

A B C A C

P. O. Box 11467
Phoenix, AZ 85061-1467
Telephone: (602) 251- 8548
www.abcac.net

Arizona Board for Certification of Addiction Counselors

Arizona Board for Certification of Addiction Counselors

Date _____
Certification No. _____

Dear ABCAC Certified Counselor,

According to our records, your certification is due to expire on _____

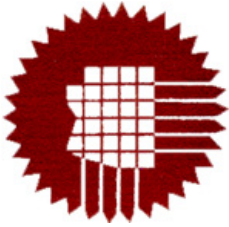
Renewal of your ABCAC certification is required every two years. In order to remain current as an ABCAC certified counselor, it is necessary that you submit the following:

1. Complete fully the enclosed Application for Recertification.
2. Provide fully documented evidence of forty (40) clock hours of continuing education since your last certification as follows:
 - a. Attach documentation of all training in the form of grade reports, certificates of completion, training attendance records, or letters from the training source documenting such training and the number of clock hours of education. It is specifically required that three (3) hours of Ethics and three (3) hours of HIV/AIDS education/training be completed as part of the required 40 hours of continuing education during this period.
 - b. Complete the Documentation of in-service Training form, if applicable, signed by your current supervisor attesting them such in-service training was completed. Twenty (20) hours of related In-service Training are allowable towards recertification. Have your current supervisor (or professional peer if you are in private practice) complete the attached Letter of Recommendation.
3. Enclose your check or money order for recertification fees in the amount of \$148.00, payable to "ABCAC", this fee includes your renewal of ICRC/AODA international certificate.
4. ABCAC is the only certifying agency within the State of Arizona that provides certification reciprocity with 57 other certifying agencies in the United States and around the world as participating members of the International Certification & Reciprocity Consortium/Alcohol & Other Drug Abuse, Inc. (ICRC/AODA). This optional certification is an invaluable asset in providing creditable competency within the substance abuse treatment community worldwide. To ensure your continued good standing and to maintain your valued certificate as an ABCAC Certified Addictions Counselor, please submit your application for re-certification before.

Sincerely,

Diane De George

Administrator ABCAC



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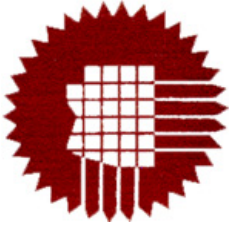
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Sincerely,

Diane De George

Administrator ABCAC



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Application for Re-Certification

Please print clearly; complete all sections:

DEMOGRAPHIC UPDATE

Name: _____
Last First MI

Social Security Number: _____ Entry Date in Field: _____

Home Phone: (____) _____ Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Present Position: _____ How long? _____

Employer: _____

Name of Supervisor: _____ Phone: _____

FORMAL EDUCATION

Highest Level of Education: _____ Major: _____

Name of Institution: _____ Date Attended: _____

Other: Name of Institution: _____ Date Attended: _____

Attach documentation for any Formal Education obtained within the last two years.

CONTINUING EDUCATION UNITS (CEU)

Dates From: _____ To: _____

Approved Training/Education: (hours) _____

Related In-service Training: (hours) _____

TOTAL: _____

Arizona Board for Certification of Addiction Counselors
CREDENTIALING BACKGROUND INFORMATION

1. Do you hold, or have you ever held licensure, certification, or registration or with any other entity in any other state? O YES O NO

If yes, complete the following:

Title of Credential	#	State/Agency	Date of Issue	Current Status
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2. Do you hold or have held a certificate through a professional behavioral health association?

If yes, cite professional credential held: O YES O NO

Title of Credential	#	State/Agency	Date of Issue	Current Status
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3. Have you ever applied for and been denied a license, certificate or registration with any authorized certifying agency? O YES O NO

4. Have you ever had any disciplinary action taken against you by the authority issuing a license, certificate or registration in any behavioral health profession? O YES O NO

5. Have you surrendered or cancelled your license, certification or registration in lieu of disciplinary proceedings by the issuing authority in any behavioral health profession? O YES O NO

6. Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association? O YES O NO

7. Have you ever been convicted or pled guilty or pled *nolo contendere* to a criminal offense? O YES O NO

8. Have you ever been the defendant in a malpractice suit and either entered into a settlement agreement or paid court-awarded damages, or is such a suit pending? O YES O NO

9. Have you ever been involuntarily terminated from any behavioral health agency or related employment for unprofessional conduct? O YES O NO

If the answer to any of these questions is YES, please explain. Use separate sheet(s) as necessary. Please enclose copies of any relevant documents to support any declarations.

I certify that the above information is correct and no attempt is made to make fraudulent claims of competency or to withhold pertinent information that may influence the granting of this ABCAC certificate of competency. I also certify that any attachments used in support are also true to the best of my knowledge.

Signature: _____ Date: _____

LETTER OF RECOMMENDATION

To the Arizona Board for Certification of Addiction Counselors:

Applicant name: _____ continues to perform in a satisfactory manner as a _____, and performs all duties and responsibilities congruent with the professional and ethical standards for alcoholism and drug abuse counselors as specified by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC).

Additional comments: _____

Relationship to applicant: _____

Print: _____

Signature: _____ Date: _____

