

Appendix VII

RECERTIFICATION APPLICATION FOR ALCOHOL AND OTHER DRUG ABUSE PROFESSIONALS

Name: _____
(Last) (First) (Middle)

Address _____
Street or PO Box City State Zip

Telephone: _____ E-mail Address: _____ Date of Birth: _____

Social Security Number _____ Sex _____ Race _____

NAADAC Membership Number _____

TYPE OF RECERTIFICATION APPLIED FOR:

- CERTIFIED ADDICTIONS COUNSELOR I
- CERTIFIED ADDICTIONS COUNSELOR II
- CERTIFIED CLINICAL SUPERVISOR

Instructions: Please provide detailed information for all sections of this application. Please print legibly or type. Incomplete or unsigned applications will be returned to applicants for completion, causing delay or disqualification. A resume may be attached but will not be accepted as a substitute for a completed application form.

REQUIREMENTS FOR RECERTIFICATION

Recertification must be completed every two years. It is awarded on the basis of 40 hours of professional training or education related to the core functions during the two-year certification period. Effective date and expiration date appear on the certificate. Applications received after the expiration date will not be accepted. There is no grace period. Applicant must submit the recertification application with recertification fee to the SCAADAC Certification Commission thirty (30) days prior to expiration date of certification. Applicants must pay a late fee if they do not have their applications postmarked at least 30 days prior to expiration of their certification.

Training for purposes of recertification is defined as an organized, goal-directed event within a specified time frame of at least two (2) contact hours focusing on skill development and information transmittal. A formal evaluation process is necessary. Some training events may represent a sequential set of experience gained over a period of several days and toward a specific topical area. In-service training is allowable only if it meets these conditions. Training must relate to the core functions of the specialty for which the application is being made.

Appropriate undergraduate courses of one semester may be approved for a maximum of 30 hours each. Appropriate graduate college courses of one semester may be approved for a maximum of 45 hours each. Education must relate to the core functions of the specialty for which application is made; coursework must be completed at an regionally accredited educational institution.

The South Carolina Association of Alcoholism and Drug Abuse Counselors, in recognizing the variety of available training in the field, is the final authority concerning appropriate training or education for recertification purposes.

If recertification is denied based solely on the application and supporting documentation, the applicant may appeal this decision to the Advisory Board of the Certification Commission.

PLEASE READ CAREFULLY AND SIGN

I certify that all information provided in this application is accurate and complete. I understand that untrue or incomplete information may result in being disqualified from becoming certified or in having my certification revoked.

I authorize the South Carolina Association of Alcoholism and Drug Abuse Counselors Certification Commission to conduct any necessary investigations; to contact current or former employers to verify employment or relevant work experience; and to release information about my certification status to my employer.

I agree to abide by the South Carolina Alcohol and Other Drug Professionals Ethical Standards and understand that any violation may result in being disqualified from becoming certified or in having my certification revoked.

I understand that the South Carolina Association of Alcoholism and Drug Abuse Counselors Certification Commission retains ownership of all certification certificates and agree to return my certificate(s) upon request.

Signature of Applicant _____ Date _____

TRAINING AND ACADEMIC COURSES: List all training and academic courses that are relevant to core functions. Applicants must retain copies of training certificates or other verification of attendance. If a recertification application is selected for audit, the applicant will be required to submit verification of all continuing education/training documented on the application. This verification must be training certificates or official transcripts of undergraduate, graduate or professional studies forwarded by the issuing institution to the SCAADAC Certification Commission. Training certificates must contain the trainer’s and trainee’s name, training name and the number of clock hours for the training event. The following types of training will be disallowed: 1) training prior to last date of certification, 2) training less than two hours in length, and 3) training specialty related to policies, general procedures, emergency procedures or other related operational procedures of an agency or organization.

TRAINING EVENT OR COLLEGE COURSE <i>(Denote Ethics Hours Separately)</i>	SPONSORING ORGANIZATION and LOCATION	DATES	HOURS	PROVIDER # <i>(Optional)</i>

WORK EXPERIENCE: Rather than request a complete work history, we ask that you list your present employment, then list your work experience for the past two years (full time and part time, paid and volunteer) as related to the core functions for your certification specialty. Attach additional copies of the this page as needed.

Name of Employer	
Address of Employer	
Your Title	Length of Employment (Month & Year) From: _____ To: _____
Name & title of Immediate Supervisor	Hours Weekly _____
Duties	
Reason for leaving	

Name of Employer	
Address of Employer	
Your Title	Length of Employment (Month & Year) From: _____ To: _____
Name & title of Immediate Supervisor	Hours Weekly _____
Duties	
Reason for leaving	

ADDITIONAL INFORMATION:

1. List any activities, which you believe are *relevant* to this application, including awards, certificates or memberships in professional organizations.

2. Are you currently licensed or certified in South Carolina in a health or human services field? YES NO

If YES, by whom? _____

License Number: _____ Expiration Date: _____

3. Have you ever been subject to disciplinary action as a result of violations of law or ethics? YES NO

If YES, attach a statement of explanation, include when and where this occurred as well as action and disposition.

4. Since you obtained your initial certification or last renewed your certification, have you been convicted, pled guilty or nolo contendere for violation of any federal, state or local law, or do you have charges pending (other than a minor traffic violation)? YES NO

If yes, attach a detailed letter of explanation along with criminal records check from the state(s) in which you were convicted and court document(s) pertaining to your conviction, guilty plea or nolo contendere plea.

**Mail to: South Carolina Association of Alcoholism and Drug Abuse Counselors
1215 Anthony Avenue, Columbia, SC 29201-1701
Phone: (803) 540-7527 • Fax: (803) 254-3773**

SCAADAC does not discriminate on the basis of race, color, religion, sex, national origin, age or disability.



Recertification Checklist

- Recertification Application Fee: \$100 for NAADAC/SCAADAC members, \$200 for non-members.
- Recertification Application (Download from www.scaadac.org): **Applicant must submit the recertification application with recertification fee to the SCAADAC Certification Commission thirty (30) days prior to expiration date of certification. Applicants must pay a late fee if they do not have their application postmarked at least 30 days prior to expiration of their certification.** (Late Application Fee: \$50 for members/non-members) If the applicant allows their certification to expire, the applicant will be required to submit an updated certification application with fee and successfully complete an oral examination. (See Certification Manual Appendix II for fee schedule.)
- Retain copies of training certificates or transcripts documenting 40 hours of continuing education; do not submit with your application.** Documentation of 40 hours of continuing education or training during the current two-year term of certification must be listed on the application. Two hours of the required 40 hours must be in the area of professional ethics. The primary focus of trainings should be on the core functions.

If a recertification application is selected for audit, the applicant will be required to submit verification of all continuing education/training documented on the application. This verification must be training certificates or official transcripts of undergraduate, graduate or professional studies forwarded by the issuing institution to the SCAADAC Certification Commission. Training certificates must contain the trainer's and trainee's name, training name and the number of clock hours for the training event.

- A maximum of 50% of the hours required for recertification may be earned through distance learning/home-study courses.
- Trainings must relate to the core functions of addictions counseling.
- A maximum of 20 hours of the 40 hours required for recertification may be earned through events where the applicant is the trainer.
- At least 2 hours of ethics training in the last two years.
- Course certificates are at least 2 contact hours in length.