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PO Box 83165, Phoenix, AZ 85071
Telephone: (602) 402-7197

E-Mail: abcac@abcac.org

Date _____

Certification No. _____

Dear ABCAC Certified Counselor,

Renewal of your ABCAC certification is required every two years. In order to remain current as an ABCAC certified counselor, it is necessary that you submit the following:

1. Completed Application – Fill out and submit the attached Application for Recertification in its entirety.

Continuing Education (CE) Documentation – Provide evidence of six (6) clock hours of continuing education specific to clinical supervision, including:

Three (3) hours in Ethics (mandatory)

Three (3) hours in Cultural Diversity (mandatory)

Documentation must include grade reports, certificates of completion, training attendance records, or letters from the training provider verifying the training and the number of clock hours completed. These hours may be included as part of the 40 required CE hours for your prerequisite credential.

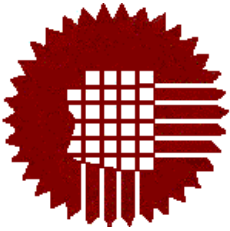
Professional Recommendation – Have your current supervisor or a professional peer (if in private practice) complete the attached Letter of Recommendation confirming your continued competency.

Recertification Fee – Submit a \$150.00 recertification fee via check or money order, payable to ABCAC.

Certification Reciprocity – ABCAC is the only certifying agency in Arizona that offers reciprocity with 57 other certifying agencies across the United States and internationally as a participating member of the International Certification & Reciprocity Consortium/Alcohol & Other Drug Abuse, Inc. (ICRC/AODA). This optional certification enhances your professional credibility and competency within the global substance abuse treatment community.

Sincerely,

Brian T Reinhart
ABCAC Administrator



Application for Certified Peer Recovery Specialist (CPRS)

ABCAC Certificate # _____

ICRC Certificate # _____

Please print clearly or type; complete all sections:

DEMOGRAPHIC UPDATE

Name _____
LAST FIRST MI

Entry Date in Field _____ Home Phone (_____) _____

Work Phone (_____) _____

Address _____

City _____ State _____ ZIP _____

Email address _____

Present Position _____ How long? _____

Employer _____

Name of Supervisor _____ Phone (_____) _____

FORMAL EDUCATION

Highest Level of Education _____ Major _____

Name of Institution _____ Dates Attended _____

Other _____

Name of Institution _____ Dates Attended _____

Attach documentation for any Formal Education obtained within the last two years.

CONTINUING EDUCATION From _____ To _____

Approved Training/Education _____
(NO. OF HOURS)

Related Inservice Training _____
(NO. OF HOURS)

TOTAL _____

CREDENTIALING BACKGROUND INFORMATION

Do you hold, or have you ever held licensure, certification, or registration in any other state or with any other agency? *If yes, complete the following:* Yes No

Title of Credential	State/Agency	Date of Issue	Current Status

Do you hold or have held a certificate through a behavioral health professional association? *If yes, cite professional credential held.* Yes No

Credential _____ **Agency** _____ **Current Status** _____

Have you ever applied for and been denied a license, certificate or registration with any authorized certifying agency? Yes No

Have you ever had any disciplinary action taken against you by the authority issuing a license, certificate or registration in any behavioral health profession? Yes No

Have you surrendered or cancelled your license, certification or registration in lieu of disciplinary proceedings by the issuing authority in any behavioral health profession? Yes No

Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association? Yes No

Have you ever been convicted or pled guilty or pled no contest to a criminal offense? Yes No

Have you ever been the defendant in a malpractice suit and either entered into a settlement agreement or paid court-awarded damages, or is such a suit pending? Yes No

Have you ever been involuntarily terminated from any behavioral health or related employment for unprofessional conduct? Yes No

If the answer to any of these questions is YES, please explain below. Use separate sheets as necessary. Please enclose any relevant documents.

I certify that the above information is correct and no attempt is made to make fraudulent claims of competency or to withhold pertinent information that may influence the granting of this ABCAC certificate of competency.

Signature _____

DOCUMENTATION OF CLINICAL SUPERVISION CONTINUING EDUCATION

The following continuing education was obtained during the period _____ to _____

<u>Course/Title</u>	<u>Presented by</u>	<u>Provider #</u>	<u>Hours</u>
Ethics _____	_____	_____	_____
Cultural Diversity _____	_____	_____	_____
_____	_____	_____	_____
Clinical Supervision:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Approved Correspondence Course/Self Directed Study Courses			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the above training/education has been completed and this ledger is accurate. I have attached documentation for all listed hours of education.

Signature _____

DOCUMENTATION OF IN-SERVICE TRAINING RELATED TO CLINICAL SUPERVISION

Name _____ has completed the following In-Service Training at _____ From _____ To _____

*****NO MORE THAN 20 HOURS OF IN-SERVICE TRAINING ARE ACCEPTABLE *****

<u>Service Area Presented in Training</u>	<u>Hours</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL HOURS	_____

I verify that the above training has been completed and this ledger is accurate.

Signature of Supervisor _____

Print Name _____

Date _____