

# RIBCCDP



## Recertification Application

298 S. Progress Avenue Harrisburg, PA 17109

Phone: 717 540 4456 Fax: 717 540 4458

[www.ribccdp.com](http://www.ribccdp.com) [info@ribccdp.com](mailto:info@ribccdp.com)

## REQUIREMENTS AND FEES

All credentials require RIBCCDP Approval for all continuing education.

Effective January 1, 2012 the six hours best practice requirement will be replaced with three hours of ethics. Applicants recertifying before January 1, 2012 may submit six hours of best practice, or three hours of ethics.

<b>COUNSELOR</b>		
Six hours best practice or three hours of ethics required for all Counselor credentials.		
<b>Name</b>	<b>Fee</b>	<b>Education Requirement</b>
SAC	\$215	40 hours including 30 hours substance abuse specific
PCDP (formerly CIT)	\$215	40 hours including 30 hours substance abuse specific
ACDP	\$215	40 hours including 30 hours substance abuse specific
ACDP II	\$215	40 hours including 30 hours substance abuse specific
CCJP	\$215	40 hours including 15 hours substance abuse specific, and 15 hours criminal justice specific

<b>CLINICAL SUPERVISOR</b>		
<b>Name</b>	<b>Fee</b>	<b>Education Requirement</b>
RCS	\$125 or \$215	With ACDP/ACDP II, six hours clinical supervision specific (\$125); without ACDP/ACDP II, 40 hours including 30 hours substance abuse specific (\$215)
CDCS	\$125	Six hours clinical supervisor specific

<b>CO-OCCURRING DISORDERS</b>		
Six hours best practice or three hours of ethics required for all Co-Occurring credentials.		
<b>Name</b>	<b>Fee</b>	<b>Education Requirement</b>
PCCDP	\$215	40 hours relevant to co-occurring disorders, including 20 hours co-occurring disorders specific
CCDP	\$215	40 hours relevant to co-occurring disorders, including 20 hours co-occurring disorders specific
CCDP Diplomate	\$215	40 hours relevant to co-occurring disorders, including 20 hours co-occurring disorders specific

<b>PREVENTION</b>		
<b>Name</b>	<b>Fee</b>	<b>Education Requirement</b>
APS	\$215	20 hours prevention specific including five hours in ATOD
CPS	\$215	40 hours including 30 hours prevention specific
ACPS	\$215	40 hours including 30 hours prevention specific
CPSS	\$215	40 hours including 30 hours prevention specific
HIV/AIDS Endorsement		18 hours integrated HIV/AIDS & Viral Hepatitis Counseling, Testing & Referral every five years. (approved by DOH – Project REACH)

**If you have more than one credential, you pay the fee for your original credential plus \$125 each for all other credentials you are recertifying.**

## INSTRUCTIONS

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

## 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 RIBCCDP 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.
5. RIBCCDP 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 RIBCCDP 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 RIBCCDP education approval of the training.
6. All RIBCCDP, DSA, DATA, RIAADAC, 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 RIBCCDP 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). Up to 30 hours of education will be approved in one recertification time period.
2. Published work written by the certified professional and published by a professional publishing house may meet up to 30 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 30 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 five years from your expiration date to recertify. After five years, you must re-apply for your credential(s) and complete all the requirements for initial certification.

To renew a lapsed credential:

1. Complete the Recertification Application and meet the educational requirements.
2. Submit the appropriate recertification fee plus the reinstatement fee of \$125.

## **INTERNATIONAL CERTIFICATES**

Addiction Professionals who hold a reciprocal level credential through RIBCCDP will automatically be issued an International Certificate by the IC&RC free of charge. You will receive an International Certificate for each reciprocal credential you hold at no charge within 30 days of renewing your credential. Your International Certificate will be issued directly from IC&RC. Each time you recertify your RIBCCDP credential, you will automatically be issued a new International Certificate.

The International Certificates are: ACDP – ICADC, ACDP II – ICAADC, CDCS – ICCS, CPS, ACPS, CPSS – ICPS, CCJP – ICCJP, CCDP – ICCDP, and CCDP Diplomate – ICCDPD.

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 RIBCCDP.

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

- SAC  PCDP  ACDP  ACDP II  CCJP  RCS  CDCS  PCCDP  CCDP  CCDPD  
 APS  CPS  ACPS  CPSS  HIV Endorsement

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

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

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

Employer Address: \_\_\_\_\_

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

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

Have you ever received any disciplinary action from another certification or licensing authority?  
If yes, provide full details on a separate sheet.  Yes  No

Have you read and understood the RIBCCDP Code of Ethical Conduct?  Yes  No

If RIBCCDP needs to contact you, please indicate your preference:  Email  Phone

Fee checklist: \$ _____	Recertification fee (original credential)
\$ _____	\$125/other credential(s) recertifying at this time
\$ _____	\$125 Reinstatement fee (if applicable)
\$ _____	<b>Total</b>

Check/MO (payable to RIBCCDP)

PayPal (must be completed prior to submission of recertification application – [www.ribccd.com](http://www.ribccd.com), click on Pay Fees)

**Please print your name as it should appear on your certificate:**

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**RELEASE**

I have read and accept all the principles of the Rhode Island Board for Certification of Chemical Dependency Professionals (RIBCCDP) Code of Ethics and Disciplinary Procedures as prescribed by RIBCCDP and the Rhode Island Board for Licensing of Chemical Dependency Professionals (RIBLCDP). I am fully aware that any violation of this Code may result in revocation of or other disciplinary action against this license/certification and authorize RIBCCDP, RIBLCDP, and the Rhode Island Department of Health (RIDOH) to release all documentation/information of ethics complaints, disciplinary hearings and disciplinary sanctions taken against me to the International Certification & Reciprocity Consortium (IC&RC), RIDOH, and RIBLCDP. Furthermore, I am currently free from and will remain free from the use of any controlled substance or any alcoholic beverage to the extent that the use impairs my ability to conduct with safety to the public the practice authorized by the license/certification for which I am recertifying.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Code of Ethics can be found on our website at [www.ribccdp.com](http://www.ribccdp.com).

## EDUCATION APPROVAL APPLICATION

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

Please use one form per training.

All RIBCCDP, DSA, DATA, RIAADAC, 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. RIBCCDP reserves the right to determine how many hours will be granted, which may differ from the hours of the granting organization. RIBCCDP reserves the right to deny approval of any distance learning/online course.

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

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

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

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Sponsoring Organization Name, Address & Phone:

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