

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

P. O. Box 3266  
Chandler, AZ 85244  
Telephone: (602) 251-8548

E-Mail: [www.abcacinfo@abcac.org](mailto:www.abcacinfo@abcac.org)

Date \_\_\_\_\_

Certification No. \_\_\_\_\_

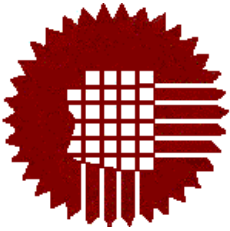
Dear ABCAC Certified Counselor,

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. Complete fully the attached Application for Recertification.
2. Provide fully documented evidence of forty (40) clock hours of continuing education related to prevention and 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. Have your current supervisor (or professional peer if you are in private practice) complete the attached Letter of Recommendation.
4. **Enclose your check or money order for recertification fees in the amount of \$150.00, payable to "ABCAC."**
5. 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,

Jenny Nellsch  
ABCAC Administrator



## Application for Prevention Specialist Recertification

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

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

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

### DEMOGRAPHIC UPDATE

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

Social Security Number \_\_\_\_\_ 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.*

---



---



---



---

*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 PREVENTION AND 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>
<b>Ethics</b> _____	_____	_____	_____
<b>Cultural Diversity</b> _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 PREVENTION AND  
SUBSTANCE ABUSE**

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

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

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

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

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

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

*Date* \_\_\_\_\_

**LETTER OF RECOMMENDATION**

**To the Arizona Board for Certification of Addiction Counselors:**

(Name) \_\_\_\_\_ continues to perform in a satisfactory manner as a prevention specialist, and performs all duties and responsibilities congruent with the professional and ethical standards for alcoholism and drug abuse counselors as specified by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC).

Please provide comments regarding this counselor's performance:

---

---

---

---

---

---

---

---

---

---

*Signature* \_\_\_\_\_

*Relationship to applicant* \_\_\_\_\_

*Date* \_\_\_\_\_