

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

31 Smith Avenue - 3 Rear
Greenville, R.I. 02828
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TDD 1-800-745-5555

CCJP RECERTIFICATION APPLICATION

Name: _____

License/Cert: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

DOCUMENTATION

Please attach all certificates of completion/transcripts

REQUALIFICATION/RECERTIFICATION FOR LCDCS, LCDP, CDP, CIT, SAC, CPS, ACPS, CPSS

CATEGORY I. – Substance Abuse Specific- 15 hours minimum- Source A,B,C,D,E

CATEGORY II. – Criminal Justice - 15 hours maximum - Source A, B, C, D, E

CATEGORY III – Professional Training – 10 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 – Substance Abuse Specific Documentation

<u>Workshop/Training</u>	<u>Date</u>	<u>CEU's</u>
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_____	_____	_____
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_____	_____	_____

CATEGORY II – Criminal Justice Training Documentation

<u>Workshop/Training</u>	<u>Date</u>	<u>CEU's</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CATEGORY III – Professional Training Documentation

Workshop/Training

Date

CEU's

PLEASE NOTE: For the first recertification period, LCDP's will be required to submit 12 hours of Criminogenic Risk Factors/ What Works Model". Criminal Justice Professionals will be required to submit 12 hours Confidentiality of Alcohol & Drug Records, 42 CFR, Part 2.

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 Licensing Board for Chemical Dependency Professionals. 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 to release all documentation/information of ethics complaints, Disciplinary Hearings, and disciplinary sanctions taken against me to the ICRC/AODA, Division of Substance Abuse and the Rhode Island Board of Licensing for Chemical Dependency Professionals. 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.

I, _____, certify that all information contained in this application and any supporting documents is true to the best of my knowledge. I further certify that I do not use any controlled substances or any alcoholic beverages 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

Please attach all certificates of completion/transcripts.

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 \$265.00 (\$215.00 plus MHRH \$50 relicensing fee). 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**