

## ADC & AADC Re-certification Application

### I. Personal Information

Name \_\_\_\_\_ Certification Number \_\_\_\_\_  
Original Certification Date \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street Address if different from mailing address  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

**II. Educational Level** Please circle highest level attained. Please list type of degree awarded (e.g. Bachelor of Science in Health Education, etc.)  
GED High School Associate Degree Bachelor Degree  
Master Degree Doctorate Type of Degree Awarded \_\_\_\_\_  
\_\_\_\_\_

### III. Work Related Information

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ # of years in field \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_

List all other licenses/ certifications that you hold through other Boards.  
\_\_\_\_\_

### IV. Required Documentation

1. Attach documentation of Forty **(40) HOURS** of **ASACB-pre-approved** continuing education, **including six hours of ethics training** which you earned within 2016 and or 2017. If you are not sure if your continuing education has been approved, contact the office. **IF YOU CERTIFIED AFTER THE 2016-2017 CYCLE BEGAN, YOUR HOURS ARE PRORATED. The hours you need to re-certify can be found in your pro-rated letter notifying you that you had passed the exam.**
2. Attach re-certification fee payment of \$250.00 for the two-(2) year cycle ( 2018-2019)
3. Attach signed Code of Ethics signature page.
4. Mail to the ASACB office(**ADDRESS AT TOP OF PAGE**) Your application **must be postmarked no later than November 1, 2017**

**NOTE: If you carry an international certificate, Please check here\_\_ and will be mailed to you with your new recertification card. The seals take the place of the international certificate.**

Education Committee: Approved: \_\_\_\_\_ Pending \_\_\_\_\_ Date \_\_\_\_\_