



# CADC Application

Certified Alcohol and Drug Counselor

## DIRECTIONS/CHECKLIST

- Official transcript required sent directly from college/university to the VCB Office. It is recommended you request transcripts approximately three weeks prior to sending in your application.
- Certificates of attendance for trainings.
- Current job description signed and dated by applicant and supervisor.
- Previous relevant employment documentation (if needed). Acceptable documentation includes a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed.
- Signed, dated and notarized Acknowledgements page.
- If you have ever received any disciplinary action from another certification or licensing authority, please include a letter of explanation with your application.
- If you have ever been convicted of a felony, please include a letter of explanation with your application.
- Fee of \$350. May be paid by check/money order (payable to VCB) or with VISA, MasterCard, or Discover. One-half of fee is refundable if application is denied or cancelled prior to the exam – no refund if application is denied or cancelled after exam. If an employer or organization is covering the cost of your application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

If there are any problems with the application, you will be notified by email. Applications are open for a period of one year after the date of review. If an applicant fails to fulfill all certification requirements within that year, the application will be closed and no refund will be issued.

*Keep a photocopy of the entire application.*

# REQUIREMENTS FOR CADC

## Employment

- Two years (4000 hours of paid or volunteer employment as an alcohol and drug/co-occurring counselor or supervisor of same. Employment must have been gained within the last seven years.
- Acceptable employment is based on applicant providing direct, primary alcohol and drug counseling to persons whose primary diagnosis is that of alcohol and/or drug addiction or that applicant is providing supervision of addiction counseling.
- Applicant must have primary responsibility for providing counseling in an individual and/or group setting, preparing treatment plans, documenting client progress and is clinically supervised by an individual who is knowledgeable in addiction.
- Applicant must be currently employed as a substance use or co-occurring disorder counselor at the time application is submitted.
- Current job description dated and signed by supervisor and applicant.

## Supervision

- 200 hours with a minimum of 10 hours in each domain.
  - Supervision is a formal or informal process that is administrative, evaluative, clinical, and supportive. It can be provided by more than one person, it ensures quality of clinical care, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.
  - Applicant's supervisor must hold an active reciprocal certification with VCB or document another certification or license. A copy of the certification or license should be included in the application. No pre-approval is required.

## Education

- Bachelor's degree from an accredited college or university that is recognized by the US Department of Education or the Council on Higher Education Accreditation in a relevant field. An official transcript sent directly from college/university is required.
- 300 hours of education relevant to domains, including six in professional ethics and responsibilities.
- Three college credits are equivalent to 45 hours.
- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and VCB approved distance education.
- Education must be specifically related to the tasks within the domains.
- Education in CPR/First Aid and computer learning will be acceptable for a maximum of six hours each.
- Education, as defined above, applicant provides to others may also be used providing it is verified in writing by sponsoring school or agency.

## Examination

- Pass the IC&RC Examination for Alcohol and Drug Counselors.

## Other

- Signed, dated and notarized Acknowledgements page.
- Applicant must either live or work in VA at time of application at least 51% of the time.

## Domains

1. Screening, Assessment, and Engagement
2. Treatment Planning, Collaboration, and Referral
3. Counseling
4. Professional & Ethical Responsibilities

## Fees

Certification: \$350

*(fee must accompany application and materials)*

Retest: \$150                      Exam Cancellation: \$150

## CERTIFICATION TIME PERIOD

VCB certification encompasses two calendar years commencing on the date of successful completion of the examination. Two dates, date of issue and valid through, will appear on the certificate along with a certification number.

## APPEAL PROCESS

The purpose of appeal is to determine if VCB accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to VCB in writing within 30 days of the notification of the board's action. A person shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. Applicant will be notified in writing as to the findings of the Executive Committee.

## EXAMINATION INFORMATION

**Type:** This credential requires successful completion of the IC&RC exam which is offered as an on-demand computer based exam administered at an approved testing site. Three hours are permitted to complete the 150 question, multiple choice exam. Candidates will be notified by VCB, once application for certification is approved, on how to register for the computer based exam.

**Dates:** The IC&RC exam is offered on-demand at approved testing centers thereby allowing candidates to test on a date and time convenient for them. Candidates will receive information from VCB on registering for on-demand testing once application for certification is approved.

**Content:** The IC&RC Job Analysis for this credential identified domains which make up the questions in the exam. Within each domain are several identified tasks that provide the basis for questions in the exam.

**Candidate Guide:** The domains, including the task statements per domain, sample exam questions, and a list of references are included in the free Candidate Guide. Candidate Guides are available from the VCB website at [www.vacertboard.org](http://www.vacertboard.org).

**Study Guides:** A study guide can be found at [www.internationalcredentialing.org](http://www.internationalcredentialing.org) under Exam Prep.

**Locations:** There are several computer based testing sites in Virginia. Candidates can choose the testing site that is closest for their travel.

**Special Situations:** Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing, to VCB no fewer than 90 days prior to the scheduled exam date. With the written request, candidate must provide official documentation of the disability or religious issue. Contact VCB on what constitutes official documentation. VCB will make arrangements for appropriate modifications to its procedures when documentation supports this need.

**Cancellation/Rescheduling Policy:** Candidates are required to arrive on time for their exam. Candidates who arrive late will not be permitted to test and will be charged a \$150.00 cancellation/rescheduling fee. Candidates who cancel or reschedule their exam less than five days prior to their scheduled date will be charged the full testing fee. Candidates who cancel or reschedule more than five days before their scheduled date will be charged a \$25.00 cancellation/rescheduling fee.

**Retest:** Candidates failing the exam can retest after a 90 day wait period from date of last taking the exam. Candidates will be sent retest instructions from VCB. Additionally, candidates will have three (3) opportunities to re-take an examination beyond their original first failed examination. If a candidate re-tests their allotted three times and fails on their third and final opportunity, the candidate must submit a plan of study to VCB and wait a mandatory one-year from the date of the final failed examination before they will be permitted to re-test again.

## RECERTIFICATION

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, VCB requires recertification every two years.

To be recertified as a CADC, an individual must:

1. Hold a current and valid certificate issued by VCB;
2. Acquire 40 hours of VCB approved education including three hours in professional ethics and responsibilities received within the two year recertification cycle;
3. Verify that you have reviewed, read and will uphold by practice the VCB Code of Ethical Conduct for professional behavior;
4. Complete an application and pay the recertification fee.

## LAPSED CERTIFICATION

The completed recertification application should be received at VCB prior to the expiration date. If the application is incomplete, applicant will be notified by email.

A credential is valid for a two year period. If your credential lapses, you have 12 months from your expiration date to recertify. After 12 months, you must re-apply for your credential(s) and complete all the requirements for initial certification.

## INTERNATIONAL CERTIFICATION & RECIPROCITY CONSORTIUM (IC&RC)

The purpose of the IC&RC is:

- to promote uniform professional standards and quality assurance for the alcohol and drug profession and to give the profession greater visibility throughout the United States and other countries;
- to negotiate reciprocity agreements for alcohol and drug professionals with certification bodies throughout the United States and other countries;
- to provide support services, including consultation and training to all states in all areas of certification, such as establishment of standards, evaluation of competence, establishment and training of boards and committees;
- to provide information on certification and certification activities throughout the United States and other countries;
- to provide an International Certificate (ICADC) for counselors meeting specified qualifications certified by individual IC&RC member certification boards. Addiction Professionals who hold a reciprocal level credential through VCB are eligible for an International Certificate from IC&RC. VCB will add a seal to your certificate indicating the international status of your certification. If you would like to receive an international certificate you can download the necessary form at [www.internationalcredentialing.org](http://www.internationalcredentialing.org);
- to promote uniform professional standards in ADC specialty disciplines.

Certified professionals in the state of Virginia have reciprocity with many certifying bodies throughout the United States and other countries as well as all of the armed services. For reciprocity information, email VCB at [info@vacertboard.org](mailto:info@vacertboard.org).

# VCB APPLICATION FOR CADC

Please type or print only.

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Please print your name as it should appear on your certificate*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

College/University: \_\_\_\_\_ Name on Transcript: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer City: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

County: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby attest that the applicant is providing direct, primary alcohol and drug counseling OR that the applicant is providing supervision of counseling.

The applicant has primary responsibility for providing or supervising alcohol and drug counseling in individual and/or group settings, preparing treatment plans, documenting client progress and is clinically supervised by an individual who is knowledgeable in addiction.

I also attest that the applicant has received the minimum number of hours of on-the-job supervision providing alcohol and drug counseling with a minimum of 10 hours in each domain required as per their highest level of education (see page 3 for the breakdown of hours).

\_\_\_\_\_  
Supervisor's Signature

Why are you pursuing certification? \_\_\_\_\_  
*(required)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received any disciplinary action from another certification or licensing authority?  Yes  No  
*If yes, provide full details on a separate sheet.*

Have you ever been convicted of a felony violation in any state or federal law?  Yes  No  
*If yes, please explain in full on a separate sheet.*

**Race (check all that apply):**  American Indian or Alaska Native  Black or African American  Asian  
 Native Hawaiian or Other Pacific Islander  Latino  Hispanic  Caucasian  Other: \_\_\_\_\_

**What best describes your employment plans for the next 12 months (select one)?**  Increase hours  Decrease hours  
 Retire  No change  Seek career advancement  Move to a different career  Unknown

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***Fee of \$350 can be paid using one of the following:***

**Payment (circle one):** Check Money Order VISA MasterCard Discover  
*Checks & Money Orders made payable to VCB*

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3-digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address:

*(If different than Home Address)*

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

Email address for receipt *(if paying by credit card only)*: \_\_\_\_\_

**TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

**Mail:**

VCB

298 S. Progress Avenue  
Harrisburg, PA 17109

**Email:**

[info@vacertboard.org](mailto:info@vacertboard.org)

**Fax:**

717-540-4458

***Please allow 5-10 business days for review and processing of your application.***

**To confirm receipt of your application, or check on the status you must email [info@vacertboard.org](mailto:info@vacertboard.org).**

**PREVIOUS RELEVANT EMPLOYMENT, IF APPLICABLE**

*Include letter (on company letterhead) from previous employer verifying your duties and dates employed.*

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_



# CADC CODE OF ETHICAL CONDUCT

## UNLAWFUL CONDUCT

- Rule 1.1** Once certified, a certified professional shall not be cited, arrested, or convicted for any summary offense, misdemeanor, or felony relating to the individual's ability to provide substance abuse and other behavioral health services or that reflects conduct unbecoming a certified professional as determined by VCB.
- Rule 1.2** A certified professional shall not be convicted of any crime that involves the use of any controlled or psychoactive substance.

## ROMANTIC/SEXUAL MISCONDUCT

- Rule 2.1** A certified professional shall, under no circumstances, engage in romantic/sexual activities or romantic/sexual contact with clients, whether such contact is consensual or forced.
- Rule 2.2** A certified professional shall not engage in romantic/sexual activities or romantic/sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation for potential harm to the client.
- Rule 2.3** A certified professional shall not engage in romantic/sexual activities or romantic/sexual contact with former clients because of the potential harm to the client.
- Rule 2.4** A certified professional shall not provide clinical services to individuals with whom they have had a prior romantic/sexual relationship.

## FRAUD-RELATED CONDUCT

- Rule 3.1** A certified professional shall not:
1. present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;
  2. prepare, make, or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss, or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or
  3. present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent
  4. proof in support of such a claim or benefit application, or false or fraudulent information, which would affect a future claim or benefit application, or be paid under any employee benefit program;
  5. seek to have an employee commit fraud or assist in an act of commission or omission to aid fraud related behavior.
- Rule 3.2** An individual shall not use misrepresentation in the procurement of certification or recertification, or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.
- Rule 3.3** An individual shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.
- Rule 3.4** A certified professional shall not provide service under a false name or a name other than the name under which his or her certification or license is held.
- Rule 3.5** A certified professional shall not sign or issue, in their professional capacity, a document or a statement that the professional knows or should have known to contain a false or misleading statement.

- Rule 3.6** A certified professional shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.
- Rule 3.7** A certified professional who participates in the writing, editing, or publication of professional papers, videos/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the certified professional should seek permission from the author/creator of such materials. The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of the Code of Ethical Conduct.

#### **DUAL RELATIONSHIPS/EXPLOITATION OF CLIENTS**

- Rule 4.1** A certified professional shall not develop, implement, or maintain dual/exploitative relationships with clients and/or family members of clients.
- Rule 4.2** A certified professional shall not misappropriate property from clients and/or family members of clients.
- Rule 4.3** A certified professional shall not enter into a relationship with a client which involves financial gain to the certified professional or a third party resulting from the promotion or the sale of services unrelated to the provision of services or of goods, property, or any psychoactive substance.
- Rule 4.4** A certified professional shall not promote to a client for their personal gain any treatment, procedure, product, or service.
- Rule 4.5** A certified professional shall not ask for nor accept gifts or favors from clients and/or family members of client.
- Rule 4.6** A certified professional shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a client referral.
- Rule 4.7** A certified professional shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the certified professional is employed.

#### **PROFESSIONAL STANDARDS**

- Rule 5.1** A certified professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, or physical disability.
- Rule 5.2** A certified professional who fails to seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning shall be in violation of this rule. Where any such conditions exist and impede their ability to function competently, a certified professional must request inactive status of their VCB credential for medical reasons for as long as necessary.
- Rule 5.3** A certified professional shall meet and comply with all terms, conditions, or limitations of a certification or license.
- Rule 5.4** A certified professional shall not engage in conduct that does not meet the generally accepted standards of practice.
- Rule 5.5** A certified professional shall not perform services outside of their area of training, expertise, competence, or scope of practice.

- Rule 5.6** A certified professional shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.
- Rule 5.7** The certified professional shall not permit publication of photographs, disclosure of client names or records, or the nature of services being provided without securing all requisite releases from the client, or parents or legal guardians of the clients.
- Rule 5.8** The certified professional shall not discontinue professional services to a client nor shall they abandon the client without facilitating an appropriate closure of professional services for the client.
- Rule 5.9** A certified professional shall not fail to obtain an appropriate consultation or make an appropriate referral when the client's problem is beyond their area of training, expertise, competence, or scope of service.

#### **SAFETY & WELFARE**

- Rule 6.1** A certified professional shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to a recipient of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the professional to safely and competently provide services.
- Rule 6.2** All certified professionals are mandated child abuse reporters.

#### **RECORD KEEPING**

- Rule 7.1** A certified professional shall not falsify, amend, or knowingly make incorrect entries or fail to make timely essential entries into the client record.

#### **ASSISTING UNQUALIFIED/UNLICENSED PRACTICE**

- Rule 8.1** A certified professional shall not refer a client to a person that he/she knows or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

#### **DISCIPLINE IN OTHER JURISDICTIONS**

- Rule 9.1** A certified professional holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the Board of such disciplinary action.

#### **COOPERATION WITH THE BOARD**

- Rule 10.1** A certified professional shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:
1. the willful misrepresentation of facts before the disciplining authority or its authorized representative;
  2. the use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
  3. the use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed;
  4. refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending.

Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the certified professional's credential until the ethical complaint is resolved.

**Rule 10.2** A certified professional shall:

1. not make a false statement to the VCB or any other disciplinary authority;
2. promptly alert colleagues informally to potentially unethical behavior so said colleague could take corrective action;
3. report violations of professional conduct of other certified professionals to the appropriate licensing/disciplinary authority when he/she knows or should have known that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.

**Rule 10.3** A certified professional shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of alleged violation. Failure to report a violation may be grounds for discipline.

**Rule 10.4** A certified professional with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with the VCB investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in the VCB investigation or disciplinary proceeding shall be grounds for disciplinary action.

**Rule 10.5** A certified professional shall not file a complaint or provide information to the VCB, which he/she knows or should have known, is false or misleading.

**Rule 10.6** In submitting information to VCB, a certified professional shall comply with any requirements pertaining to the disclosure of client information established by the federal or state government.

**CADC APPLICATION ACKNOWLEDGEMENTS**

*This page must be completed and notarized and submitted with the application.*

*Please initial each statement below:*

- \_\_\_ I have read, and understood the VCB CADC Code of Ethics.
- \_\_\_ I either live or work in Virginia at least 51% of the time.
- \_\_\_ I understand that one-half of fee is refundable if application is denied or cancelled prior to the exam – no refund if application is denied or cancelled after exam.
- \_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed and no refund will be issued.
- \_\_\_ I understand that if I request to have my application re-reviewed for another credential VCB offers prior to testing, or after an unsuccessful attempt at the exam I will incur a \$50 application change/review fee.

*I hereby request that VCB grant the credential to me based on the following assurances and documentation:*

- \_\_\_ I subscribe to and commit myself to professional conduct in keeping with the VCB Code of Ethical Conduct;
- \_\_\_ I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;
- \_\_\_ I consent to the release of information contained in my application and any other pertinent data submitted to or collected by VCB to officers, members, and staff of the aforementioned Board;
- \_\_\_ I consent to authorize VCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;
- \_\_\_ Allegations of ethical misconduct reported to VCB before, during, or after application for certification is made will be investigated by VCB and could result in the nullification of the application or denial or revocation of certification.

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

On this the \_\_\_ day of \_\_\_\_\_, 201\_, by me \_\_\_\_\_  
 a notary public, the undersigned officer, personally appeared: \_\_\_\_\_,  
 known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and  
 acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I hereby set my  
 hand and official seal. Sworn and subscribed before me this \_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
 Notary Public **SEAL:**