

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

31 Smith Avenue - 3 Rear
Greenville, R.I. 02828
www.ribccdp.com

Telephone (401)349-3822

FAX (401)349-3833

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 CCJP

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 – 15 hours Minimum

<u>Workshop/Training</u>	<u>Date</u>	<u>CEU's</u>
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CATEGORY II – Criminal Justice Training Documentation – 15 hours Maximum

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

CATEGORY III – Professional Training Documentation – 10 hours Maximum

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

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

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