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 six (6) clock hours of continuing education related to clinical supervision, (3) hours of ethics and (3) hours of cultural diversity continuing education 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 six (6) hours of Clinical Supervision education/training be completed, three (3) hours of Ethics and three (3) hours of Cultural Diversity education/training. All hours may be a part of the required 40 hours of continuing education obtained for the prerequisite credential.
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 Clinical Supervisor Recertification

Please print clearly or type; complete all sections:

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 ________________________________

ABCAC Certificate # __________

ICRC Certificate # __________
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:

<table>
<thead>
<tr>
<th>Title of Credential</th>
<th>State/Agency</th>
<th>Date of Issue</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you hold or have held a certificate through a behavioral health professional association? If yes, cite professional credential held.

<table>
<thead>
<tr>
<th>Credential</th>
<th>Agency</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 CLINICAL SUPERVISION CONTINUING EDUCATION**

The following continuing education was obtained during the period ______________________ to ______________________

<table>
<thead>
<tr>
<th>Course/Title</th>
<th>Presented by</th>
<th>Provider #</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Diversity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Supervision:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved Correspondence Course/Self Directed Study Courses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ____________________________________________
LETTER OF RECOMMENDATION

To the Arizona Board for Certification of Addiction Counselors:

(Name) _______________________________ continues to perform in a satisfactory manner as a clinical supervisor, 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 __________________________________________________________________________________