



**STATE OF NEBRASKA**

Department of Health and Human Services  
Regulation and Licensure – Licensure Unit  
P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
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**APPLICATION TO TAKE THE WRITTEN EXAMINATION FOR ALCOHOL AND DRUG COUNSELING (LADC)**

**Examination Fee: \$100**

Make check or money order payable to "Licensure Unit"  
**DO NOT SEND CASH**

Name:	Last:	First:	Middle:
Social Security Number: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)		Date of Birth (M/D/Y):	
		Place of Birth:	
Address:	Street/PO/Route:		
	City:	State:	Zip:
Telephone #:			
E-Mail Address: <b>(MUST be provided for computer based examination – Home e-mail preferred)</b>			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Provisional License #: \_\_\_\_\_