



Recertification Form for ALL Credentials

"I attest that all documents submitted are copies of actual documents that I have attended. I acknowledge that any false documentation will result in immediate termination of all my Certification Board credentials and will be reported to the Department of Law and Public Safety, Division of Consumer Affairs"

Print Applicant Name: _____ Date: _____

Applicant Signature: _____

Print Witness Name: _____ Date: _____

Witness Signature: _____

If your certification has lapsed you must also pay the \$15/month late fee. You should purchase this at the same time you re-certify.

Certificate end date _____ # of months late @\$15/month late fee
\$ _____ late Fee + \$ _____ recertification fee = \$ _____ total fee

___ Please check here if you paid online and are mailing in your application.

IC&RC Reciprocal Credentials, hours and fees required. All Reciprocal Credentials include the "International Certificate" without cost, excluding the ICADC.

Check the Credential that you are submitting for Renewal:

___ ICADC (LCADC) Must have passed Written & Oral Exams after 2006 & have active NJ LCADC -\$50. Those grandfathered passed the exams prior to that time. No additional hours required with active license.

___ ICADC (CADC) Must have active NJ CADC - \$50.
No additional hours required with active certification.

___ CCS -30 hours - \$250 ___ CCDP- Bachelor's degree- 40 hours-\$250

___ CPS- 50 hours - \$250 ___ CCJP- 40 hours-\$250

___ CCDP -D (Graduate Degree) - 40 hours-\$250 ___ CPRS - 18 hours - \$200

___ Advanced ADC-40 hours \$250

National: ___ CTTS-18 hours- \$225

Non- Reciprocal:

___ CCDP-NJ 40 hours- \$ 200 ___ WTS -30 hours- \$200

___ CPRS - 18 hours - \$ 200 ___ APS -30 hours- \$ 200

___ CDA 24 hours- \$ 200 ___ CRSP - 24 hours- \$ 175

___ CPAS- 40 hours- \$ 200



Applications must be submitted via certbd.org or by sending complete to The Certification Board of New Jersey. The Board will NOT respond to inquiries regarding receipt of documents. Send all critical documentation to the Certification Board "Return Receipt" (the green post card from the Post Office or via FedEx, UPS or other common carrier with delivery verification).

APPLICANT INFORMATION SHEET

NAME _____
(Please Print Your Name as it should appear on your Certificate)

EMAIL _____

HOME ADDRESS _____

COUNTY _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE # _____ **CELL PHONE #** _____

***OPTIONAL INFORMATION - DOES NOT AFFECT CERTIFICATION. For Data Collection Purposes only.**

HIGHEST DEGREE OF EDUCATION _____

***DATE OF BIRTH** _____ ***ETHNICITY/RACE** _____

***SEX** _____

***LANGUAGES SPOKEN** _____



In-Service

A maximum of 12 hours of alcohol or drug specific in-service education is allowed towards recertification. Official documentation on letterhead is required. The Agency must be listed in the "Directory of Programs Available for Addiction Services" available through the Division of Addiction Services. General staff meetings, case conference/presentations, peer supervision or staff rounds are not acceptable.

Individual Credit

If you are uncertain as to whether or not certain courses will be accepted towards your recertification, it is strongly suggested that you submit a course description, along with verification of completion, to the Board for review PRIOR to your recertification.

The Certification Board reserves the right to withhold approval of education hours if it is unable to determine, from materials submitted, if the course is alcohol and drug related, or counseling related. Additional information regarding a course may be requested if necessary.

Home study courses are only accepted if pre-approved by the Board (they will list an approval number). A maximum of 30 hours per recertification is allowed.

Academic Credit: Academic courses that pertain to the field of counseling or alcohol and drug issues are acceptable. The general rule for a three (3) credit college course is 45 hours (15 hours per credit). You must submit an official transcript.

Research Papers: **Please note that these are subject to Board review.**

- Undergraduate - (passing grade) - alcohol or drug related research paper = 6 hours maximum
- Graduate - (passing grade) - alcohol or drug related research paper = 12 hours maximum
- Doctoral - (passing 12 credit dissertation) - alcohol or drug related research paper = 18 hours maximum

Instructors: For every hour taught by a counselor, three hours of credit will be given (two hours preparation, one hour presentation for a total of three hours. For example, if you teach a three-hour class, we will grant nine hours credit). A maximum of 30 hours is granted per recertification. You can only use this option once per course.

In order to document this information for recertification, the following information must be presented:

- A letter from the sponsoring agency **on their letterhead**, stating the following; the date the program was presented, your name, the number of hours presented, and the title of the program.

Miscellaneous: The following courses will be accepted only once: CPR Training, First Aid.



AUTHORIZATION AND RELEASE FORM

I hereby authorize the Addiction Professionals Certification Board, Inc. to make any inquiry of any agency, facility, organization or individual for any and all additional information which might be necessary to fully and properly evaluate my application for the Certified Clinical Supervisor).

I hereby release and hold harmless the Addiction Professionals Certification Board, Inc., its Board of Directors, its Officers, its employees, servants, and agents from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing or consideration of same.

I further acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding experience and/or qualifications will be sufficient reason for disapproval of my application or for withdrawal of the credential at a later date.

I understand that evaluations on me which are submitted by supervisors and/or colleagues are confidential. I hereby relinquish my right to review these evaluations.

I also affirm that I conform to the Ethical Standards as described in the requirements for credentialing (on following pages).

APPLICANT SIGNATURE _____

DATE _____ WITNESS _____

STATEMENT OF UNDERSTANDING

I hereby apply for certification to the Addiction Professionals Certification Board, Inc. I also understand that for research and statistical purposes only, the data from this application may be used in a non-identifying manner. I also understand this credential is designed to recognize individuals working with chemically dependent clients and is not restricted to primary alcohol/drug counselors.

APPLICANT SIGNATURE _____

DATE _____ WITNESS _____

I have read and agree to abide by the **ETHICAL STANDARDS FOR CERTIFIED PROFESSIONALS (CPs)** standards at certbd.org/ethical-standards-for-certified-professionals-cps/ :

APPLICANT SIGNATURE _____

DATE _____ WITNESS _____