

CATEGORY II – Substance Abuse Specific Training Documentation

| <u>Workshop/Training</u> | <u>Date</u> | <u>CEU's</u> |
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PLEASE NOTE: All LCDCS, RCS & CPSS individuals must submit ten (10) hours in the areas of Clinical Supervision, Administration, Management, Training of Trainer, Training of Instructors. This ten (10) hours is included in the 40 hour requirement.

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

Recertification fee is \$215.00

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