



# Master Addictions Counselor

Application for counselors who hold the NCC credential

NBCC's Master Addictions Counselor (MAC) credential is accredited by the National Commission for Certifying Agencies (NCCA).



NATIONAL BOARD FOR  
**CERTIFIED COUNSELORS**™

3 Terrace Way  
Greensboro, NC 27403-3660  
Tel: 336-547-0607 \* Fax: 336-547-0017  
[nbcc@nbcc.org](mailto:nbcc@nbcc.org) \* [www.nbcc.org](http://www.nbcc.org)

### ***Professional Counseling Through Certification***

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.

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

2012 APPLICATION

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Inappropriate use of NBCC certification designation marks and credentials is a violation of NBCC policies and applicable laws. Only those individuals credentialed by NBCC as Master Addictions Counselors may use the MAC designation.

## About NBCC and the MAC Credential

The National Board for Certified Counselors (NBCC), a not-for-profit organization incorporated in 1982, provides national certifications for professional counselors. NBCC identifies counselors who voluntarily meet established requirements and maintains a registry of certificants. More than 48,000 professional counselors currently 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.

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 18 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 This Application 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 This Application section of this application packet for more information.

## Length of Certification and Annual Fee

NCCs must adhere to the NBCC *Code of Ethics* and pay an annual certification fee for the NCC credential plus a fee for the MAC. Credential holders are billed yearly and fees are due by the 15th day of their birth month. At the conclusion of each five-year cycle, NCC/MACs must be able to document having completed 100 clock hours of continuing education, 25 of which must be in the area of addictions, or they can retake and pass the EMAC.

If you determine you no longer want to maintain national certification, you must complete a Request to Relinquish Certification form.

## Contact Information

For personal assistance, please contact the NBCC Certification Department via e-mail ([certification@nbcc.org](mailto: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.

### 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 Item 12 of the application (page 10):

- The name of the exam you passed;
- The state that authorized you to sit for 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](http://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 are registered to test but do not sit for the exam, or take the exam and do not pass, a \$145 reregistration fee will be required. You will automatically receive reregistration forms for each examination for which you are eligible to sit.

## NBCC Ethics Policies and Procedures

NBCC applicants and certificants are responsible for ensuring that their behavior adheres to the standards identified in the *Code of Ethics*.

Prior to certification, all applicants must complete all portions of this application. This includes the Ethics Certification and Attestation and the Applicant Certification and Agreement Release Authorization sections which require applicants to disclose any previous legal, criminal or disciplinary matter. Application disclosures and other ethics matters are reviewed in accordance with NBCC procedures including the *Certification Eligibility Policy Relating to Criminal or Lesser Offense Convictions and Other Disciplinary Matters*.

The *Certification Eligibility Policy Relating to Criminal or Lesser Offense Convictions and Other Disciplinary Matters*, the *NBCC Ethics Case Procedures* and the *Code of Ethics* are available for your review on the NBCC Web site at [www/nbcc.org/ServiceCenter/Ethics](http://www/nbcc.org/ServiceCenter/Ethics).

## 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 for more information.

## Submitting Your Transcripts and Continuing Education Credits

- A legible photocopy of the original transcript you submitted for your NCC certification is acceptable. NBCC reserves the right to request an official copy of your transcript. Failure to provide this documentation will delay processing and may result in your application being closed.
- 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 Prereview of Coursework

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

To request a prereview, 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.
5. The prereview request form ([www.nbcc.org/Professional/Options](http://www.nbcc.org/Professional/Options)) and fee payment.

A minimum of eight weeks is required for this process.

## 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, couple 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 the academic course(s) and the 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.

If you are submitting academic coursework, please include copies of your transcripts.

If you are submitting CE hours, you must attach a copy of the certificate(s) of completion.

## 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
- 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

Documentation Checklist



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)?

15. Have you submitted materials to NBCC for a prereview 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.):

a. My record is free of any charge or complaint related to governmental, regulatory or professional organization.  YES  NO

b. 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 a or b above. You should also provide copies of the final disposition(s). Place the materials in a sealed envelope marked "ETHICS" and return with your application. Failure to provide required information will delay the processing of your application.

**Applicant Certification and Agreement Release Authorization**

I understand that certification through NBCC depends on my fulfillment of all required criteria including compliance with the NBCC *Code of Ethics*. I certify that the information provided in this application is complete to the best of my knowledge.

I agree that NBCC has the right to communicate with any person or organization when reviewing this application or other submitted information, and I authorize the release of any information requested by NBCC to verify the accuracy of the information provided. I further agree that NBCC has the right to communicate with related organizations about this application.

I understand that NBCC certification is personal to me and may not be transferred to another individual or group. I understand that certification by NBCC does not create membership or other similar rights with NBCC including the right to use NBCC trademarks. I agree to comply with all NBCC policies, including my use of NBCC certification marks.

I understand that any certification granted by NBCC does not represent licensure or other authorization to practice business activities. I release NBCC from all liability and claims arising from any counseling activity.

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

- Any modifications to this application including any changes in contact information (e.g. home or business address, telephone or e-mail)
- Any charge or complaint related to a criminal or legal action
- Any charge or complaint by a regulatory or professional organization
- Any court or governmental matter related to my professional practice

I understand that professional biographical and certification 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, information related to my participation in the NBCC certification programs 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 (Blue ink required)

\_\_\_\_\_  
Date





PHOTOCOPY THIS BLANK FORM AS NEEDED

NBCC ID#

Applicant's Name: \_\_\_\_\_

**Professional Colleague Degree Requirement:**

All endorsers must hold a master's degree or higher in counseling; psychology; psychiatry; social work; marriage, couple and family therapy; dance therapy; or art therapy. 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 have been professionally acquainted with the above-named applicant for \_\_\_\_ years \_\_\_\_ months. I am not related to this individual either by birth or by marriage. To the best of my knowledge, this applicant is in good standing in the profession, and I recommend him/her for certification through NBCC.*

**Professional Colleague Contact and Degree Information**

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

**This form with an original BLUE ink signature must be mailed to NBCC by the applicant. 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.

**Professional Colleague Endorsement Form**



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 postgraduate. 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. \_\_\_\_\_
5. E-mail: \_\_\_\_\_

Signature of Experience Verifier (**BLUE** ink required) \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed form to the applicant.**



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 am requesting two additional hours of exam time and/or permission to bring a nonelectronic, word-to-word translation dictionary due to English as a second language (ESL). I have attached documentation from my graduate program showing that I received special accommodations due to ESL while in school.*

\_\_\_\_\_  
Applicant's Signature Date

**Note:** If you studied in another language, we will verify the international degree equivalency evaluation you submitted as part of this application.

### 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.

Special Exam Accommodations Request Form

## April 21, 2012

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

## October 13, 2012

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

