**A | B | C | A | C**
PO Box 83165, Phoenix, AZ 85071
Telephone: (602) 402-7197 E-Mail: abcac@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 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. **Enclose your check or money order for recertification fees in the amount of $150.00, payable to "ABCAC.**

4. 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,

Brian T Reinhart
ABCAC Administrator

# A | B | C | A | C

**A**rizona **B**oard for **C**ertification of **A**ddiction **C**ounselors

# Application for Clinical Supervisor Recertification

ABCAC Certificate # _____

ICRC Certificate # _____

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

**DEMOGRAPHIC UPDATE**

Name _____
LAST FIRST MI

Entry Date in Field _____ Home Phone (_____) _____

Work Phone (_____) _____

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 CLINICAL SUPERVISION CONTINUING EDUCATION**

*The following continuing education was obtained during the period _____ to _____*

| **Course/Title** | **Presented by** | **Provider #** | **Hours** |
|---|---|---|---|
| **Ethics** | | | |
| **Cultural Diversity** | | | |
| | | | |
| **Clinical Supervision:** | | | |
| | | | |
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| **Approved Correspondence Course/Self Directed Study Courses** | | | |
| | | | |
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| | | | |
| | | | |
| | | | |

*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 CLINICAL SUPERVISION**

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

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

| **Service Area Presented in Training** | **Hours** |
|---|---|
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |
| | |
| **TOTAL HOURS** | |

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

*Signature of Supervisor* _____

*Print Name* _____

*Date* _____