



# **Recertification Application**

298 S. Progress Avenue Harrisburg, PA 17109

Phone: 804-741-2319 Fax: 717-540-4458

[www.vacertboard.org](http://www.vacertboard.org) [info@vacertboard.org](mailto:info@vacertboard.org)

## AUDITING

Effective March 1, 2017 VCB has instituted an audited recertification process. Recertification through VCB is an auditing process whereby only those individuals randomly selected will be required to submit documentation of the required recertification training/education hours. VCB will randomly audit 25% of those currently certified in each credential to verify completion of continuing education/training. Certified professionals chosen to be audited will be asked to submit documentation of continuing education/training completed in the appropriate accrual period. The documents must be submitted within 30 days of the date the written request is mailed to the certified professional.

Audits will occur twice per year (every January and July). Those selected for audit must submit documentation of the appropriate number of hours of education/training that they completed in the prior two-year period. Since the audit process is random, individuals may be selected for audit multiple times.

Non-compliance with the required education/training for recertification is viewed as a breach of professional ethics. All those selected for audits who have not received the required education/training within the necessary timeframe will experience the following actions:

1. VCB credential will be immediately suspended the day following the 30-day deadline for submitting documentation of recertification of their credential;
2. The issue of non-compliance directly violates VCB Code of Rule 5.3 under "Professional Standards" and CPRS Code under Principle: Professional Standards;
3. Completing all of the requirements for recertification of credentials is a condition of certification. The credential will remain suspended until such time as the certified professional addresses the ethics violation to the satisfaction of the VCB Ethics Committee and seeks reinstatement of said credential. Suspensions for non-compliance with the audited recertification process are a matter of public record and will remain on the candidates' certification history and, as a result, can be accessed by the general public from the VCB website.

Reinstatement includes: the audited candidate submitting the required education/training; the recertification fee; and the reinstatement fee.

***DO NOT SEND IN COPIES OF YOUR CERTIFICATES OF COMPLETION FOR TRAININGS WITH YOUR RECERTIFICATION APPLICATION. These will not be reviewed at the time of your recertification.***

***VCB APPROVAL IS REQUIRED FOR ALL EDUCATION FOR RECERTIFICATION, INCLUDING COLLEGE COURSES. If you are not sure if a course or training has been previously approved, you may email [info@vacertboard.org](mailto:info@vacertboard.org).***

***ONLY PAGES 6-8 NEED TO BE SUBMITTED TO VCB. Please keep all other pages on file for your reference.***

## TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

**Mail:**

VCB  
298 S. Progress Avenue  
Harrisburg, PA 17109

**Email:**

[info@vacertboard.org](mailto:info@vacertboard.org)

**Fax:**

717-540-4458

**Please allow 5-10 business days for review and processing of your recertification application.**

To confirm receipt of your application, or check on the status you must email at [info@vacertboard.org](mailto:info@vacertboard.org).

## REQUIREMENTS AND FEES

All credentials require:

1. Three hours in VCB approved professional ethics and responsibilities as part of the total hours. Acceptable trainings that would meet this requirement include but are not limited to: ethics related to human services, HIPAA, confidentiality, boundaries and mental health law.
2. VCB Approval for all continuing education.

COUNSELOR		
Name	Fee	Education Requirement
AAC	\$75	40 hours relevant to addiction
CADC	\$150	40 hours relevant to addiction
CAADC	\$150	40 hours relevant to addiction
CCJP	\$150	40 hours relevant to addiction

CLINICAL SUPERVISOR		
Name	Fee	Education Requirement
CCS	\$150	6 hours relevant to clinical supervision

CO-OCCURRING DISORDERS		
Name	Fee	Education Requirement
CCDP	\$150	40 hours relevant to co-occurring disorders

PREVENTION		
Name	Fee	Education Requirement
APS	\$75	40 hours relevant to addiction
CPS	\$150	40 hours relevant to prevention

PEER SUPPORT		
Name	Fee	Education Requirement
CPRS	\$75	20 hours of peer support specific education, including six hours in ethics. A maximum of six hour of WRAP training may be submitted.

**If you have more than one credential, you pay the fee above for your original credential plus \$50 each for all other credentials you are recertifying.**

**If your additional credentials do not have the same expiration date as your original credential, you will submit a second recertification application at the time they expire with the \$50 per credential recertification fee.**

***Please allow 5-10 business days for review and processing of your recertification application.***

To confirm receipt of your application, or check on the status you must email [info@vacertboard.org](mailto:info@vacertboard.org).

## RELEASE

*This Release is for information purposes only. You do not need to have the application notarized. You will be asked to check a box acknowledging that you read and understood this section on page 7. DO NOT submit a copy of this with your application.*

I hereby request that the Virginia Certification Board grant the credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the VCB Code of Ethical Conduct;

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by VCB to officers, members, and staff of the aforementioned Board;

I consent to authorize VCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;

Allegations of ethical misconduct reported to VCB before, during, or after application for certification is made will be investigated by VCB and could result in the nullification of the application or denial or revocation of certification.

## GENERAL INFORMATION

1. Recertification record keeping is the responsibility of the certified professional. All recertification documents and application forms should be submitted together. Keep copies of everything submitted.
2. Education for recertification must have been acquired no earlier than two years prior to the applicant's current expiration date.
3. Recertification is considered late if it is postmarked after your expiration date. If recertification is not completed prior to the expiration date, it is considered expired.
4. Education not properly verified is not accepted. Proper verification (i.e. certificate, letter of attendance, transcript) must include date of training, number of hours attended, title of training, sponsoring organization, and your name.
5. Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, and college/university credit courses and distance learning/online courses.

## EDUCATION INFORMATION

1. Education that has not been previously VCB Approved must be submitted using the Education Approval Form found on our website at [www.vacertboard.org](http://www.vacertboard.org).
2. College/University course: Three college credits are equivalent to 45 hours.
3. Trainings, workshops, seminars, and conferences offered by professional associations, treatment providers, governmental agencies, etc.
4. VCB does not accept general staff meetings, supervision, staff rounds, or case management as education.
5. Distance learning/online courses are acceptable. There is no limit to the number of distance learning/online courses that can be used.
6. VCB accepts education received outside of Virginia under the following conditions:
  - a. Appropriate documentation (certificate, letter of attendance, transcript) is provided.

- b. If an out-of-state educational event was approved by an IC&RC member board of that state, no further VCB approval is necessary. Proof of the IC&RC member board approval must be submitted. If these conditions were not met, the certified professional must seek VCB education approval of the training.

## **EDUCATION PROVIDED BY THE CERTIFIED PROFESSIONAL**

A certified professional who provides education to others may receive credit toward their own recertification.

1. The presenter will receive the same number of hours as the participant; and the presentation can be used for credit once in each recertification period, provided the training has received VCB Education Approval. Training provided by a certified professional must also be documented by sponsoring organization/college in the same manner as participant documentation (i.e. certificate, letter of participation).
2. Published work written by the certified professional and published by a professional publishing house may meet up to 10 hours of education. A copy of the published work must be submitted along with an education approval application.

## **EXPIRATION DATE CHANGE**

If you hold multiple VCB credentials, you can request to change the expiration date(s) and recertify your credentials at the same time. Recertification is made easier, as you are able to use the same education (if applicable) for all your credentials. This is optional. The Expiration Date Change Request Form must be submitted with the appropriate fee.

## **LAPSED CREDENTIAL**

A credential is valid for a two year period. If your credential lapses, you have 12 months from your expiration date to recertify. After 12 months, you must reapply for your credential(s) and complete all the requirements for initial certification.

***To renew a lapsed credential:*** complete the recertification application with the appropriate requirements and fee(s), plus the reinstatement fee of \$100.

## **RETIREMENT STATUS**

Retirement Status allows any certified individual the ability to retain their certification after retirement from active employment and still receive partial rights and privileges of certification. Partial rights include the use of the appropriate verification initials (CADC, CCDP, CCJP, CCS, CPRS and CPS) with the word “retired” after them. This is an honorary status not a working credential. Certified individuals with a reciprocal credential under the Retirement Status are not eligible for reciprocity through the IC&RC.

**Retirement Status will only be considered for those individuals who have reached the age of sixty (60) and have retired from active full time employment or have become disabled and are no longer employed in the substance abuse and/or behavioral health fields.**

Requests for Retirement Status will only be considered for those individuals holding a current and valid certificate. Request for Retirement Status for certification that has already lapsed will not be accepted.

VCB will review written requests for Retirement Status and applicants will be notified. If the request is approved, a new Retirement Status certificate will be issued.

While no continuing education is required, a fee of \$60 is required every two years to maintain the Retirement Status.

During the Retirement Status period, the retired individual may use the credential title they hold, provided the word “Retired” follows the initials (example: CADC Retired).

An individual holding a Retirement Status certificate may not reactivate their credential past the 12-month allowable lapse period. Should you elect to return to substance abuse and/or behavioral health employment within 12 months past your active credential's expiration date, you may void the Retirement Status certificate and be reactivated as fully certified. In order to do this, the certified professional must comply with current recertification requirements of education and fees. The \$60 retirement status fee may not be applied to recertification. After 12 months past the active credential expiration date, the certified professional must reapply for the credential.

**TO APPLY FOR RETIREMENT STATUS:** Send a letter requesting Retirement Status, the \$60 fee, and documentation supporting your reason. If you wish Retirement Status for a disability, include supporting medical documentation or a letter from your doctor. If you are over age 60 and retiring from employment, please submit a letter indicating date of retirement and from what agency and proof of age. This request must be received while your credential is current.

## **INTERNATIONAL CERTIFICATES**

International certificates are no longer issued automatically and free of charge to reciprocal level credentialed professionals. Instead, VCB will add a seal to your certificate indicating the International status of your certification. Original International Certificates are available for a nominal fee directly from IC&RC.

The International Certificates are: CADC – ICADC, CAADC – ICAADC, CCS – ICCS, CPS – ICPS, CCJP – ICCJP, and CPRS – ICPRS.

The International Certificate provides recognition of your status as an internationally certified addiction professional. International Certification for counselors is required by the Federal Department of Transportation (DOT) for recognition as a Substance Abuse Professional (SAP).

## RECERTIFICATION APPLICATION

Form can be completed and saved. You may then print the appropriate pages to submit to VCB.

VCB credential(s) you are recertifying:

AAC  CADC  CAADC  CCS  APS  CPS  CCDP  CCJP  CPRS

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Please print your name as it should appear on your certificate. Other credentials and degrees will not be printed with your name on your certificate.*

Check here if this is a change of address.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check here if this is a change of employer.

Position/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

1. Have you ever received any disciplinary action from another certification or licensing authority?  
If yes, provide full details on a separate sheet.  Yes  No
2. Have you read and understood the VCB Code of Ethical Conduct?  Yes  No  
*The Code of Ethical Conduct is located at [www.vacertboard.org](http://www.vacertboard.org), and click on Ethics.*
3. Have you read and understood the Release (page 4)?  Yes  No
4. Have you read and understood the Auditing process (page 2)?  Yes  No

**What is your highest level of education completed?\***  High school diploma/GED  Associate's degree  
 Bachelor's degree  Master's degree  Doctoral degree

*\*If this has changed since you have originally applied to VCB and you would like your file updated, you must supply official transcripts to VCB.*

**Race (check all that apply):**  American Indian or Alaska Native  Black or African American  Asian

Native Hawaiian or Other Pacific Islander  Latino  Hispanic  Caucasian

Other: \_\_\_\_\_

**What best describes your employment plans for the next 12 months (select one)?**  Increase hours

Decrease hours  Retire  No change  Seek career advancement  Move to a different career

Unknown

Fee checklist: \$	Recertification fee (original credential)
\$	\$50/additional credentials (if applicable)
\$	\$10 or \$20 Education approval fees (if applicable)
\$	\$25/Expiration date change fee (if applicable)
\$	\$100 Reinstatement fee (if credential has lapsed)
\$	<b>Total</b>

**Payment (circle one):** Check Money Order VISA MasterCard Discover

*Checks & Money Orders made payable to VCB*

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3-digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address:

*(If different than Home Address)*

\_\_\_\_\_  
\_\_\_\_\_

Email address for receipt *(if paying by credit card only)*: \_\_\_\_\_

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## EDUCATION & TRAINING

Candidates for recertification must complete the following list of all trainings attended in the two-year recertification period. Recertification applications will not be approved without completion of the list. Photocopy this page if more room is needed.

Title of Training	Date of Training	Hours	Provider of Training

I have attended all trainings listed above, and will provide certificates of attendance if audited.

\_\_\_\_\_  
Applicant Signature