

**A | B | C | A | C**

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Arizona Board for Certification of Addiction Counselors

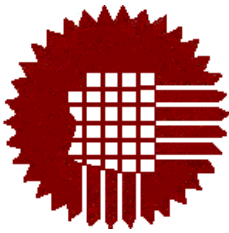
Dear ABCAC Certified Counselor,

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. Complete fully the attached Application for Recertification.
2. Provide fully documented evidence of forty (40) clock hours of continuing education related to substance abuse since your last certification as follows:
  - a) Attach documentation of all training in the form of grade reports, certificates of completion, training attendance records, or letters from the training source documenting such training and the number of clock hours of education. It is specifically required that three (3) hours of Ethics and three (3) hours of Cultural Diversity education/training be completed as part of the required 40 hours of continuing education during this period.
  - b) Complete the Documentation of Inservice Training form, if applicable, signed by your current supervisor attesting that such inservice training was completed. Twenty (20) hours of related Inservice Training are allowable towards recertification.
3. Enclose your check or money order for recertification fees in the amount of \$150.00, payable to "ABCAC. or pay at [www.abcac.org](http://www.abcac.org)
4. ABCAC is the only certifying agency within the State of Arizona that provides certification reciprocity with 57 other certifying agencies in the United States and around the world as participating members of the International Certification & Reciprocity Consortium/Alcohol & Other Drug Abuse, Inc.(ICRC/AODA). This optional certification is an invaluable asset in providing creditable competency within the substance abuse treatment community worldwide.

Sincerely,

Brian T. Reinhart  
ABCAC Administrator



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Arizona Board for Certification of Addiction Counselors

## Application for CAC/CADAC/AADC Recertification

*Please print clearly or type; complete all sections:*

### DEMOGRAPHIC UPDATE

ABCAC Certificate # \_\_\_\_\_

ICRC Certificate # \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MI

Entry Date in Field \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Street \_\_\_\_\_

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.*

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*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 SUBSTANCE ABUSE RELATED 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 _____ | _____               | _____             | _____        |
| _____                    | _____               | _____             | _____        |
| _____                    | _____               | _____             | _____        |
| _____                    | _____               | _____             | _____        |
| _____                    | _____               | _____             | _____        |
| _____                    | _____               | _____             | _____        |
| _____                    | _____               | _____             | _____        |
| _____                    | _____               | _____             | _____        |
| _____                    | _____               | _____             | _____        |
| _____                    | _____               | _____             | _____        |
| _____                    | _____               | _____             | _____        |

### 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 \_\_\_\_\_

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

[illegible]

Signature of Supervisor \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_