



Recertification Application

298 S. Progress Avenue Harrisburg, PA 17109

Phone: 401-349-3822

www.ricertboard.org info@ricertboard.org

REQUIREMENTS AND FEES

All credentials require: 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.

COUNSELOR

Name	Fee	Education Requirement
SAC	\$150	40 hours including 30 hours substance abuse specific
CADC (<i>formerly ACDP</i>)	\$150	40 hours including 30 hours substance abuse specific
CAADC (<i>formerly ACDP II</i>)	\$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 (<i>formerly CDCS</i>)	\$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.
HIV Specialty Endorsement	\$50	6 hours relevant to HIV. 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.
2. Submit continuing education: ***copies only.***
3. Submit fees (non-refundable).

TO SUBMIT YOUR APPLICATION, CHOOSE ONLY ONE OF THE FOLLOWING METHODS:

1. **Mail:** RICB | 298 S. Progress Avenue | Harrisburg, PA 17109
2. **Email:** info@ricertboard.org

Please allow up to 5-10 business days for review and processing of your application.

To confirm receipt of your application or check on the status, you must email info@ricertboard.org.

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. 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.
2. Trainings, workshops, seminars, and conferences offered by professional associations, treatment providers, governmental agencies, attendance at professional meetings, etc.
3. Distance learning/online courses – there is no limit to the number of distance learning/online courses that can be submitted for recertification.
 - a. RICB accepts education received outside of Rhode Island under the following conditions: Appropriate documentation (certificate, letter of attendance, transcript) is provided.

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. 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.

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 Endorsement HIV Endorsement

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, 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)
\$	_____	\$100 Reinstatement fee (if credential has lapsed)
\$	_____	Total

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)*: _____