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NCR

National Credentials Registry

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The mission of the AASCB is...
 “Working for the advancement of services to the public through state laws regulating counselors, and through the coordination and improvement of services provided by its member credentialing boards.”

Eligibility Requirements

A. All Registrants must meet the following minimum criteria:

1. Have completed 5 years of Post License Experience in counseling
2. Possess a current active license or certification to practice counseling at the independent level in an AASCB member jurisdiction; and be a licensee in good standing with the respective board
3. Report ALL history of disciplinary action

B. In addition to the criteria listed above, applicants for the National Credential Registry must demonstrate qualification for one of the two credentials groups:

Group I:

A. Education:

48 Semester Hours including a Master's degree in counseling or related field obtained from an institution of higher education that is regionally accredited by an accrediting body recognized by the U.S. Department of Education. Course content areas must include the following subject areas: Professional Identity; Social and Cultural Diversity; Human Growth and Development; Career Development; Helping Relationships; Group Work; Assessment; Research and Program Evaluation; and Psychopathology. (See pgs. 8-9 for course descriptions)

B. Supervision:

1. Supervisor's must have at least a Master's degree in a counseling related field.
2. Supervisees must have a minimum of two years Post Master's counseling experience with a minimum of 3,000 clock hours.
3. Of the 3,000 clock hours, at least 1,900 hours must be direct client contact.
4. A minimum of 100 hours of clinical supervision - Post Master's. 50 of the hours may be in group supervision.

C. Post License Experience

5 years of Post License experience at the independent level in a counseling setting.

EQUIVALENCIES: ADDITIONAL years of counseling experience may replace educational or supervision requirements

Group II:

A. Education:

60 Semester Hours including a Master's degree in counseling or related field obtained from an institution of higher education that is regionally accredited by an accrediting body recognized by the U.S. Department of Education. Course content areas must include the following subject areas: Professional Identity; Social and Cultural Diversity; Human Growth and Development; Career Development; Helping Relationships; Group Work; Assessment; Research and Program Evaluation; and Psychopathology. Additional coursework will be in counseling modalities and/or treatment within special populations. (See pgs. 8-9 for course descriptions)

B. Supervision:

1. Supervisors must have at least a Master's degree in a counseling related field.
2. Supervisees must have a minimum of two years Post Master's counseling experience with a minimum of 4,000 clock hours.
3. Of the 4,000 clock hours, at least 2,500 hours must be direct client contact.
4. A minimum of 100 hours of clinical supervision - Post Master's. 50 of the hours may be in group supervision.

C. Post License Experience

5 years of Post License Clinical Counseling Experience at the independent level.

EQUIVALENCIES: ADDITIONAL years of counseling experience may replace educational or supervision Requirements

Application Review Process

- A. An individual interested in applying for the National Credential Registry must complete all relevant application forms, including an application checklist.
- B. A file will not be considered complete until all required documentation has been submitted.
- C. If the application is incomplete, the applicant will be notified in writing of the deficiencies and no further action will be taken until the file is complete.
- D. The applicant will be notified in writing of the decision to approve or deny the qualification. An individual whose application is denied will be advised of the procedures needed to appeal the committee's decision.

International Degrees:

Registrants who have obtained a degree from a non-U.S. or foreign based institution, and meet all other requirements, will be considered for status as a registrant if they currently hold an active license from an AASCB member board.

Required Examination:

The applicant must have successfully passed a licensure examination recognized by the AASCB member board. The NCE, NCMHCE, State Exams, or Certified Rehabilitation Counselor Exams are examples of appropriate tests.

Modification of Eligibility Criteria:

Qualifying criteria for the National Credential Registry may change as a result of action by the National Credential Registry committee and approved by the AASCB. New criteria will become effective on the date approved by the AASCB Executive committee and will apply to both applications in process and newly filed applications, but will not affect registrants already deemed qualified who have an active status with the registry.

Use of Equivalencies by State Boards:

Certain qualifying criteria may be met in an equivalent manner, when approved by individual state Licensing Boards. State Boards may deem qualified work experience as equivalent to certain of their state licensing requirements for the purpose of facilitating portability of qualified Licensed Counselors. For specific equivalency options, see Appendix.

National Credential Registry Annual Renewal

- A. The National Credential Registry designation, Registrant, is valid for one year from the date upon which the designation notification is sent to the applicant.
- B. The National Credential Registry must be renewed annually by submission of the submission of the annual maintenance fee, currently \$25, documentation of a current active license in an AASCB licensed jurisdiction and absence of disciplinary action.
- C. Prior to the renewal date, AASCB will send each National Credential Registry holder a statement for the renewal fee and renewal application. Fees will be due on or before the indicated date. Failure to renew in a timely manner will cause the National Credential Registry holder to be placed on an inactive status. In order to reactivate, the former Registrant must pay all delinquent renewal fees and a reactivation fee.

National Credentials Registry Fees

- A. The non-refundable Registry application fee for initial qualification is \$150 if received by 5/31/06, or \$200 if received after 5/31/06. The application fee for new licensees is \$200 if received within 2 years of a new licensee's initial licensure, the application fee is \$.
- B. The annual renewal fee is \$25.
- C. A late fee of \$10 must be paid in addition to any past due renewal fees for each missed renewal cycle. Any renewal received 60 days after the renewal date will be charged a Credential Registry reactivation fee of \$50.
- D. Registrants may have their records forwarded to one recipient free of charge in any annual renewal period. A second or subsequent request for transmission of a credential record within an annual renewal period will be provided for a fee of \$15.
- E. A fee of \$20 will be charged for each returned check.



Registration Application Form

FOR OFFICE USE ONLY	
Date	
Charge	
Check	
Amt	\$

A. INSTRUCTIONS

1. All sections must be completed. Type or print clearly. Please include additional information, if needed, on a separate sheet.
2. Official graduate transcript(s) must be forwarded directly from the college or university.
3. Documentation of Experience forms must be forwarded directly from supervisor(s).
4. (If the supervised experience form cannot be completed by your supervisor, supervisory documentation must be sent directly from your state board to AASCB.
4. FEE: Please include appropriate fee in the form of a Money Order or Check payable to AASCB. (ALL FEES ARE NONREFUNDABLE).
5. The licensure verification form must be sent to AASCB from the state in which you are currently licensed.
6. Please submit a copy of the state regulations that were in effect at the time of your initial licensure.

B. GENERAL INFORMATION

1. Title: Dr. Ms. Mr. Mrs. Miss
 First Name/Middle initial: _____
 Last Name: _____
2. Current Address: _____
 City/State/Zip: _____
3. Place of Employment: _____
 Address: _____
 City/State/Zip: _____
4. Preferred address for correspondence: Home Work
5. Email Address: _____
6. Home phone: _____
 Business phone: _____
7. Social Security Number: _____
8. Date of Birth (MMDDYYYY) _____
9. Place of Birth: _____
10. State in which currently licensed: _____ License number: _____
11. Have you ever been denied a professional license and/or certificate? yes* no
***If "yes", state reason on an attached sheet**
12. Are you certified by a national counseling certifying agency? yes* no
*** If "yes", give certification numbers and name and address of certifying agencies.**

E. PROFESSIONAL COUNSELING EXPERIENCE

List post licensing experience below. If private practice, please note same. If more space is needed, use additional sheets supplying the same type of information.

Verification of work experience is required. Verification may include, but is not limited to, such items as 1) letters from colleagues, business managers, accountants, referral sources or entities, etc., who will attest to the years of counseling work. 2) a letter from employers or employing organization.

1. Name of Employing Agency or Person: _____
Address of employer: _____
Immediate Supervisor (if applicable): _____
Employment Date: From _____ To _____ Hours per week _____
Your Employment / Job Title: _____
Brief Description of Your Job Duties: _____

Was your experience in Clinical Counseling? _____

2. Name of Employing Agency or Person: _____
Address of employer: _____
Immediate Supervisor (if applicable): _____
Employment Date: From _____ To _____ Hours per week _____
Your Employment / Job Title: _____
Brief Description of Your Job Duties: _____
Was your experience in clinical counseling? _____

3. Name of Employing Agency or Person: _____
Address of employer: _____
Immediate Supervisor (if applicable): _____
Employment Date: From _____ To _____ Hours per week _____
Your Employment / Job Title: _____
Brief Description of Your Job Duties: _____
Was your experience in Clinical Counseling? _____

F. AFFIDAVIT: Must be signed in presence of notary.

I, the below named registrant, being duly sworn, do hereby affirm that I am the person referred to in this application for a registration to the AASCB National Credentials Registry/Bank, and that all foregoing statements and enclosures are true in every respect. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of the registration.

AASCB reserves the right to secure further evidence that it deems reasonable and proper from the sources above.

Enclosed is the non-refundable application fee of \$____.____ made payable to AASCB, in the form of a check or money order.

State of _____ County/Parish of _____

Applicant Signature: _____ Date: _____

Subscribed and sworn before me, this _____ day of _____, 20____.

Notary Public Signature: _____

Notary Public Name (Typed or printed) _____

Notary Public Seal: _____ My Commission Expires: _____

AMERICAN ASSOCIATION OF STATE COUNSELING BOARDS

National Credentials Registry
5999 Stevenson Avenue
Alexandria, VA 22304
Telephone: (703) 212-2239 FAX: (703) 212-4884

Coursework Requirement

(Please Print or Type)

Name: _____

Please print using black ink. This listing will be cross-referenced with your transcript(s). All courses must be graduate level and from a regionally accredited college or university.

Do not list courses that are not directly related to the core content areas required. Please attach college catalog descriptions for all courses. **Credit will not be recognized for courses that were taken at different institutions but cover the same general topic.**

Designate Semester Hours with the letter S; Quarter Hours with the letter Q.

Content Area Course	Course Code	S/Q	Course Title	Credit Hours	College or University
Professional Identity					
Social and Cultural Diversity					
Human Growth and Development					
Career Development					
Helping Relationships Counseling Theory Counseling Techniques					
Group Work					
Assessment					
Research and Program Evaluation					
Psychopathology					
Internship/Practicum					

CACREP Definition of CORE COURSES:

1. **PROFESSIONAL IDENTITY** - studies that provide an understanding of all of the following aspects of professional functioning:

a. History and philosophy of the counseling profession, including significant factors and events; b. professional roles, functions, and relationships with other human service providers; c. technological competence and computer literacy; d. professional organizations, primarily ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases; e. professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; f. public and private policy processes, including the role of the professional counselor in advocating on behalf of the profession; g. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and h. ethical standards of ACA and related entities, and applications of ethical and legal considerations in professional counseling.

2. **SOCIAL AND CULTURAL DIVERSITY** - studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities including all of the following:

a. multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally; b. attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities; c. individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups; d. counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body; e. theories of multicultural counseling, theories of identity development, and multicultural competencies; and f. ethical and legal considerations.

3. **HUMAN GROWTH AND DEVELOPMENT** - studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following:

a. theories of individual and family development and transitions across the life-span; b. theories of learning and personality development; c. human behavior including an understanding of developmental crises, disability, exceptional behavior, addictive behavior, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior; d. strategies for facilitating optimum development over the life-span; and e. ethical and legal considerations.

4. **CAREER DEVELOPMENT** - studies that provide an understanding of career development and related life factors, including all of the following:

a. career development theories and decision-making models; b. career, avocational, educational, occupational and labor market information resources, visual and print media, computer-based career information systems, and other electronic career information systems; c. career development program planning, organization, implementation, administration, and evaluation; d. interrelationships among and between work, family, and other life roles and factors including the role of diversity and gender in career development; e. career and educational planning, placement, follow-up, and evaluation; f. assessment instruments and techniques that are relevant to career planning and decision making; g. technology-based career development applications and strategies, including computer-assisted career guidance and information systems and appropriate world-wide web sites; h. career counseling processes, techniques, and resources, including those applicable to specific populations; and i. ethical and legal considerations.

5. **HELPING RELATIONSHIPS** - studies that provide an understanding of counseling and consultation processes, including all of the following:

a. counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills; b. an understanding of essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship. Studies will also facilitate student self-awareness so that the

counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries; c. counseling theories that provide the student with a consistent model(s) to conceptualize client presentation and select appropriate counseling interventions. Student experiences should include an examination of the historical development of counseling theories, an exploration of affective, behavioral, and cognitive theories, and an opportunity to apply the theoretical material to case studies. Students will also be exposed to models of counseling that are consistent with current professional research and practice in the field so that they can begin to develop a personal model of counseling; d. a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions. Students will be exposed to a rationale for selecting family and other systems theories as appropriate modalities for family assessment and counseling; e. a general framework for understanding and practicing consultation. Student experiences should include an examination of the historical development of consultation, an exploration of the stages of consultation and the major models of consultation, and an opportunity to apply the theoretical material to case presentations. Students will begin to develop a personal model of consultation; f. integration of technological strategies and applications within counseling and consultation processes; and g. ethical and legal considerations.

6. GROUP WORK - studies that provide both theoretical and experiential understandings of group purpose, development, dynamics, counseling theories, group counseling methods and skills, and other group approaches, including all of the following:

a. principles of group dynamics, including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work; b. group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles; c. theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature; d. group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness; e. approaches used for other types of group work, including task groups, psycho educational groups, and therapy groups; f. professional preparation standards for group leaders; and g. ethical and legal considerations.

7. ASSESSMENT - studies that provide an understanding of individual and group approaches to assessment and evaluation, including all of the following:

a. historical perspectives concerning the nature and meaning of assessment; b. basic concepts of standardized and non-standardized testing and other assessment techniques including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods; c. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations; d. reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information); e. validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity); f. age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors related to the assessment and evaluation of individuals, groups, and specific populations; g. strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling; h. an understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status; and i. ethical and legal considerations.

8. RESEARCH AND PROGRAM EVALUATION - studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following:

a. the importance of research and opportunities and difficulties in conducting research in the counseling profession, b. research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research; c. use of technology and statistical methods in conducting research and program evaluation, assuming basic computer literacy; d. principles, models, and applications of needs assessment, program evaluation, and use of findings to effect program modifications; e. use of research to improve counseling effectiveness; and f. ethical and legal considerations.

9. PSYCHOPATHOLOGY - Emotional and mental disorders experienced by persons of all ages; characteristics of disorders; common nosologies of emotional and mental disorders utilized within the U.S. health care system; diagnosis and treatment according to the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, as published by the American Psychiatric Association; preferred treatment approaches for disorders based on research; common medications used by psychiatrists to treat disorders; working with other health care and mental health care professionals in treating individuals with emotional and mental disorders.

10. ADDITIONAL COURSE WORK: Examples of appropriate additional course work would be marriage and family counseling, addictive disorders, treating children and adolescents, play therapy, sexual diversity, geriatric counseling, supervision, etc.

**Documentation of Supervised Experience for
The National Credentials Registry (NCR) Bank
Regular Verification for Applicants who are able to obtain
verification from their supervisor**

INSTRUCTIONS: The applicant for the NCR/Bank is to complete Section I of this form and the supervisor is to complete Section II. Applicants must have completed at least 2 full years of supervised experience. If supervised experience was earned with more than one supervisor, please make blank copies of this form for each supervisor.

SECTION I (TO BE COMPLETED BY APPLICANT)

Dear _____

(Name of Supervisor): _____

I am applying for the NCR to be administered by the American Association of State Counseling Boards (AASCB). To validate the experience required of me to obtain registration, the members of the Board would appreciate your providing them with information regarding my counseling experience. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my employment or my practice. Please return the completed form directly to the AASCB.

Applicant's Signature: _____ Date: _____

Applicant's Full Name: _____

Mailing Address: _____

Home phone: _____ Work phone: _____

E-mail: _____

Name of setting(s) in which supervision took place: _____

Dates of supervision: from (mm/yy) _____ to (mm/yy) _____

Total Hours: Direct client contact hours _____ Indirect hours _____

Total number of face-to-face hours with supervisor _____
Individual _____ Group _____

Total numbers of hours of supervised experience _____

SECTION II (TO BE COMPLETED BY APPLICANT'S SUPERVISOR)

This form is to be submitted to the AASCB.

Supervisor's Full Name: _____

License(s)/Certification(s): _____

Address: _____

Telephone: (H) _____ (W) _____

E-mail _____

III. AREAS OF EVALUATION (TO BE COMPLETED BY SUPERVISOR) :

Circle the number that most nearly approximates the supervisee's skill level

<i>1- Unsatisfactory</i>	<i>2- Below Average</i>	<i>3- Average</i>	<i>4- Above Average</i>	<i>5- Superior</i>	
1. Exhibits knowledge of counseling theories:	1	2	3	4	5
2. Ability to conceptualize cases:	1	2	3	4	5
3. Knowledge and use of appropriate techniques:	1	2	3	4	5
4. Ability to develop therapeutic alliance with clients:	1	2	3	4	5
5. Exhibits appropriate communication skills:	1	2	3	4	5
6. Exhibits appropriate assessment skills:	1	2	3	4	5
7. Exhibits intervention skills:	1	2	3	4	5
8. Exhibits qualities of the professional self:	1	2	3	4	5
9. Demonstrates knowledge and practice of LPC rules and ethics:	1	2	3	4	5

Briefly describe your experience in working with the supervisee applying for registration:

Do you know of any lawsuit or court action pending against the applicant concerning her/his professional duties?

_____ YES _____ NO

If your answer is yes, please explain.

As the supervisor of the applicant's counseling experience, do you recommend this person for registration?

_____ YES _____ NO (If no, please explain in detail on a separate sheet.)

I have reviewed the applicant's documentation of experience in Section I of this form and the reported hours in each category _____ ARE _____ ARE NOT substantially correct.

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

NCR

National Credentials Registry

Documentation of Supervised Experience for The National Credentials Registry (NCR) Bank
Alternate Verification for applicants who are unable to provide verification from their supervisor.

Please print using black ink and complete all sections.

Verifications lacking a social security or Driver's License number will not be processed. This number will be used for identification and will not be disclosed for other purposes except as provided for by law.

This completed form must be sent from the state board in which the applicant is licensed directly to AASCB at the address below. A complete list of state boards is on AASCB's web site at <http://www.aascb.org/lpcchart>

PART I - TO BE COMPLETED BY THE NCR APPLICANT

Applicant's Name (Last, First, MI) _____

Applicant's Social Security Number or Driver's License Number _____

Applicant's License type: _____

Applicant's License number: _____

PART II - TO BE COMPLETED BY THE STATE BOARD WHERE THE NCR APPLICANT IS LICENSED

Board: Send this form directly to AASCB at the address low when completed.

Title of license: _____

Date of initial license (mm/dd/yy) ____/____/____

Date of supervision: from (mm/yy) _____ to (mm/yy) _____ (Must be at least 2 full years).

Total Hours: Direct client contact hours _____ Indirect hours _____

Total number of face-to-face hours with supervisor _____
Individual Group

Total number of hours of supervised experience _____

Name of setting(s) in which experience took place: _____

Supervisor's Full Name: _____

Address: _____

I certify that the information provided is correct.

Authorized Signature of License Official

{SEAL}

Jurisdiction/State

DATE

NCR

National Credentials Registry Verification of Licensure

Verifications lacking a social security or Driver's License number will not be processed. This number will be used for identification and will not be disclosed for other purposes except as provided for by law.

Please print using black ink and complete all sections.

This completed form must be sent from the state board in which the applicant is licensed directly to AASCB at the address below. A complete list of state boards is on AASCB's web site at <http://www.aascb.org/lpcchart>

PART I - TO BE COMPLETED BY THE NCR APPLICANT

Applicants Name (Last, First, MI) _____

Applicants Social Security Number or Driver's License Number _____

Applicant's License type: _____

Applicant's License number: _____

PART II - TO BE COMPLETED BY THE STATE BOARD WHERE THE NCR APPLICANT IS LICENSED *Board: Send this form directly to AASCB at the address below when completed.*

Title of license: _____

Date of initial license (mm/dd/yy) _____

Expiration date of license (mm/dd/yy) _____

If licensed is MD., is Psychiatry a specialty? _____

Is this individual in good standing? _____

Has there ever been any disciplinary action taken against the individual's license?
If yes, please give full explanation on the reverse of this form.

Is the license number noted above correct? _____

Name of exam: _____

Cut Score: _____

Applicant's Score: _____

I certify that the information provided is correct.

Authorized Signature of License Official

Jurisdiction/State

{SEAL}

DATE

Send completed form directly to:
AASCB
NCR Review
5999 Stevenson Avenue
Alexandria, VA 22304

NCR

National Credentials Registry

Verification of Internship

USE THIS FORM TO DOCUMENT YOUR REQUIRED INTERNSHIP HOURS
TO BE COMPLETED BY THE APPLICANT

A completed graduate-level internship is required for National Credential Registry approval.

Applicant's Name (Last, First, MI) _____

Institution Name: _____

Institution Address: _____

Name of Program: _____

Applicant's Student ID Number: _____

Director of Program: _____

Major Supervisor: _____

FROM		TO		Total Hours	Total Hours of Direct Client Contact

NCR

National Credentials Registry

NCR Payment Checklist

MUST BE INCLUDED WITH YOUR PAYMENT

Applicant's Name: _____

All fees are nonrefundable, nontransferable and are subject to change.

**Please make checks or money orders
Payable to AASCB**

PAYMENT OPTIONS

- NCR Application \$200
- NCR Application New Licensee \$150
(If received within 2 years of initial licensure)

- Enclosed is a check or money order payable to AASCB in the amount of: \$ _____

- Make sure your application packet includes the following:
 - Registration Application (pgs. 4-6)
 - Official graduate transcript forwarded directly from the college or university
 - Copy of state counseling board's regulations at time of the initial licensure
 - Coursework Outline (pgs. 7-8)
 - Supervised experience form of supervisory documentation sent directly from state board (pgs. 11-13)
 - Verification of Licensure form sent directly from state board (pg. 14)
 - Verification of Internship form (pg. 15)
 - Checkor money order payable to AASCB
 - Payment checklist

Send packet to:

AASCB
NCR Review
5999 Stevenson Avenue
Alexandria, VA 22304-3300