R.I.B.C.C.D.P.

31 Smith Avenue – 3 Rear
Greenville, R.I. 02828

Telephone (401)349-3822 FAX (401)349-3833 TDD 1-800-745-5555

Co-Occurring Disorder Professional Recertification Application

Name:_____ **License/Cert:**_____

Address:_____ **City:**_____

State:_____ **Zip:**_____ **Email:**_____

DOCUMENTATION
Please attach all certificates of completion/transcripts

REQUALIFICATION/RECERTIFICATION FOR CCDP-D, CCDP, PCCDP
CATEGORY I. – Co-Occurring Disorder Specific- 20 hours minimum- Source A,B,C,D,E
CATEGORY II. - Professional Training - 20 hours maximum - Source A ONLY
Source A – Courses, Workshops, Seminars - (Unlimited hours)
Source B – Presenter/Lecturer/Teacher - (30 Hours Maximum)
Source C – Independent Study - (30 Hours Maximum)
Source D – Professional Community Involvement - (10 Hours Maximum)
Source E – Research Paper/Professional Publication - (30 Hours maximum)
***Required – 6 Hours Best Practice (i.e., Methadone training, Co-Occurring Disorders, Hep C & HIV, PTSD, Domestic Violence, New Drugs, Prescription Drugs, Compulsive Gambling, CSAP Model Programming, Environmental Strategies and Suicide Assessment)**

CATEGORY I – Co-Occurring Disorder Specific - 20 hours minimum

Workshop/Training	Date	CEU's

CATEGORY II – Professional Training Documentation - 20 hours maximum - Source A only

Workshop/Training	Date	CEU's

I,_____ , have read and accept all the principles of the Rhode Island Board for Certification of Chemical Dependency Professionals Code of Ethics and Disciplinary Procedures as prescribed by the 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 the RIBCCDP, RIBLCDP, and Rhode Island Department of Health (RIDOH) to release all documentation/information of ethics complaints, Disciplinary Hearings, and disciplinary sanctions taken against me to the ICRC/AODA, the RIDOH and the RIBLCDP. Furthermore, I understand and acknowledge that any sanctions imposed against my LCDP/LCDCS by the RIBLCDP/RIDOH will also be imposed against my RIBCCDP issued certification(s). I further attest that 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 reapplying.

_____ _____

Print Name Witness

_____ _____

Signature Date

As of February 7, 2007, the RIBCCDP unanimously passed a motion that will reduce the recertification fees for those individuals that carry more than one RIBCCDP credential. The recertification fee for CIT, CDP, SAC, CPS, ACPS, CPSS, CCJP is $215.00. The requalification fee for LCDP/LCDCS is $215.00. Relicensing fees will NOW be paid to the Dept. of Health every other even year. If you hold any additional credential(s) with the RIBCCDP, the fee to recertify the additional credential(s) will be $125.00

Please submit this application along with certificates of completion and required fee to:

RIBCCDP
31 Smith Avenue – 3 Rear
Greenville, R.I. 02828