



# Recertification Application

298 S. Progress Avenue Harrisburg, PA 17109

Phone: 401-349-3822 Fax: 717-540-4458

[www.ricertboard.org](http://www.ricertboard.org) [info@ricertboard.org](mailto:info@ricertboard.org)

## REQUIREMENTS AND FEES

### All credentials require:

1. Three hours in RICB approved professional ethics and responsibilities as part of the total hours. Acceptable trainings include but are not limited to: ethics related to human services, HIPAA, confidentiality, and boundaries.
2. RICB approval for all continuing education.

COUNSELOR		
Name	Fee	Education Requirement
SAC	\$150	40 hours including 30 hours substance abuse specific
CADC (formerly ACDP)	\$150	40 hours including 30 hours substance abuse specific
CAADC (formerly ACDP II)	\$150	40 hours including 30 hours substance abuse specific
CCJP	\$150	40 hours including 15 hours substance abuse specific, and 15 hours criminal justice specific

CLINICAL SUPERVISOR		
Name	Fee	Education Requirement
CCS (formerly CDCS)	\$50	Six hours clinical supervisor specific

CO-OCCURRING DISORDERS		
Name	Fee	Education Requirement
CCDP	\$150	40 hours including 20 hours co-occurring disorders specific
CCDP Diplomate	\$150	40 hours including 20 hours co-occurring disorders specific

PREVENTION		
Name	Fee	Education Requirement
CPS	\$150	40 hours including 30 hours prevention specific
ACPS/CPSS	\$150	40 hours including 30 hours prevention specific

ADDITIONAL CREDENTIALS		
Name	Fee	Education Requirement
CPRS	\$75	20 hours including six hours in ethics
CCHW	\$75	20 hours relevant to the domains
Certificate of Competency in Problem Gambling	\$50	6 hours specific to gambling. Must be recertified at the same time as your qualifying credential.

***If you have more than one credential, you pay the fee above for your original credential plus \$50 each for all other credentials you are recertifying.***

## INSTRUCTIONS

1. Submit application, and if applicable, education approval form.
2. Submit continuing education: ***copies only***.
3. Submit fees (non-refundable).

## RELEASE

***This Release is for information purposes only. You do not need to have the application notarized. You will be asked to check a box acknowledging that you read and understood this section on page 5. DO NOT submit a copy of this with your application.***

I hereby request that the Rhode Island Certification Board grant the credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the RICB Code of Ethical Conduct;

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by RICB to officers, members, and staff of the aforementioned Board;

I consent to authorize RICB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;

Allegations of ethical misconduct reported to RICB before, during, or after application for certification is made will be investigated by RICB and could result in the nullification of the application or denial or revocation of certification.

## **GENERAL INFORMATION**

1. Recertification record keeping is the responsibility of the certified professional. All recertification documents and application forms should be submitted together. Keep copies of everything submitted.
2. Education for recertification must have been acquired no earlier than two years prior to the applicant's current expiration date.
3. Recertification is considered late if it is postmarked after your expiration date. If recertification is not completed prior to the expiration date, your credential is considered expired.
4. Education not properly verified is not accepted. Proper verification (i.e. certificate, letter of attendance, transcript) must include date of training, number of hours attended, title of training, sponsoring organization, and your name.
5. Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, and college/university credit courses and distance learning/online courses.

## **EDUCATION INFORMATION**

1. Education that has not been previously RICB Approved must be submitted using the Education Approval Form.
2. College/University course: Three college credits are equivalent to 45 hours. Transcript of the course must be included as proof of attendance at the time of recertification.
3. Trainings, workshops, seminars, and conferences offered by professional associations, treatment providers, governmental agencies, attendance at professional meetings, etc.
4. Distance learning/online courses – there is no limit to the number of distance learning/online courses that can be submitted for recertification.
5. RICB accepts education received outside of Rhode Island under the following conditions:
  - a. Appropriate documentation (certificate, letter of attendance, transcript) is provided.
  - b. If an out-of-state educational event was approved by an IC&RC member board of that state, no further RICB approval is necessary. Proof of the IC&RC member board approval must be submitted. If these conditions were not met, the certified professional must seek RICB education approval of the training.
6. All RICB, BHDDH, SUMHLC, and NAADAC trainings are approved.

## **EDUCATION PROVIDED BY THE CERTIFIED PROFESSIONAL**

A certified professional who provides education to others may receive credit toward their own recertification.

1. The presenter will receive the same number of hours as the participant; and the presentation can be used for credit once in each recertification period, provided the training has received RICB Education Approval. Training provided by a certified professional must also be documented by sponsoring organization/college in the same manner as participant documentation (i.e. certificate, letter of participation).
2. Published work written by the certified professional and published by a professional publishing house may meet up to 10 hours of education. A copy of the published work must be submitted along with an education approval application.

## **INDEPENDENT STUDY & COMMUNITY INVOLVEMENT**

A certified professional will be granted up to 10 hours towards recertification for Independent Study. Documentation of completion is required.

A certified professional will be granted up to 10 hours towards recertification for Professional Community Involvement. Documentation of attendance is required.

## **LAPSED CREDENTIAL**

A credential is valid for a two year period. If your credential lapses, you have 12 months from your expiration date to recertify. After 12 months, you must reapply for your credential(s) and complete all the requirements for initial certification.

***To renew a lapsed credential:*** complete the recertification application with the appropriate requirements and fee(s), plus the reinstatement fee of \$100.

There is no grace period, or extensions for certification(s).

## **INTERNATIONAL CERTIFICATES**

International certificates are no longer issued automatically and free of charge to reciprocal level credentialed professionals. Instead, RICB will add a seal to your certificate indicating the International status of your certification. Original International Certificates are available for a nominal fee directly from IC&RC.

The International Certificates are: CADC – ICADC, CAADC – ICAADC, CCS – ICCS, CPS – ICPS, CCJP – ICCJP, CCDP – ICCDP, CCDP Diplomate – ICCDPD and CPRS - ICPRS.

The International Certificate provides recognition of your status as an internationally certified addiction professional. International Certification for counselors is required by the Federal Department of Transportation (DOT) for recognition as a Substance Abuse Professional (SAP).

## RECERTIFICATION APPLICATION

Form can be completed and saved. You may then print the appropriate pages to submit to RICB.

RICB credentials you are recertifying (check all you are recertifying at this time):

- CADC  CAADC  CCJP  CCS  CCDP  CCDPD  CPS  ACPS/CPSS  CPRS  CCHW  SAC  
 Gambling

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Please print your name as it should appear on your certificate. Other credentials and degrees will not be printed with your name on your certificate.*

- Check here if this is a change of address.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Check here if this is a change of employer.

Position/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

1. Have you ever received any disciplinary action from another certification or licensing authority?  
If yes, provide full details on a separate sheet.  Yes  No
2. Have you read and understood the RICB Code of Ethical Conduct?  Yes  No  
*The Code of Ethical Conduct is located at [www.ricertboard.org](http://www.ricertboard.org), and click on Ethics.*
3. Have you read and understood the Release (page 2)?  Yes  No

**What is your highest level of education completed?\***  High school diploma/GED  Associate's degree  
 Bachelor's degree  Master's degree  Doctoral degree

*\*If this has changed since you have originally applied to RICB and you would like your file updated, you must supply official transcripts to RICB.*

**Race (check all that apply):**  American Indian or Alaska Native  Black or African American  Asian  
 Native Hawaiian or Other Pacific Islander  Latino  Hispanic  Caucasian  
 Other: \_\_\_\_\_

**What best describes your employment plans for the next 12 months (select one)?**  Increase hours  
 Decrease hours  Retire  No change  Seek career advancement  Move to a different career  
 Unknown

Fee checklist: \$	_____	Recertification fee (original credential)
\$	_____	\$50/additional credentials (if applicable)
\$	_____	\$10 or \$20 Education approval fees (if applicable)
\$	_____	\$100 Reinstatement fee (if credential has lapsed)
\$	_____	<b>Total</b>

**Payment (circle one):** Check   Money Order   VISA   MasterCard   Discover  
*Checks & Money Orders made payable to RICB*

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3-digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
 (If different than Home Address) \_\_\_\_\_

Email address for receipt (if paying by credit card only): \_\_\_\_\_

**TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

**Mail:**  
 RICB  
 298 S. Progress Avenue  
 Harrisburg, PA 17109

**Email:**  
[info@ricertboard.org](mailto:info@ricertboard.org)

**Fax:**  
 717-540-4458

**Please allow 5-10 business days for review and processing of your recertification application.**

To confirm receipt of your application, or check on the status you must email [info@ricertboard.org](mailto:info@ricertboard.org).

## EDUCATION APPROVAL APPLICATION

Use this form if you are submitting education that is not RICB approved. RICB reserves the right to deny approval of any training.

Please use one form per training.

All RICB, SUMHLC, BHDDH, and NAADAC trainings are approved.

For a non-approved training: Attach the brochure/flyer that provides title of training, description of training content, date, presenter and name of sponsoring organization. If you do not have the flyer, write the information in the summary below. Include a copy of the certificate of attendance.

For non-approved college course: Attach syllabus or course content and copy of the transcript. A three-credit course is 45 hours.

If you were the presenter, include a letter from sponsoring organization verifying the date, title, and length of training.

For distance learning/online courses, the entire course must be submitted for review. RICB reserves the right to determine how many hours will be granted, which may differ from the hours of the granting organization. RICB reserves the right to deny approval of any distance learning/online course.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Location: \_\_\_\_\_ Hours: \_\_\_\_\_

Name & Credentials of Presenter(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of Training:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsoring Organization Name, Address & Phone:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_