



Master Addictions Counselor Credential

for counselors who hold the NCC credential

The National Board for Certified Counselors, Inc. (NBCC®) values diversity.
There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation or national origin.



NATIONAL BOARD FOR
CERTIFIED COUNSELORS™

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Greensboro, NC 27403-3660
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nbcc@nbcc.org * www.nbcc.org

Professional Counseling Through Certification

NBCC® is a registered trade and service mark of the National Board for Certified Counselors, Inc.

2011 APPLICATION

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About NBCC and the MAC Credential

The National Board for Certified Counselors, Inc. and Affiliates (NBCC), founded in 1982 as an independent not-for-profit credentialing body, provides national certification for professional counselors, identifies those counselors who have obtained certification, and maintains a registry of those counselors. Currently, more than 45,000 professional counselors hold the National Certified Counselor (NCC) credential.

The NBCC Master Addictions Counselor (MAC) credential was created jointly by the American Counseling Association (ACA)—specifically the International Association of Addiction and Offenders Counselors (IAAOC)—and NBCC. The MAC credential attests to the educational background, knowledge, skills and competencies of the specialist in addictions counseling.

Effective January 22, 2004, NCCs who hold the NBCC MAC credential are eligible to seek Substance Abuse Professional (SAP) status through the U.S. Department of Transportation (USDOT).

Certification Requirements

Applicants must meet the following five requirements to be considered for the MAC credential:

1. Applicants must hold the NCC credential at the time of application.
2. Applicants must have 12 semester hours (or 10 quarter hours) of graduate-level addictions coursework. This may include one three-semester-hour course in group counseling and one three-semester-hour course in marriage and family counseling. Five hundred hours of continuing education coursework in addictions-specific topics may be substituted for the 12 semester hours. See the Educational Requirements page of this application for more information.
3. Applicants must verify 36 months of addictions counseling work experience and supervision. See the Instructions for Completing Application Forms section of this application packet for more information.
4. Applicants must have a passing score on the Examination for Master Addictions Counselors (EMAC).
5. Applicants must obtain colleague and supervisor endorsements. See the Instructions for Completing Application Forms section of this application packet for more information.

Length of Certification and Annual Certification Fee

The certification cycle for the MAC is made to exactly match that of the NCC credential. The annual maintenance fee for the NCC credential is \$75 (\$6.25 per month). The annual fee for the MAC is \$30 (\$2.50 per month). This is a required fee and must be paid each year.

At the conclusion of the five-year credentialing cycle, NCCs who are MACs are required to be able to provide documentation having completed 100 clock hours of counseling-related continuing education, 25 of which must be in the area of addictions.

Contact Information

For personal assistance, please contact the NBCC Certification Department via e-mail (certification@nbcc.org) or telephone (336-547-0607).

About the EMAC

The Examination for Master Addictions Counselors (EMAC) is a 100-item multiple-choice examination. The examination was developed by master's-level addictions counselors for use in the certification process. The EMAC provides an effective evaluation of a professional counselor's applied knowledge of job-related activities and understanding of important components in addictions counseling, including assessment, treatment planning and implementation, and prevention.

The EMAC covers the following topics: group and family counseling, general drug terminology, specific drug information, theories of addiction, medical and psychological aspects of addiction, and treatment of addictions.

Location and Admission Information

The EMAC is administered twice each year (one Saturday in April and one Saturday in October) on the same day the NCE is given. At least one site in each state is identified as a public testing center, provided there are eligible candidates in the area. Please refer to the Exam Sites page at the end of this application packet for more information.

Exam admission letters are mailed approximately 10 days prior to the examination date. The letter includes directions to the testing facility and a street map. Candidates must bring their admission letter and two forms of identification—one of which includes a picture, such as a driver's license—to the exam.

- Exam Time: 9:00 a.m.- 12:00 p.m., local time
- Report Time: by 8:30 a.m.

Prior Exam Documentation

If you can document having passed either the EMAC, as part of your state licensure process, or the NAADAC MAC examination, it is not necessary to retake the exam for the MAC credential.

To document your exam scores, provide NBCC with the following information in Section 12 of the application:

- The name of the exam you passed;
- The state in which you passed the exam;
- The year and month you passed the exam;
- The name under which you passed the exam, if different from your current name;

OR provide NBCC with a photocopy of your score report showing your passing results.

Study Information

NBCC does not offer a preparation guide for the EMAC. If you need guidance regarding preparation for the EMAC, you can find basic exam information at www.nbcc.org/emac.

Application and Examination Limits

NBCC holds applications open for either a two-year period or three unsuccessful attempts to pass the EMAC, whichever comes first. If you were registered to test but did not sit for the exam, or took the exam and did not pass, a \$145 reregistration fee will be required. You will automatically receive registration forms for each examination for which you are eligible to sit.

Ethics Requirements

All applicants for NBCC credentials must read and abide by the NBCC *Code of Ethics*. You can download the *Code* at www.nbcc.org/Ethics. You may also call 336-547-0607 or e-mail nbcc@nbcc.org to request a copy be mailed to you. It is your responsibility to read the entire document before signing and sending your application. Keep a copy of the NBCC *Code of Ethics* for reference, as you must abide by it.

Please mark the appropriate box for all ethics statements in section 17 of this application. If you answer “no” to items 4 and/or 5, please provide a full explanation and if applicable final decree, including all relevant documentation. Enclose the explanation in a sealed envelope with “DISCLOSURE” written prominently across the front and include the envelope with your application materials. Read the “Applicant certification and Agreement/Release Authorization” carefully. In BLUE ink, sign your legal name and date. Be advised that your signature on this document and your submission of this application constitutes your agreement with the Applicant Certification and Agreement/Release Authorization.

Endorsement Forms

Counseling Supervisor Endorsement Form

When preparing the Counseling Supervisor Endorsement Form, keep in mind the following points:

- Addictions counseling supervision hours are defined as time spent with another master’s-level (at minimum) mental health professional discussing matters such as ways to improve your addictions counseling skills and how to build effective counseling relationships, answering questions regarding your clients, and receiving feedback about your addictions counseling in general.
- Your counseling supervisor must meet the degree requirements stated on the form. The endorser does not have to be the chain-of-command person to whom you report. The endorser cannot be related to you by blood or marriage.
- The endorsement form must be completed in its entirety, including the attestation paragraph (in italics) and the box containing your total clock hours of supervision.
- The Counseling Supervisor Endorsement Form and the Professional Colleague Endorsement Form may not be completed by the same person.
- Your counseling supervisor must complete the entire form and sign it in BLUE ink. Faxed and photocopied signatures will not be accepted.
- A minimum of 36 months of counseling supervision is required. At least 24 of the 36 months must occur after the date your advanced degree in counseling was conferred. A maximum of 12 months of supervision accrued during graduate school can be used to meet this 36-month requirement.

Professional Colleague Endorsement Form

When preparing the Professional Colleague Endorsement Form, keep in mind the following points:

- The colleague who completes this form may not be related to you.
- The colleague who completes this form must meet the degree requirements stated on the form.
- The colleague who completes this form does not have to be licensed.
- The endorsement form must be completed in its entirety and signed in BLUE ink.
- The original form, signed in BLUE ink, must be mailed to NBCC.
- Both you and your colleague should keep a copy for the completed form for your records.
- The Professional Colleague Endorsement Form and the Counseling Supervisor Endorsement Form may not be completed by the same person.

Verification of Experience Form

- The person who completes this form on your behalf does not have to hold any particular degree or license. The form can be completed by your counseling supervisor or by a human resources representative. If you are self-employed, the form can be completed by your counseling supervisor.
- If you've accrued addictions counseling experience at more than one counseling position (including volunteer work), you will need to submit a completed Verification of Experience Form from each work experience/location.
- The person verifying your work experience must sign and date the form in BLUE ink; faxed or photocopied signatures are not acceptable.
- The required time span of addictions counseling work experience is a minimum of 36 months. At least 24 of the 36 months must occur after the conferral date of your advanced degree in counseling. You are permitted to use a maximum of 12 months of addictions counseling experience accrued during graduate school.
- You must have been working as an addictions counselor at least half-time (20 hours per week) during the 36-month time span.

Educational Requirements

You must have a minimum of 12 semester (or 18 quarter) hours of graduate-level coursework in addictions counseling, including drug terminology, theories of addictions and addictions treatment methods. Up to six semester hours of coursework in group counseling (limit three semester hours) and/or family counseling (limit three semester hours) may be included. Continuing education hours specifically in the area of addictions may be substituted for all or part of the addictions-specific coursework requirements. If addictions-specific continuing education (CE) is substituted, 500 CE hours equals the entire 12 semester hours. See the Educational Requirements page included in this application packet.

Submitting Your Transcripts and Continuing Education Credits

- A legible photocopy of the original transcript you submitted for your NCC certification is acceptable.
- If you've taken additional relevant coursework between the date of your NCC certification and the present time, you must also submit a sealed official transcript showing the additional coursework.
- If you are submitting Continuing Education (CE) hours to fulfill any of the educational requirements, include copies of your certificates of completion with your application packet.
- Remember that sending a transcript separately from your other application materials may slow the review of your application.

Requesting Pre-Review of Coursework

If you are uncertain your education meets the MAC requirements, you may request a pre-review of your degree and coursework.

To request a pre-review, mail the following items to NBCC:

1. A legible copy—original or photocopy—of all relevant graduate transcripts.
2. If you wish to substitute continuing education for academic coursework in additions, please send a copy of the certificate of completion from each of the additions-specific continuing education programs you have completed.
3. Your contact information, including name, mailing address, e-mail address and daytime telephone number.
4. A brief description of when/where you earned your degree(s), and what specific degree(s) you have earned. This information will help us evaluate your coursework accurately.

A minimum of eight weeks is required for this process.

Documentation Checklist

Applicant's Name: _____

Use the checklist below to ensure that you are submitting all of the required documents.

Please be certain to sign your name at the bottom of this form.

- MAC Application
- Graduate Transcript(s)
- Counseling Supervisor Endorsement Form
- Professional Colleague Endorsement Form
- Verification of Experience Form
- Coursework Requirement Sheet
- Payment Voucher
- Documentation Checklist (this form)

I have reviewed the minimum requirements for certification and verify that I am eligible to apply. If I submit an application and do not meet the requirements for credentialing, I understand I will not receive a refund. I understand that practicing within my scope of training is an ethical responsibility of all professional counselors.

Applicant's Signature

Date

13. Special Accommodations:

- Check this box if you are requesting **SPECIAL EXAM ACCOMMODATIONS**. Include the Special Exam Accommodations Request Form (included in this packet) and supporting documentation with your application.

14. Have you applied previously for the Master Addictions Counselor (MAC) credential? YES NO

What is your NBCC ID number (also known as a certification number)?

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15. Have you submitted materials to NBCC for a pre-review of coursework? YES NO

16. List all professional licenses and credentials you currently hold.

17. Ethics Certification and Attestation (You must respond to each statement.):

1. I understand that I am required to report in writing any changes concerning my responses to this application to NBCC within sixty (60) days. YES NO
2. I agree to act in accordance with the NBCC policies, including the *Code of Ethics* and the *Ethics Case Procedures*. YES NO
3. I have specifically identified to NBCC all professional licenses and credentials. YES NO
4. My record is free of any charge or complaint related to governmental, regulatory or professional organizations. YES NO
5. My record is free of any charge or violation of any criminal or legal matter. YES NO

Note: Please provide a complete, detailed explanation of the circumstances related to “No” responses in items 4 or 5 above. You should also provide copies of the final disposition(s). Place the materials in a sealed envelope marked “DISCLOSURE” and return with your application. Failure to provide required information may delay the processing of your application.

Applicant Certification and Agreement/Release Authorization

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

I agree that NBCC has the right to contact any person or organization regarding this application, and I authorize the release of any information requested by NBCC to verify the accuracy and completeness of this application. I further agree that NBCC has the right to communicate with related occupational organizations about this application.

I understand that credentialing through NBCC depends upon my fulfillment of all required criteria, including compliance with the NBCC *Code of Ethics*. I understand that NBCC certification does not create membership or other similar rights with NBCC, including the right to use NBCC trademarks.

I understand that any certification granted by NBCC does not represent licensure or other authorization to practice business activities for a fee or otherwise. I release NBCC from all liability and claims arising from any counseling activity. I agree to comply with all NBCC policies, including my use of NBCC certification marks.

I understand that NBCC certification is personal to me and may not be transferred to another individual or group.

I agree to report within sixty (60) days of my knowledge the following matters related to me:

- Any charge, complaint or conviction related to a criminal, quasi-criminal or civil action

- Any other charge or complaint by a regulatory or professional organization, including any corrective action(s) issued related to my professional practice
- Any other court or governmental matter related to my professional practice

I understand that professional biographical data and credential data is considered to be public information and will be made available in response to public inquiries. I agree that for research and statistical purposes, data related to my participation in NBCC certifications may be used. I understand that all application materials become the property of NBCC and will not be returned.

In the event that my credential has a special sanction, I agree to comply with all directives of the NBCC ethics office or the Board of Directors.

Sign your legal name in BLUE ink.

Be advised that your signature on this document constitutes your agreement with the above statements.

Applicant's Signature

Date

**Mail application, transcript and other documents along with payment to:
NBCC Certification Department
P.O. Box 77699
Greensboro, NC 27417-7699**



NBCC ID#

Grid for NBCC ID#

Applicant's Name: _____

Counseling Supervisor Degree Requirement:

All endorsers must hold a master's degree or higher in counseling, social work, marriage and family therapy, psychology or psychiatry. Endorsers are not required to be licensed and cannot be related to the applicant. A counseling supervisor who does not meet these criteria must return this form to the applicant so another counseling supervisor can be asked for this endorsement.

Counseling Supervisor Attestation

To the National Board for Certified Counselors:

I have been professionally acquainted with the above-named applicant for ____/____ years/ months and am not related to this applicant. To the best of my knowledge and belief, this applicant is of good standing in the profession, is of good moral character, and has demonstrated effective counseling skills while under my supervision. I endorse this applicant to become a Master Addictions Counselor.

I verify that this applicant for certification has met with me regarding supervision for his/her addictions counseling cases from _____ (mm/yyyy) to _____ (mm/yyyy).

Applicant's Position/Title

Name of Agency/Institution

Counseling Supervisor Contact and Degree Information

Signature of Counseling Supervisor (BLUE ink required)

Date

Counseling Supervisor's Name (please print)

Counseling Supervisor's Title

Business Address

Degree and Major (e.g., "MA-Counseling")

City, State and Zip Code

Telephone With Area Code

Profession

Professional Certification or License (if applicable)

State or Certifying Organization (if applicable)

This form with an original BLUE ink signature must be mailed by the applicant to NBCC. Faxed or photocopied signatures will not be accepted. The applicant and colleague should retain copies for their records.

Feel free to offer other comments on the back of this sheet, if necessary. After completing this form, please return it to the applicant.



NBCC ID#

Applicant's Name: _____

Professional Colleague Degree Requirement:

All endorsers must hold a master's degree or higher in counseling, social work, marriage and family therapy, psychology or psychiatry. Endorsers are not required to be licensed and cannot be related to the applicant. A professional colleague who does not meet these criteria must return this form to the applicant so that another colleague can be asked for this endorsement.

To the National Board for Certified Counselors:

I am professionally acquainted with the above-named applicant and am not related to this applicant. To the best of my knowledge and belief, this applicant is of good standing in the profession and is of good moral character. I endorse this applicant to become a National Certified Counselor.

I have been acquainted with the above-named applicant for ____/____ years/months.

Professional Colleague Contact and Degree Information

_____ Signature of Colleague (BLUE ink required)	_____ Date
_____ Colleague's Name (please print)	_____ Colleague's Title
_____ Business Address	_____ Degree and Major (i.e., "MA-Counseling")
_____ City/State/ZIP Code	_____ Telephone With Area Code
_____ Profession	_____ Professional Certification or License (if credentialed)
_____ State or Certifying Organization (if credentialed)	

**This form with an original BLUE ink signature must be mailed by the applicant to NBCC.
Faxed or photocopied signatures will not be accepted.
The applicant and colleague should retain copies for their records.**

Feel free to offer other comments on the back of this sheet, if necessary.
After completing this form, please return it to the applicant.



Applicant's Name: _____

I am applying to the National Board for Certified Counselors, Inc. and Affiliates for the Master Addictions Counselor (MAC) credential. I am required to provide documentation of three years of addictions counseling experience at no less than 20 hours of experience per week. At least two years of my addictions counseling experience must be post-graduate. Please complete the information below and return this form to me. My application cannot be processed without this form.

Applicant's Signature _____

Date _____

INFORMATION BELOW TO BE COMPLETED BY EXPERIENCE VERIFIER (not applicant)
All information requested below is required.

Please provide all of the information requested below. If you make an error, do not use correction tape or liquid paper. Mark through the error, write the correct information above or beside it, and initial the correction.

I verify that from _____ (mm/yyyy) to _____ (mm/yyyy), the applicant named above was:

- employed in the position of _____
- self-employed

I further verify that during the time specified above, the applicant spent _____ hours per week working specifically as an addictions counselor.

Experience Verifier Contact Information

1. Verifier's Name (please print): _____

2. Name of Agency/Institution (where you worked with applicant): _____

3. Title at Agency/Institution (where you worked with applicant): _____

4. Current Telephone Number (with area code) _____ Ext. _____

—

Signature of Experience Verifier (BLUE ink required) _____

Date _____

Please return completed form to the applicant.

Fulfilling the MAC Educational Requirements

There are three ways to fulfill the MAC educational requirements:

1. You can demonstrate having completed 12 semester/18 quarter hours of graduate-level coursework in addictions for graduate-level credit. NOTE: It is not sufficient for a portion of a course to address addictions. In order to count as addictions-specific, the entire course content must be in the area of addictions. No more than one course each in group counseling (three semester hours) or marriage and family counseling (three semester hours) may be counted toward this requirement.
2. If you have no graduate-level academic coursework in either addictions, group or family counseling, then 500 clock hours of addictions-specific continuing education (CE) is required to fulfill the addictions requirement. NOTE: It is not sufficient for a portion of a continuing education program to address addictions. In order to count as addictions-specific, the entire content of the continuing education program must be in the area of addictions.
3. You may combine graduate-level academic coursework with clock hours of continuing education (CE). In order to be accepted, the entire content of both academic course(s) and CE program(s) must be specific to the area of addictions.

The rule for substituting continuing education for academic coursework is as follows: Forty-two hours of CE will substitute for one academic semester hour. Twenty-eight hours of CE will substitute for one academic quarter hour. Examples of combining graduate coursework and CE credits:

- If you provide documentation for three semester hours/ five quarter hours of coursework, you will also need to provide documentation of 375 CE hours specifically in the area of addictions.
- If you completed six semester hours/10 quarter hours of graduate-level academic coursework for graduate credit, you must provide documentation of 250 CE hours specifically in the area of addictions.
- If you completed nine semester hours/15 quarter hours of addictions coursework, you will also need to provide documentation of 125 CE hours specifically in the area of addictions.

List all relevant coursework and/or continuing education hours on a separate sheet and attach it to this page.

If you are using academic coursework, list the date, course code, title and credit hours awarded. Specify semester or quarter credits. Official course descriptions may be helpful.

If you are listing CE hours, you must attach a copy of the certificate of completion for each listing.



Use this form if you are requesting special accommodations for the examination. All requests are reviewed individually and are subject to NBCC approval.

Applicant's Name: _____

THERE IS NO EXTRA CHARGE FOR THESE ARRANGEMENTS.

Candidates With Disabilities

Please identify briefly the nature of your disability. (Attach letterhead documentation to include diagnosis and recommended accommodations by a qualified professional.) Specify the special accommodations and/or arrangements you will need to complete the EMAC. Documentation may not be more than five years old.

I certify that this information is correct. I have attached the required documentation.

Applicant's Signature

Date

Candidates for Whom English Is a Second Language

I request extended time and a nonelectronic word-to-word translation dictionary for use during the EMAC because English is not my native language.

Applicant's Signature

Date

Request for Special Exam Date

I have attached a letter from my clergyperson verifying that I cannot participate in the examination on Saturday for religious reasons. Please contact me to arrange a special administration of the EMAC on the Friday immediately preceding or the Monday immediately following the scheduled administration date.

Applicant's Signature

Date

Request for International Exam Location

Please contact me to arrange for testing at an international location.

Applicant's Signature

Date

Note: Cancellations of special exam accommodations must be made at least seven business days before the exam date.

April 16, 2011

STATE	CITY	SITE #	STATE	CITY	SITE #	STATE	CITY	SITE #
Alabama	Birmingham	0121	Louisiana	New Orleans	1811	Oklahoma	Norman	3601
Alaska	Anchorage	0201		Shreveport	1831	Oregon	Ashland	3701
Arizona	Tempe	0311	Maine	Portland	1901		Portland	3731
	Tucson	0321	Maryland	Baltimore	2001	Pennsylvania	Pittsburgh	3821
Arkansas	Jonesboro	0411	Massachusetts	Springfield	2111		Scranton	3831
California	Los Angeles	0501	Michigan	East Lansing	2201	Rhode Island	Kingston	3901
	Sacramento	0521	Minnesota	St. Paul	2311	South Carolina	Columbia	4001
Colorado	Denver	0601	Mississippi	Jackson	2401	South Dakota	Rapid City	4111
	Grand Junction	0611	Missouri	St. Louis	2511	Tennessee	Knoxville	4211
	Pueblo	0621		Springfield	2521		Nashville	4231
Connecticut	Hartford	0701	Montana	Bozeman	2601	Texas	Houston	4311
Delaware	Dover	0801	Nebraska	Omaha	2711		Lubbock	4321
Florida	Tallahassee	0931	Nevada	Reno	2811	Utah	Cedar City	4401
	New Port Richey	0941	New Hampshire	Manchester	2901	Vermont	Burlington	4501
Georgia	Macon	1011	New Jersey	Edison	3001	Virginia	Charlottesville	4601
Hawaii	Honolulu	1101	New Mexico	Albuquerque	3101	Washington	Seattle	4701
Idaho	Caldwell	1201	New York	New York City	3211		Cheney	4711
Illinois	Matoon	1301		Rochester	3221	West Virginia	South Charleston	4801
	Chicago	1311	North Carolina	Greensboro	3321	Wisconsin	Oshkosh	4911
Indiana	Indianapolis	1401		Wilmington	3331	Wyoming	Laramie	5011
Iowa	Des Moines	1501	North Dakota	Bismarck	3401	Washington, DC		5101
Kansas	Emporia	1601	Ohio	Columbus	3501	Puerto Rico	San Juan	5211
Kentucky	Lexington	1711				International		5301

October 15, 2011

STATE	CITY	SITE #	STATE	CITY	SITE #	STATE	CITY	SITE #
Alabama	Birmingham	0122	Louisiana	Baton Rouge	1802	Oklahoma	Tahlequah	3612
Alaska	Fairbanks	0212		Monroe	1822	Oregon	Eugene	3712
Arizona	Flagstaff	0302	Maine	Portland	1902		LaGrande	3722
	Tempe	0312	Maryland	Baltimore	2002	Pennsylvania	Erie	3802
Arkansas	Conway	0402	Massachusetts	Boston	2102		Harrisburg	3812
California	San Francisco	0512	Michigan	Rochester	2212	Rhode Island	Kingston	3902
	San Diego	0532	Minnesota	Duluth	2302	South Carolina	Columbia	4002
Colorado	Denver	0602	Mississippi	Mississippi State	2412	South Dakota	Brookings	4102
	Grand Junction	0612	Missouri	Kansas City	2502	Tennessee	Chattanooga	4202
	Pueblo	0622		St. Louis	2512		Memphis	4222
Connecticut	Hartford	0702	Montana	Helena	2612	Texas	Dallas	4302
Delaware	Dover	0802	Nebraska	Kearney	2702		San Antonio	4332
Florida	Ft. Lauderdale	0902	Nevada	Las Vegas	2802	Utah	Salt Lake City	4412
	Gainesville	0912	New Hampshire	Manchester	2902	Vermont	Burlington	4502
Georgia	Atlanta	1002	New Jersey	Trenton	3012	Virginia	Williamsburg	4612
Hawaii	Honolulu	1102	New Mexico	Las Cruces	3112	Washington	Seattle	4702
Idaho	Pocatello	1212	New York	Albany	3202		Cheney	4712
Illinois	Chicago	1312		New York City	3212		Vancouver	4722
	Springfield	1322		Syracuse	3232	West Virginia	Morgantown	4812
			North Carolina	Charlotte	3312	Wisconsin	Milwaukee	4902
Indiana	South Bend	1412		Greensboro	3322	Wyoming	Casper	5002
Iowa	Des Moines	1502	North Dakota	Fargo	3412	Washington, DC		5102
Kansas	Wichita	1612	Ohio	Columbus	3502	Puerto Rico	Ponce	5202
Kentucky	Bowling Green	1702				International		5302