



**Application for ADHD Certified Clinical Services Provider (ADHD-CCSP)**

Date: \_\_\_\_\_

Name (as it appears on your license): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

I attest to the following (please initial each):

\_\_\_\_ I am a state or nationally licensed (or equivalent outside the U.S.) professional as outlined in Criterion 1.1 of the Certification Standards

\_\_\_\_ My professional license is current and in good standing as outlined in the [Evergreen Certifications Code of Ethics](#)

\_\_\_\_ I have completed the required 24 education hours of ADHD assessment and treatment, 3 education hours of Introductory psychopharmacology and 3 education hours in educational management of ADHD as outlined in Criterion 2.1 of the Certification Standards

\_\_\_\_ I have conducted at least 200 clinical contact hours with ADHD-diagnosed clients.

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted.

I understand that information submitted with this application may be verified for accuracy by Evergreen Certifications. I also agree to contact Evergreen Certifications if I no longer meet the requirements to be a Certified ADHD Clinical Services Provider.

Signed: \_\_\_\_\_

Date:

\_\_\_\_\_