

**WEST VIRGINIA CERTIFICATION BOARD  
FOR ADDICTION and PREVENTION PROFESSIONALS**

**1400A OHIO AVENUE**

**DUNBAR, WV 25064**

**(304) 768-2942**

**(304) 768-1562 FAX**

**www.wvcbapp.org**

**APPLICATION FOR RECERTIFICATION**

Send original and one copy

\_\_\_\_\_  
PRINT YOUR NAME HERE

**APPLICATION PROCEDURE**

Although the WVCBAPP may attempt to distribute a reminder of recertification to eligible professionals as a courtesy, it is the **responsibility of the applicant to make timely application for recertification.** Please keep in mind that we cannot provide you with this courtesy reminder if we are not informed of changes in address or employment.

Applications for recertification must include the following items on this checklist:

- \_\_\_\_ 1. Completed recertification application form. This must be signed and dated and included with recertification documentation.
  
- \_\_\_\_ 2. Submission of signed and dated “affirmation of truth” form.
  
- \_\_\_\_ 3. Submission of approved contact hour documentation totaling at least 40 clock hours of continuing education, with a minimum of 6 hours in addiction specific studies. The remaining hours can be in any combination of the following areas: addictions, counseling technique/theory, and/or behavioral sciences.
  
- \_\_\_\_ 4. Submission of non-refundable recertification fee due for each credential held and any late penalty fees (if applicable). Please read carefully the NEW POLICY ON LATE SUBMISSION OF RECERTIFICATION MATERIALS on page four.

**\*SEE PAGE FOUR FOR NEW POLICY ON LATE FEE AND RECERTIFICATION DEADLINE.\***

Certification must be maintained by attending continuing education programs. Recertification is required every two years. Each certified counselor must obtain 40 hours of approved continuing education and must document it by completing this application at the end of the two-year recertification period. Please complete the following application and attach the Recertification Fee of \$150.00 (see page 4 for late fees and related policies.) **This fee is non-refundable, regardless of whether your application is approved or found incomplete or insufficient.**

Please remember to list **40** contact hours of **approved** continuing education, 6 of which must be **“addiction specific,”** as indicated by the title of the workshop or training event, or by other documentation of course content.

**SPECIAL NOTICE TO CERTIFIED CRIMINAL JUSTICE PROFESSIONALS: If you did not submit six contact hours of addiction specific ethics when you grandfathered to receive your CCJP credential, you must submit those six hours in addiction specific ethics at this time in order to renew your CCJP credential.**

**RECERTIFICATION APPLICATIONS MUST BE POSTMARKED BY AUGUST 31st  
THE DEMOGRAPHIC DATA SHEET (PAGE 5) MUST BE COMPLETED**

**DO NOT ATTACH CERTIFICATES OF ATTENDANCE.** Approximately 10% of all recertification applications will be audited annually, and those applicants who are audited will be expected to produce supporting documentation for their continuing education, in order for them to complete the recertification process. You will be notified if your application is audited.

**HOW TO OBTAIN APPROVED STATUS FOR TRAINING**

Approved Status may be sought prospectively or retrospectively (before or after the training occurs.) Certification Board approval for continuing education hours/events may be obtained in a variety of ways:

- A. Agencies may apply for and receive “Approved Provider Status”, and all training they offer are approved for a limited time, called **“the term”** of their provider status. Those agencies are listed on page 6; the dates of their terms are also listed. Make sure that any training you list on this recertification form, from agencies with Approved Provider Status, was provided **during the term listed.**
- B. The sponsoring agent: The individual, agency or institution sponsoring the training submits an application and fee to the Certification Board for a specific workshop or training event. The Board reviews the materials and, if appropriate, approves a set number of contact hours.
- C. By the trainer or faculty member: The person teaching the course or workshop submits an application and fee to the Certification Board. The Board reviews the materials and, if appropriate, approves a set number of contact hours.

D. By the individual attending the training: The individual attending the training submits an application and fee to the Certification Board. The Board reviews the materials and, if appropriate, approves a set number of contact hours. Training approved in this manner is only approved for the individual submitting the approval application. Others wishing to claim credit for the same workshop must submit their own forms and fees.

When three or more individuals wish to claim the same training event, it makes fiscal sense for them to ask the sponsoring agent or trainer to apply for approval. The cost is less and the workshop will be approved for all who attend.

Procedures and applications for these processes may be obtained from the Certification Board. In addition to agencies and institutions that have applied for approved provider status, the following groups have been given Approved Provider Status ex officio: NAADAC; ICRC/AODA member boards; WV Department of Health, Division on Alcoholism and Drug Abuse; WV Association of Social Workers. Please note on the documentation page which trainings have been approved by NADAAC or other ICRC member board. The WVCBAPP may not have that information. For further clarification of questions about your re-certification, you may consult wvcbapp.org and review re-certification sections in the manuals on-line or contact the Board office for assistance.

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**AFFIRMATION OF TRUTH:**

Please sign below to indicate that this application is truthful. Lying on this form is a violation of the Ethical Code of Conduct and may result in sanctions, suspensions or revocations of certification.

I affirm that the information contained in this application is true, and that I have attended all training and education listed. I adhere to the WVCBAPP Ethical Code of Conduct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT YOUR NAME HERE

Recertification Fee: \$150 PER CREDENTIAL  
\$200 for CAC-S or CCAC-S  
(Non- refundable)

## ***NEW*** POLICY ON LATE SUBMISSION OF RE-CERTIFICATION PACKET

### **LATE FEE:**

A late fee of \$75.00 is charged to any re-certification applicant if the application has not been postmarked by August 30th.

### **INACTIVE STATUS:**

Once a certified professional fails to submit the re-certification packet by August 30th of their recertification year, the credential is considered to be “inactive” and may not be used until re-certification is obtained. The individual may not identify him/herself as a Certified Addiction Counselor (CAC), Counselor in Service (CIS), Certified Clinical Addiction Counselor (CCAC), Certified Criminal Justice Professional (CCJP) or Certified Prevention Specialist (CPS) and must notify his/her employer of the inactive status of the credential in question. Since the Certified Clinical Supervisor (CCS) credential requires that the individual holds an active CAC credential, one’s CCS will also become inactive if the CAC or CCAC credential becomes inactive.

The individual can regain his/her credential up to 90 days past the expiration date by completing the re-certification process and paying all late fees (\$75.) After the 90 day period, your certification will be null and void and the individual will have to re-apply, complete all certification paperwork and take all tests in order to be re-credentialed.

# RECERTIFICATION APPLICATION

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
                    LAST                      MIDDLE                      FIRST                      Maiden or Nickname

PREFERRED ADDRESS: \_\_\_\_\_  
  STREET, P.O. BOX                      APT. NUMBER/SUITE  
\_\_\_\_\_  
  CITY                      STATE                      ZIP CODE

ALTERNATE ADDRESS: \_\_\_\_\_  
  STREET, P.O. BOX                      APT. NUMBER/SUITE  
\_\_\_\_\_  
  CITY                      STATE                      ZIP CODE

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS NAME OR AGENCY: \_\_\_\_\_

GENDER:    ( ) FEMALE                      ( ) MALE                      BIRTH DATE: \_\_\_\_\_

RACE: \_\_\_\_\_  
(OPTIONAL. USED FOR STATISTICAL PURPOSES ONLY)

ARE YOU IN PRIVATE PRACTICE? ( ) YES                      ( ) NO

HIGHEST ACADEMIC DEGREE: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_

LICENSES:    ( ) SOCIAL WORK                      ( ) COUNSELING                      ( ) MEDICINE  
                    ( ) PSYCHOLOGY                      ( ) NURSING  
                    ( ) OTHER \_\_\_\_\_

FIRST YEAR OF EMPLOYMENT IN THE ADDICTION FIELD: \_\_\_\_\_

- |  |  |
|--|--|
| <b>WHICH CREDENTIAL(S) ARE YOU <b>RECERTIFYING</b>?</b>          | <b>WHICH CREDENTIAL(S) DO YOU HOLD?</b>                          |
| ( ) Counselor In Service (CIS)                                   | ( ) Counselor In Service (CIS)                                   |
| ( ) Certified Addiction Counselor (CAC)                          | ( ) Certified Addiction Counselor (CAC)                          |
| ( ) Certified Addiction Counselor w/Supervisor (CAC-S)           | ( ) Certified Addiction Counselor w/Supervisor (CAC-S)           |
| ( ) Certified Clinical Addiction Counselor (CCAC)                | ( ) Certified Clinical Addiction Counselor (CCAC)                |
| ( ) Certified Clinical Addiction Counselor w/Supervisor (CCAC-S) | ( ) Certified Clinical Addiction Counselor w/Supervisor (CCAC-S) |
| ( ) Certified Criminal Justice Professional (CCJP)               | ( ) Certified Criminal Justice Professional (CCJP)               |
| ( ) Certified Prevention Specialist (CPS)                        | ( ) Certified Prevention Specialist (CPS)                        |

What is your certificate number? \_\_\_\_\_

# **WEST VIRGINIA CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS**

## **CURRENT APPROVED TRAININGS and APPROVED PROVIDERS**

### **I. APPROVED PROVIDERS**

(Training offered by these groups is automatically approved)

Please check the website for an updated listing of Approved Providers

### **II. APPROVED TRAININGS**

Please check the website for an updated listing of Approved Trainings.

### APPROVED CONTACT HOUR DOCUMENTATION

Only training that has been approved by the West Virginia Certification Board for Addiction and Prevention Professionals will be credited toward recertification. On the grid below, document your attendance at a minimum of 40 hours of approved training/education **which took place within the two year recertification period**. If you have applied for and received individual approval status for any training event, attach a copy of the letter of approval. One contact hour of training consists of at least 50 minutes of instruction. **LIST 6 HOURS OF ADDICTION-SPECIFIC TRAINING FIRST. For CAC-S and CCAC-S [Certified Clinical Supervisor (CCS)] LIST 6 HOURS OF SUPERVISION SPECIFIC TRAINING.**

Agencies and Institutions that have been given Approved Provider Status are listed on page 6. Also listed on page 6 are the trainings for which Board approval was obtained by the sponsor or trainer.

TITLE/TOPIC	DATE(S)	SPONSOR	CONTACT HOURS
<b><u>1.Addiction Specific</u></b>			
<b><u>1A. Supervision Specific</u> For CAC-S and CCAC-S (Certified Clinical Supervisor)</b>			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

FOR BOARD USE ONLY:

TOTAL HOURS VERIFIED: \_\_\_\_\_