBERSHIP APPLICATION FOR ADDICTIONS SPECIALTIES

#### SECTION A – Contact Information

First Name	M.I.	Last Name	
Mailing Address	City	State	ZIP
Work Phone (REQUIRED)	Home Phone (optional)	Cell Phone (optional)	E-mail Address (REQUIRED)

#### SECTION B – Current Employment Information

Current Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Program Type: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_

Dates Employed: FROM: MM DD YYYY TO: MM DD YYYY

Supervisor Name: \_\_\_\_\_

Supervisor's Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### SECTION C - References

Attached to this application is a blank Reference Form. Please print three (3) copies and submit all three (3) completed Reference Forms. All references must be professionals working in your professional field and not related to you. At least one reference must be your immediate supervisor. If you are in Private Practice and do not have an immediate supervisor, then this reference must hold a minimum of a professionally related Masters degree, hold active and in good standing professional state licensure and/or state mandated certification and have known you professionally for at least three (3) years.

#### SECTION D - Education

Please indicate your highest educational level and attach a copy of the highest degree you earned from an accredited educational institution.

- |  |  |
|--|--|
| <input type="checkbox"/> M.D.                | <input type="checkbox"/> Masters: Major: _____   |
| <input type="checkbox"/> J.D.                | <input type="checkbox"/> Bachelors: Major: _____ |
| <input type="checkbox"/> Psy.D.              | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Ph.D.: Major: _____ | <input type="checkbox"/> No Degree               |

University/College Graduated: \_\_\_\_\_

Location of University/College: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ For Non-certified In-Service Designation Applicants, expected graduating year: \_\_\_\_\_





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### SECTION E – State Licensure and/or State Mandated Certification

I am not exempt from holding licensure and/or state mandated certification in my profession in my state of practice.

State: \_\_\_\_\_ Title(s) of license/state mandated certification: \_\_\_\_\_

License/state mandated certification No(s): \_\_\_\_\_

I attest that I have never had any professional license(s)/state mandated certification(s), past or present in any state, sanctioned.

My professional license(s)/state mandated certification(s), past or present in any state is currently under sanction or has previously been sanctioned. (Provide a complete copy of all sanctions to include the Complaint, determination and status.)  
\_\_\_\_\_

I attest that I am exempt from licensure and/or state mandated certification in my profession in my state of practice through:

Legislative exemption. Legislative reference: \_\_\_\_\_

No licensure exists for my profession, i.e., probation parole, law enforcement, corrections, etc.

Federal and/or state government employee exemption. (Provide proof of exemption, i.e., federal/state regulation number or complete the Exemption Letter Attestation signed by employer.)  
\_\_\_\_\_

I am applying for a non-certified In-Service designation at this time. My application for licensure and/or state mandated certification is pending or is an "in-Service" or similar status. Provide letter from state regulatory board of pending application or copy of "in-service or similar status card/certificate.

### SECTION F – Please complete the following.

I currently hold NAFC Membership: Title: \_\_\_\_\_ No. \_\_\_\_\_

I am a first time Applicant  I previously applied for NAFC Membership and my application was not approved

I previously held NAFC Membership that has expired:

NAFC Membership Title: \_\_\_\_\_ No. \_\_\_\_\_

### SECTION F – Previous Work Experience

Please provide the following information pertaining to work experience PRIOR to your current employment applicable to the NAFC Membership for which you are applying. **If you need additional space, please attach your CV/Resume to this Application.**

Previous Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Program Type: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Employed: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MM DD YYYY MM DD YYYY

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_





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### SECTION F, cont. – Previous Work Experience

Previous Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Program Type: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Employed: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MM DD YYYY MM DD YYYY

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

### SECTION G – Method of Payment

Check  Credit Card  Money Order  Purchase Order No.: \_\_\_\_\_

\_\_\_\_\_  
*Name as it appears on credit card* *Amount to Charge*

\_\_\_\_\_  
*Credit Card Number- VISA, MC, Discover ONLY* *Exp. Date* *Security Code*

\_\_\_\_\_  
*Billing Address of Credit Card (Address, City, State, ZIP)*

#### REASON FOR CHARGE:

If you choose to pay the "Full Fee" of \$350.00 with your application submission, all monies except the non-refundable \$40.00 application fee will be refunded if your application is not approved for any reason.

- |  |   |
|--|---|
| <input type="checkbox"/> Application Fee: \$25.00  | <input type="checkbox"/> Annual Conference: Current Year's Rate |
| <input type="checkbox"/> Processing, Examination, First Year Certification Fee: \$325.00                     | <input type="checkbox"/> Renewal Fee: \$125.00                  |
| <input type="checkbox"/> Full Fee – Application, Processing, Examination, First Year Certification: \$350.00 | <input type="checkbox"/> Reinstatement Fee: \$200.00            |
| <input type="checkbox"/> Re-examination Fee: \$105.00  | <input type="checkbox"/> Renewal + Late fee: \$150.00           |
| <input type="checkbox"/> Duplicate Certificate and Wallet Card: 20.00  |   |
| <input type="checkbox"/> Other: _____  |   |

I attest that I am an authorized user of the credit card provided above. I understand that the AACFC is the Certification Commission of the NAFC and I authorize the AACFC to charge the above credit card for the amount listed. I understand that if I am paying the full application, processing, examination, first year certification of \$350.00 and my application is denied, my credit card will be refunded, less a \$40.00 application fee which is non-refundable. I understand that all other fees are non-refundable.

\_\_\_\_\_  
*Printed Name of Authorized Card Holder/User* *Signature* *Date*





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### APPLICATION ATTESTATION

I, \_\_\_\_\_ attest and affirm that I am the applicant named in this application. I have read and completed the contents thereof and all information provided in connection with this application is true, accurate and correct.

I understand, agree to and acknowledge all of the following:

The American Academy of Certified Forensic Counselors (AACFC) is the Certification Commission of the National Association of Forensic Counselors (NAFC), herein collectively referred to as "NAFC".

"NAFC Membership" refers to any NAFC issued certification; non-certified Membership and In-Service designation. "NAFC Member" refers to a professional who has been issued and holds active and in good standing NAFC Membership.

I am required to abide by the NAFC Terms of Membership which is comprised of, but not limited to the: Candidate Handbook, Application Attestation (or Application Affidavit where NAFC Membership was applied for and obtained by an NAFC Member prior to the elimination of the requirement of a notarized signature on this form), Ethical Standards and Code of Conduct, Policies and Procedures, Request for Renewal and/or Reinstatement Attestation, Terms of Use of the NAFC Logo, NAFC Fee Schedule, Renewal and/or Reinstatement requirements and NAFC Membership requirements.

New and/or existing NAFC Terms of Membership may be implemented and/or revised at any time without notice. It is my sole responsibility to stay apprised of the NAFC Terms of Membership. I am subject to the most recent revision of the NAFC Terms of Membership, to include those that may be implemented in the future. All are available for download from the NAFC website at [www.ForensicCounselor.org](http://www.ForensicCounselor.org) or hard copies may be obtained upon receipt of my written request to the NAFC.

I fully and voluntarily agree to hold the NAFC, AACFC and all past, current and future: Board Members, Directors, Trustees, Committee Members, Commission Members, Officers, Agents, Staff, Contractual Employees, Presenters, Examiners, and all other persons and/or entities acting as Representatives as granted by the NAFC, wholly and absolutely harmless and free from all civil liability for any and all forms of: damages, complaints, actions, sanctions, resulting repercussions, determinations, outcomes and/or consequences by reason of any action that is within the scope and arising out of the performance of duties in connection with any application, NAFC Membership, renewal or reinstatement request, the attendant examinations and the grades with respect to any examination, failure of the NAFC to issue or grant NAFC Membership, as well as any and all other action(s) and/or determination(s) that may be taken or made by all the aforementioned.

Providing erroneous information of any kind for any reason to the NAFC constitutes a violation of the NAFC Terms of Membership.

I am required to report to the NAFC within 30 calendar days of my notification should I be the subject of or am otherwise directly or indirectly involved in any formal, informal, civil, criminal: charge, complaint, investigation, inquiries, arrest, action, conviction, sanction, professionally related civil and/or legal litigation and/or investigation, disciplinary action and/or any other form of criminal or civil proceeding relating to any allegation of criminal conduct, civil violation, state and/or federal regulatory board violation, professionally related allegation of misconduct and any other form of criminal or civil action or proceeding not listed within the NAFC Terms of Membership initiated or brought by any federal, state and/or local authority/agency, professionally related private agency/organization, client, colleague or any member of the public. I am required to keep the NAFC apprised on a monthly basis of the most current status of any and all of the aforementioned and submit copies of all public documents related to such to include, but not limited to: all actions, judgments, sanctions, determinations and/or any other form of outcome.

Holding active and good standing professional state licensure/state mandated certification is mandatory in order to maintain NAFC Membership, unless I am exempt from such according to the NAFC Membership Requirements. I am required to report within 30 days of my notification any formal complaint, charge, investigation and/or any change of status of my professional state licensure/state mandated certification. Revocation or suspension of my professional state licensure/state mandated certification will result in the same against my NAFC Membership.

I am required to submit to proceedings and comply with all directives given by the NAFC in connection with any alleged violation of the NAFC Terms of Membership.

Information obtained by any means whatsoever by the NAFC indicating one or more possible violations of the NAFC Terms of Membership will result in the NAFC initiating an investigation or Formal Complaint on its own. Civil and/or legal action beyond sanctioning of an NAFC Membership may be taken if, in its judgment, it determines that such egregious violation(s) occurred that taking such action is in the best interest of the NAFC, its Certification Commission, any entity or person acting on its behalf, NAFC Members and/or the public.

The NAFC may use information in connection with my application, renewal or reinstatement request or any other information collected for non-identifying research and statistical purposes.

All NAFC issued certificates and wallet cards remain the property of the NAFC and I am required to return all to the NAFC, to include any and all copies thereof, within fourteen (14) calendar days upon demand for any reason.

I am required to notify the NAFC within 30 calendar days of any change of name, address, contact phone numbers, e-mail address and any other information maintained by the NAFC in connection with the NAFC Membership issued to me.

The abuse of alcohol and/or drugs, to include the abuse of prescription drugs, is unacceptable and I shall not engage in such behavior.

Failure to fully comply with the NAFC Terms of Membership, to include all within this Application Attestation, in whole or part, constitutes grounds for immediate denial of my application, renewal or reinstatement request and/or sanctioning of my NAFC Membership, to include the nullification of any and all benefits resulting thereof, as deemed appropriate by the NAFC.

I have read and fully understand the NAFC Terms of Membership.

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**





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### REFERENCE FORM

Please make copies of this form and submit three (3) completed References Forms with your application. All references must be professionals working in your professional field and not related to you. At least one reference must be your immediate supervisor. If you are in Private Practice and do not have an immediate supervisor, then this reference must hold a minimum of a professionally related Masters degree, hold active and in good standing professional state licensure and/or state mandated certification and have known you professionally for at least three (3) years.

#### THIS SECTION TO BE COMPLETED BY APPLICANT BEFORE SUBMITTING TO NAMED REFERENCE FOR COMPLETION:

Applicants Name: \_\_\_\_\_ Name of Reference: \_\_\_\_\_

NAFC Membership for which Applicant is applying: \_\_\_\_\_

I hereby authorize the above named Reference to release any and all information requested by the NAFC in order to process and verify the information submitted in connection with this application. Further, I agree to hold the NAFC and the above named Reference wholly and absolutely harmless as it pertains to the release of any and all information provided by the above named Reference.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

#### TO BE COMPLETED BY ABOVE NAMED REFERENCE: Do not complete this form until all fields above are completed by applicant.

Thank you for taking the time to assist the applicant in the certification process. Please provide the following requested information. The above information should already be filled out by the applicant prior to you completing this form. Please return completed form to the applicant. Please be certain to provide the best daytime number where you can be reached to verify the information provided.

1.  Yes  No -- Are you related to the Applicant?

\_\_\_\_\_/\_\_\_\_\_  
Months Years Length of time you have known Applicant in a professional capacity?

2. **FOR SUPERVISOR ONLY:** Length of Applicant's employment: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MM DD YYYY MM DD YYYY

3.  Yes  No -- To your knowledge, has the applicant abused or misused alcohol or any other drugs, prescription or otherwise, while rendering professional service and character to their professional field?

4. Please provide feedback regarding the Applicant's professional ability to work in the profession applicable to the above listed NAFC Membership :

\_\_\_\_\_  
\_\_\_\_\_

5.  Yes  No -- I give my favorable recommendation for this Applicant in connection with obtaining the above listed NAFC Membership

If do not give my favorable recommendation for this Applicant, please tell us why:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Printed Name of Reference*

\_\_\_\_\_  
*Current Position Held*

\_\_\_\_\_  
*Phone No.*

\_\_\_\_\_  
*E-mail*

\_\_\_\_\_  
*Signature of Reference*

\_\_\_\_\_  
*Date*







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### FEE SCHEDULE

#### APPLICATION FEES FOR NAFC MEMBERSHIP AND IN-SERVICE DESIGNATION

Application Fee: \$40.00

Processing, examination and first year Membership Fee Due Upon Application Approval: \$325.00

#### APPLICATION FEES FOR NAFC NON-CERTIFIED MEMBERSHIP

All Non-Certified Membership Application Fee: \$25.00

Processing Fee and First Year Membership Fee Due Upon Application Approval: \$125.00 - Clinical, Professional, and Research

Processing Fee and First Year Membership Fee Due Upon Application Approval: \$40.00 – Student Membership

#### NAFC MEMBERSHIP RENEWAL FEES

NAFC Membership and In-Service Designation Renewal Fee: \$125.00

NAFC Non-Certified Membership Renewal Fee: \$75.00

Student Membership Fee: \$40.00

#### NAFC MEMBERSHIP LATE RENEWAL FEES

0-30 Calendar Days from Expiration Date: \$0.00 – Grace Period, No Additional Fee Assessed

31-60 Calendar Days from Expiration Date \$25.00 – Late Fee Assessed

#### REINSTATEMENT OF EXPIRED NAFC MEMBERSHIPS

NAFC Memberships are not eligible for renewal after 60 calendar days from expiration date. A NAFC. Approval of all reinstatement requests are at the sole discretion of the NAFC and may approved reinstatement requests are assessed a \$75.00 reinstatement fee in addition to the renewal fee rates will be updated to current renewal fee rates.

Request for Reinstatement must be submitted to the require the submission of additional information. All current renewal fee rate. All previously paid annual

NAFC Memberships not reinstated within 364 calendar days from expiration are not eligible for NAFC Application and completion of the application process, to include passing of the NAFC the certification examination had been previously administered.

reinstatement and shall require submission of the certification examination, regardless of whether

At its sole discretion, rare offers of amnesty periods may be offered for random NAFC Memberships. Requests for amnesty cannot be applied for and shall not be considered.

Membership Reinstatement Fee: \$75.00

Membership Renewal Fee: \$125.00

#### CERTIFICATES AND WALLET CARDS

All NAFC issued certificates and wallet cards remain property of the NAFC and must be returned to the NAFC within fourteen (14) calendar days upon demand, to include all copies thereof.

Duplicate Certificate and Wallet Card: \$25.00 per set.

#### VERIFICATION OF NAFC MEMBERSHIP STATUS

Letter of Verification of NAFC Membership Status: \$0.00 Unlimited number – No fee is assessed for letters of verification, whether e-mailed or USPS mailed.

### NON-CLINICAL LEVEL NAFC MEMBERSHIP REQUIREMENTS FOR ADDICTIONS SPECIALTIES

#### All professionals applying for Non-clinical level NAFC Membership are required to, minimally:

- Hold a minimum of a Bachelors degree applicable to the NAFC Membership for which you are applying from an accredited educational institution;
- Hold active and in good standing professional state licensure/state mandated certification in your profession applicable to the NAFC Membership for which you are applying, unless you are exempt from such through legislation, no licensure/state mandated certification exists for your profession or you are exempt as a federal or state government employee. Verifiable documentation of exemption must be provided;
- Possess 180 hours of formal training applicable to the NAFC Membership for which you are applying;
- Have two (2) yrs (4,000 hrs) of supervised professional experience in your profession applicable to the NAFC Membership for which you are applying;
- Successfully pass the NAFC certification examination;
- Have no felony arrests, charges or convictions and no misdemeanor or felony arrests, charges or convictions for any sexual or violent offense;
- Have no current and active sanctions or pending investigations or charges against your professional state licensure/state mandated certification;
- Must not have previously held any NAFC Membership that was suspended or revoked;
- Must submit a completed application for NAFC Membership, to include verifiable documentation of all information requested.





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### CLINICAL LEVEL NAFC MEMBERSHIP REQUIREMENTS FOR ADDICTIONS SPECIALTIES

#### All professionals applying for Clinical level NAFC Membership are required to, minimally:

- Hold a minimum of a Masters degree applicable to the NAFC Membership for which you are applying from an accredited educational institution;
- Hold active and in good standing professional state licensure/state mandated certification in your profession applicable to the NAFC Membership for which you are applying, **unless** you are exempt from such through legislation, no licensure/state mandated certification exists for your profession or you are exempt as a federal or state government employee. Verifiable documentation of exemption must be provided;
- Possess 270 hours of formal training applicable to the NAFC Membership for which you are applying;
- Have three (3) yrs (6,000 hrs) of supervised professional experience in your profession applicable to the NAFC Membership for which you are applying;
- Successfully pass the NAFC certification examination;
- Have no felony arrests, charges or convictions and no misdemeanor or felony arrests, charges or convictions for any sexual or violent offense;
- Have no current and active sanctions or pending investigations or charges against your professional state licensure/state mandated certification;
- Must not have previously held any NAFC Membership that was suspended or revoked;
- Must submit a completed application for NAFC Membership, to include verifiable documentation of all information requested.

### THE NAFC MEMBERSHIP APPLICATION AND EXAMINATION PROCESS

Please allow three to six (3-6) weeks to process your application. The most common factors that delay the processing of most applications are:

- Delay by the Applicant to submit requested additional information;
- Failure to submit alternative method of payment in the event of payment processing failure;
- Delay or inability to verify submitted information;
- Delay or inability to contact one or more References.

The following suggestions may assist in the expeditious processing of an application:

- Submit verifiable documentation/information of requested additional information as soon as possible;
- Submit alternative payment method upon notification of payment failure;
- Submit documentation that can be easily verified;
- Request that submitted References return messages left by NAFC Staff verifying an application as soon as possible. In the event a submitted Reference cannot be reached after multiple attempts, you will be notified and may submit an alternative Reference.

Upon approval of an NAFC Membership application, the NAFC will authorize the applicant to sit for the examination. The Applicant will receive an e-mail from the proctoring service containing a link that will allow the scheduling of a date, time and location that is convenient for the Applicant. The examination must be taken within six (6) months of application approval. If you have received notification of application approval but have not received an e-mail to schedule the examination, please check your junk e-mail folder or contact our office.

NAFC examinations are administered online and at over five-hundred (500) Comira testing sites. All examinations are multiple-choice. The scope of all examinations covers common-core knowledge in the particular area applicable to the NAFC Membership for which you are applying. There are no study guides for any NAFC Membership examination. Applicants are expected to be proficient in the profession appropriate to the level and applicable to the NAFC Membership for which they are applying.

The NAFC holds several NCA accredited certification programs. The administration of all examinations must follow the stringent guidelines. You are not permitted any materials, aids, or writing devices of any kind, electronic or otherwise, while taking your examination. If you require special accommodations, please make arrangements with the testing service prior to your examination date.

### USE OF THE NAFC LOGO

Professionals holding active and in good standing NAFC Membership are permitted limited, restricted use of the NAFC logo on their printed materials, business cards, and website; however, the Use of the NAFC Logo Request Form must be submitted and approved before using the NAFC logo on any printed material or electronic media.

Complete Terms of Use of the NAFC Logo and the request form can be downloaded from [www.ForensicCounselor.org](http://www.ForensicCounselor.org) or a hard copy can be e-mailed or mailed to you upon receipt of your written request.

Any and all forms of unauthorized use of any NAFC property may result in legal action being taken by the NAFC and/or its Certification Commission.

**PLEASE VISIT OUR WEBSITE AT [WWW.FORENSICCOUNSELOR.ORG](http://WWW.FORENSICCOUNSELOR.ORG) FOR COMPLETE NAFC TERMS OF MEMBERSHIP, ANNOUNCEMENTS AND OTHER USEFUL AND IMPORTANT INFORMATION.**



The American Academy of Certified Forensic Counselors (AACFC) is the certification commission of the National Association of Forensic Counselors (NAFC)