

## Application Information

\* required field


### APPLYING FOR

Application Type \*  2 Year Full Time  
 2 Year Half Time


Please review the NHSC [Full-Time](#) and [Half-Time](#) Clinical Practice Requirements for your discipline/specialty to ensure that you meet the hourly and clinical service requirements for service under the NHSC. You will not be able to change your application type after April 5, 2018, the application deadline.

1. Do you provide substance abuse services (i.e. Buprenorphine treatment or substance abuse counseling) at your site? \*

2. Are you certified by the International Certification and Reciprocity Consortium (IC&RC) or the Association for Addiction Professionals (NAADAC) to provide substance abuse services?  Yes  No

 If yes, please upload your certification in the Supporting Documents section. \*

3. Do you possess a DATA 2000 waiver? If yes, please upload your waiver in the Supporting Documents section. \*  Yes  No

 4. Will you have a substance abuse training or certification completed by July 18, 2018? \*  Yes  No

SAVE & CONTINUE