

RECERTIFICATION APPLICATION

For All Credentials

RECERTIFICATION DIRECTIONS – READ DIRECTIONS CAREFULLY

As of September 1, 2025, anyone who is recertifying their credential(s) will not receive a paper certification unless they note it on the application below and pay the \$8.00 fee.

Prior to submitting your recertification application to RICB, please review the following list to be sure you have included all the necessary documentation.

Recertification application can be submitted no sooner than three (3) months prior to the credential's expiration date.

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- ☐ Completed education and training page page 8 **Do not send copies of your certificates.**
- ☐ Recertification fee and any other applicable fees page 9

If there are any problems with the application, you will be notified by email. Keep a photocopy of the entire application for your records.

To check the status of your recertification application, you can use the Credential Search on the homepage of our website: www.ricertboard.org. Simply enter your last name and click "Apply".

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- Mail: RICB, 298 S. Progress Avenue, Harrisburg, PA 17109
- **Email:** <u>info@ricertboard.org</u> NOTE: Only PDFs are acceptable. RICB does not accept photos of applications.
- Fax: 717-540-4458

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

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

RECERTIFICATION INFORMATION FOR ALL CREDENTIALS

- 1. <u>Recertification record keeping is the responsibility of the certified professional.</u> All recertification documents and application forms should be submitted together. Keep copies of everything submitted.
- 2. Education must be acquired no earlier than two years prior to the applicant's current expiration date.
- 3. Recertification is considered late if you are mailing it and it is postmarked after your expiration date. Recertification is considered late if you are submitting it electronically and it is after your expiration date. If recertification is not completed prior to the expiration date, it is considered lapsed.

Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and distance learning/online courses.

AUDITING

Documentation of continuing education is only required for recertification if a certified professional is randomly selected for review, or audit of their education hours. Audits occur twice per year (every March and September).

Those selected for audit will be notified and must submit documentation of the appropriate number of hours of education/training that they completed in the prior two-year period. Since the audit process is random, individuals may be selected for audit multiple times.

Non-compliance with the required education/training for recertification is viewed as a breach of professional ethics.

DO NOT SEND IN COPIES OF YOUR CERTIFICATES OF COMPLETION FOR TRAININGS WITH YOUR RECERTIFICATION APPLICATION. THESE WILL NOT BE REVIEWED AT THE TIME OF YOUR RECERTIFICATION AND WILL BE DISCARDED. YOU WILL ONLY SEND COPIES OF TRAINING CERTIFICATES IF YOU ARE RANDOMLY SELECTED FOR A RECERTIFICATION AUDIT.

EDUCATION INFORMATION

You can use the same education for multiple credentials under the following conditions: they are in the correct two-year time frame, and it is relevant to the education requirements.

College/university course may be used. A three-college credit college course equals 45 hours.

Trainings, workshops, seminars, and conferences offered by professional associations, treatment providers, and governmental agencies may be used.

RICB does not accept general staff meetings, supervision, staff rounds, or case management as education.

Distance learning/online courses/webinars are acceptable. There is no limit to the number of distance learning/online courses that can be used.

Acceptable documentation of education must include the professional's name, title, date, number of hours and the organization. Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

Training must be non-repetitive, meaning the same training cannot be claimed more than one time during a two-year recertification period.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

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.

A certified professional who provides education to other professionals may receive hours toward their own recertification. 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 in the same manner as participant documentation (i.e., certificate, letter of participation).

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 lapsed fee.

FOR PROFESSIONALS HOLDING MULTIPLE RICB CERTIFICATIONS

If you have more than one credential, you pay the recertification fee for your original credential plus \$50 each for all other credentials you are recertifying. If your additional credentials do not have the same expiration date as your primary credential, you will submit a second recertification application at the time they expire with the \$50 per credential recertification fee.

NAME CHANGES

Name changes can be made at any time. Official legal documentation regarding the name change is required. A copy of the legal documentation must be mailed, emailed, or faxed to RICB. Acceptable documentation includes copies of marriage licenses, divorce decrees, etc. Names on certificates cannot be changed until documentation is provided. Once documentation of a name change has been submitted to RICB, a new certificate will be sent to the certified professional.

EXPIRATION DATE CHANGE

If you hold multiple RICB credentials, you can request to change the expiration date(s) and recertify your credentials at the same time. Recertification is made easier, as you can use the same education (if applicable) for all your credentials. This is optional. A written request along with the fee of \$25 per credential must be submitted with the recertification application of your primary certification.

INACTIVE & EMERITUS STATUS

Inactive Status: For certified professionals who are experiencing extenuating circumstances, a means to put their certification on hold and avoid paying lapsed fees, retesting (if applicable) and the reapplication process. Inactive status is for certified professionals who expect to be inactive for a minimum of six months. *Insufficient hours of continuing education* will not be accepted as rationale for requesting Inactive Status.

Emeritus Status: For certified professionals who are retired from the work force but wish to maintain a connection to RICB.

Approval of each status is at the discretion of RICB. Applicants will be notified by RICB of approval or denial via email approximately 7-10 business days after the request is received. For more information, visit www.ricertboard.org and click on Recertification.

RELEASE

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 information related 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 Board.

I consent to authorizing 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.

RECERTIFICATION INFORMATION: COUNSELOR & CLINICAL SUPERVISOR

For other credentials refer to the next page.

LICENSING

To renew your license, your CADC, CAADC and/or CCS must remain active and in good standing. Licenses are renewed in October of even years. License renewal is through the Rhode Island Department of Health, Chemical Dependency Licensing Board, NOT RICB. Questions about your license must be directed at the Chemical Dependency Licensing Board.

EDUCATION INFORMATION

- 1. Three (3) hours in professional ethics and responsibilities as part of the total education hours. Acceptable trainings that would meet this requirement include but are not limited to: ethics related to human services, HIPAA, confidentiality, boundaries, mental health law and mandated child abuse reporting.
- RICB accepts education received outside of Rhode Island.
- 3. Education/training can be in-person, online, or a hybrid. Education/training can come from any source(s) the certified professional chooses.

REQUIREMENTS AND FEES

	COUN	ISELOR & CLINICAL SUPERVISOR
Name	Fee	Education Requirement
CADC	\$150	40 hours including 30 hours that are substance use specific and 3 hours in ethics
CAADC	\$150	40 hours including 30 hours that are substance use specific and 3 hours in ethics
CCS	\$150	6 hours specific to clinical supervision

RECERTIFICATION INFORMATION: ALL OTHER CREDENTIALS

EDUCATION INFORMATION

- 1. Three (3) hours in professional ethics and responsibilities as part of the total education hours. EXCEPT for the CPRS which requires six (6) hours in ethics. Acceptable trainings that would meet this requirement include but are not limited to: ethics related to human services, HIPAA, confidentiality, boundaries, mental health law and mandated child abuse reporting.
- 2. RICB accepts education received outside of Rhode Island.
- 3. Education/training can be in-person, online, or a hybrid. Education/training can come from any source(s) the certified professional chooses.

REQUIREMENTS AND FEES

	STU	JDENT ASSISTANCE, CRIMINAL JUSTICE & CO-OCCURRING
Name	Fee	Education Requirement
SAC	\$150	40 hours including 10 hours in substance use disorders, 3 hours in ethics, and 3
		hours in cultural competency
CCJP	\$150	40 hours including 15 hours specific to substance use, 15 hours specific to
		criminal justice and 3 hours in ethics
CCDP &	\$150	40 hours including 20 hours specific to co-occurring disorders and 3 hours in
CCDPD		ethics

		PREVENTION
Name	Fee	Education Requirement
CPS	\$150	40 hours including 30 hours specific to prevention and 3 hours in ethics
ACPS	\$150	40 hours including 30 hours specific to prevention and 3 hours in ethics
CPSS	\$150	40 hours including 30 hours specific to prevention and 3 hours in ethics

	PEER RECO	VERY, COMMUNITY HEALTH & PERINATAL DOULA
Name	Fee	Education Requirement
CPRS	\$75	20 hours relevant to peer recovery including 6 hours in ethics
CCHW	\$75	20 hours relevant to community health including 3 hours in ethics
CPD	\$50	15 hours relevant to doula practice

ENDORSEMENTS		
Name	Fee	Education Requirement
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.
Specialty in Cardiovascular Health & Diabetes	\$50	6 hours relevant to Cardiovascular Health & Diabetes. Must be recertified at the same time as your CCHW.
Specialty in Older Adults	\$50	6 hours relevant to Older Adults. Must be recertified at the same time as your CCHW.

RECERTIFICATION APPLICATION: FOR ALL CREDENTIALS

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

TYPE OR PRINT LEGIBLY

RICB CERTIFICATION	N(S) I AM RECERTIFYING (CHECK ALL THAT	「APPLY):
Student Assistance, Corper Recovery, Comm Prevention: CPS A	Supervisor: □ CADC □ CAADC □ CCS riminal Justice & Co-Occurring: □ SAC □ CCJP nunity Health & Perinatal Doula: □ CPRS □ C ACPS □ CPSS / □ Gambling □ Cardiovascular Health & Diabe	CHW □ CPD
Do you wish to be sen	t a updated paper certificate? Yes No If y	yes, please include \$8.00 in your total recertification
Today's Date (mm/dd	/yyyy):	
Applicant Name:		
Print	t your name as it should appear on your certificate	. Credentials and degrees will not be printed.
Pronouns:	Date of Birth (mm/dd/yyyy):	SSN (last four):
Have you ever receive If yes, provide full details or	ed any disciplinary action from another certifing a separate sheet.	ication/licensing authority? Yes No
•	nderstood the RICB Code of Ethical Conduct? et is located at www.ricertboard.org/ethics	□ Yes □ No
Have you read and un	nderstood the Release? (page 3) Yes No	
Have you read and un	nderstood the Auditing process? (page 2) \Box Ye	es 🗆 No
CONTACT INFORMA	TION	
Home Address:		
		zate: Zip:
Cell Phone:		
Primary Email:		
REQU	<mark>JIRED</mark> : PRINT LEGIBLY: EMAIL IS OUR PRIMAI	RY WAY OF COMMUNICATING WITH YOU.
Secondary Email:		
EMPLOYMENT INFO	PRMATION Note: you do not need to be employe	ed to recertify.
Position/Title:	Employer:	
Employer City:		Zip:
DEMOGRAPHICS Dat	a is never released with identifying information. It is use	ed to report workforce data to state and federal agencies.
What is your gender?		Nonbinary
□ Female		Prefer to self-describe:
□ Male		Prefer not to disclose

Yes No How do you describe your sexual orientation or sexual identity? Heterosexual or straight Gay or lesbian Ga	No Heterosexual or straight	Do you identify as transgender?	Prefer not to disclose
How do you describe your sexual orientation or sexual identity? Heterosexual or straight Gay or lesbian	Heterosexual or straight Gay or lesbian Bisexual Cueer Cuestioning or unsure Prefer to self-describe; Prefer not to disclose Which best describes you? Asian or Pacific Islander Bisexual Cueer Cuestifician American Hispanic or Latino Native American or Alaska Native White or Caucasian What is your yearly income? S20,000 to \$34,999 S35,000 to \$34,999 Carrier Cover \$100,000 Cover \$1	□ Yes	
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Less than \$20,000 Active duty \$20,000 to \$34,999 Reserve \$35,000 to \$49,999 Avetaran	Less than \$20,000 Active duty \$20,000 to \$34,999 Reserve \$35,000 to \$49,999 National Guard Veteran V	What is your yearly income?	Do you have military experience?
□ \$20,000 to \$34,999 □ Reserve □ \$35,000 to \$49,999 □ National Guard □ \$50,000 to \$74,999 □ Veteran □ \$75,000 to \$99,999 □ Not Applicable □ Over \$100,000 □ Unsure □ Prefer not to disclose Language(s) spoken fluently (check all that apply): □ American Sign Language □ Arabic □ Chinese □ Portuguese □ English □ Russian □ French □ Spanish □ German □ Tagalog (Filipino) □ Indigenous Language □ Italian □ Other, please specify: □ Obtain full time employment/Increase hours □ Obtain part-time employment/Decrease hours □ No change □ Retire □ Move to a different career/field □ Unknown What is the highest degree or level of school you have completed? (If you're currently in school, please check the highest degree you have completed.) □ Less than a high school diploma □ High school degree or equivalent (e.g. GED) □ Professional degree (e.g. MA, MS, MEd) □ Professional degree (e.g. MD, DDS, DVM)	□ \$20,000 to \$34,999 □ Reserve □ \$35,000 to \$49,999 □ Veteran □ \$55,000 to \$74,999 □ Veteran □ \$75,000 to \$99,999 □ Not Applicable □ Over \$100,000 □ Unsure □ Prefer not to disclose □ Polish □ Arabic □ Chinese □ Polish □ Chinese □ Portuguese □ English □ Russian □ French □ Spanish □ French □ Spanish □ Indigenous Language □ Vietnamese □ Italian □ Other, please specify: □ Obtain full time employment/Increase hours □ Obtain part-time employment/Increase hours □ Obtain part-time employment/Decrease hours □ Move to a different career/field □ Unknown What is the highest degree or level of school you have completed.) □ Less than a high school diploma □ Master's degree (e.g. MA, MS, MEd) □ High school degree or equivalent (e.g. GED) □ Professional degree (e.g. MD, DDS, DVM) □ Trade, Technical or Vocational School □ Some college, no degree □ Associate degree (e.g. AA, AS)		· · · · · · · · · · · · · · · · · · ·
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☐ Trade, Technical of Vocational School ☐ Doctorate (e.g. PhD, EdD)	□ Some college, no degree □ Associate degree (e.g. AA, AS)		
	□ Associate degree (e.g. AA, AS)		· ·
	□ Bachelor's degree (e.g. BA, BS)	□ Bachelor's degree (e.g. BA, BS)	

EDUCATION & TRAINING

Candidates for recertification must list below all trainings attended in the two-year recertification period. Recertification applications will not be approved without completion of the list. Photocopy this page if more room is needed. If the organization or state agency from whom you received your trainings provide transcripts that lists your name, dates of trainings, titles and number of hours, you may submit that documentation in lieu of this form.

Title:		Hours:
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	TOTAL NUMBER OF I	HOURS:
I have attended all trainings listed above	and will provide documentation of attendance if	f audited.
Applicant Signature		

RECERTIFCATION PAYMENT INFORMATION

Payment in full must be made before recertification of a credential will be approved.

To determine your fee when you have multiple credentials: look at your RICB certificates and find your issue date. The credential you earned first is your primary credential. Find the fee for that credential below. You will pay that fee, plus \$50 for each subsequent credential/endorsement you are recertifying.

FEE CHECKLIST		CREDENTIALS	
i LE CITEOREIST		CADC	\$150
		CAADC	\$150
as your certification(s) lapsed? $\;\square$ Yes		CCS	\$150
yes, fill in an additional \$50 lapsed fee in the	space provided below.	SAC	\$150
		CCJP	\$150
ecertification of primary credential:	\$	CCDP & CCDPD	\$150
ee credentials table to the right for fee)	ν	CPS	\$150
ee credentials table to the right jor jeej		ACPS	\$150
		CPSS	\$150
ecertification of additional credential:		CPRS	\$75
50/additional credential/endorsement if app	licable)	CCHW	\$75
		CPD	\$50
apsed \$50 fee:	\$	Problem Gambling	\$50
f you checked yes to the above question, fill in		HIV Specialty	\$50
yeu enconeu yeo to tine uzone queenen, jii in	ine jee ne.e,	Cardiovascular Health & Diabetes	\$50
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TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- Mail: RICB, 298 S. Progress Avenue, Harrisburg, PA 17109
- Email: info@ricertboard.org NOTE: Only PDFs are acceptable. RICB does not accept photos of applications.
- Fax: 717-540-4458

<u>Please allow 5-10 business days for reviewing and processing of your recertification application.</u>
To confirm receipt of your application, or check on the status, you must email info@ricertboard.org.