



# Recertification Application

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*Recertification Application for all certified professionals.*

298 S. Progress Avenue, Harrisburg, PA 17109  
Phone: 804-741-2319 | Fax: 717-540-4458  
[www.vacertboard.org](http://www.vacertboard.org) | [info@vacertboard.org](mailto:info@vacertboard.org)

## RECERTIFICATION DIRECTIONS – READ DIRECTIONS CAREFULLY

*Prior to submitting your recertification application to VCB, please review the following list to be sure you have included all the necessary documentation.*

***Recertification application can be submitted no sooner than three (3) months prior to the credential's expiration date.***

- Completed application page. (Page 8)
- Completed education and training page. (Page 9) **Do not send copies of your certificates.**
- Recertification fee and any other applicable fees. (Page 10)

If there are any problems with the application, you will be notified by email. Keep a photocopy of the entire application for your records.

To check the status of your recertification application, you can use the Credential Search on the homepage of our website: [www.vacertboard.org](http://www.vacertboard.org). Simply enter your last name and click "Apply".

### **TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

**Mail:**

VCB  
298 S. Progress Avenue  
Harrisburg, PA 17109

**Email:**

[info@vacertboard.org](mailto:info@vacertboard.org)

*NOTE: Only PDFs are acceptable. VCB does not accept photos of applications.*

**Fax:**

717-540-4458

***Please allow 5-10 business days for review and processing of your recertification application.***

To confirm receipt of your application, or check on the status, you must email [info@vacertboard.org](mailto:info@vacertboard.org).

## RECERTIFICATION INFORMATION FOR ALL CREDENTIALS

1. Recertification record keeping is the responsibility of the certified professional. All recertification documents and application forms should be submitted together. Keep copies of everything submitted.
2. Education for recertification must be acquired no earlier than two years prior to the applicant's current expiration date.
3. Recertification is considered late if you are mailing it and it is postmarked after your expiration date. Recertification is considered late if you are submitting it electronically and it is after your expiration date. If recertification is not completed prior to the expiration date, it is considered lapsed.
4. Education not properly verified is not accepted. Proper verification (i.e. certificate, letter of attendance, transcript) must include date of training, number of hours attended, title of training, sponsoring organization, and your name.
5. Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, and college/university credit courses and distance learning/online courses.

### AUDITING

Documentation of continuing education is only required for recertification if a certified professional is randomly selected for review, or audit of their education hours. Audits occur twice per year (every March and September). Those selected for audit must submit documentation of the appropriate number of hours of education/training that they completed in the prior two-year period. Since the audit process is random, individuals may be selected for audit multiple times. Non-compliance with the required education/training for recertification is viewed as a breach of professional ethics.

***DO NOT SEND IN COPIES OF YOUR CERTIFICATES OF COMPLETION FOR TRAININGS WITH YOUR RECERTIFICATION APPLICATION. THESE WILL NOT BE REVIEWED AT THE TIME OF YOUR RECERTIFICATION AND WILL BE DISCARDED.***

### LAPSED CREDENTIAL

A credential is valid for a two-year period. If your credential lapses, you have 12 months from your expiration date to recertify. After 12 months, you must reapply for your credential(s) and complete all the requirements for initial certification. ***To renew a lapsed credential:*** complete the recertification application with the appropriate requirements and fee(s), plus the lapsed fee of \$100.

### FOR PROFESSIONALS HOLDING MULTIPLE VCB CERTIFICATIONS

If you have more than one credential, you pay the fee for your original credential plus \$50 each for all other credentials you are recertifying. If your additional credentials do not have the same expiration date as your primary credential, you will submit a second recertification application at the time they expire with the \$50 per credential recertification fee.

### NAME CHANGES

If, at any time, a professional needs to change their name, documentation must be mailed, emailed or faxed to VCB. Acceptable documentation includes copies of marriage license, divorce decrees, etc. Names on certificates cannot be changed until documentation is provided. Professionals can submit the request for a name change at any time.

## EXPIRATION DATE CHANGE

If you hold multiple VCB credentials, you can request to change the expiration date(s) and recertify your credentials at the same time. Recertification is made easier, as you are able to use the same education (if applicable) for all your credentials. This is optional. A written request along with the fee of \$25 per credential must be submitted with the recertification application of your primary certification.

## INACTIVE & EMERITUS STATUS

VCB has established an Inactive Status to allow certified professionals, who are experiencing extenuating circumstances, a means to put their certification on hold and avoid paying lapsed fees, retesting (if applicable) and the reapplication process. Inactive status is for certified professionals who expect to be inactive for a minimum of six months. ***Insufficient hours of continuing education will not be accepted as rationale for requesting Inactive Status.***

VCB has established an Emeritus Status for certified professionals who are retired from the work force but wish to maintain a connection to VCB.

Approval of each status is at the discretion of VCB. Applicants will be notified by VCB of the approval or denial via email approximately 7-10 business days after the request is received. For more information on Inactive and Emeritus Status, visit [www.vacertboard.org](http://www.vacertboard.org) and click on Recertification. More information is on the left side of the page.

## EDUCATION INFORMATION

1. You can use the same education for multiple credentials under the following conditions: they are in the correct two-year time frame (example if your credential was issued on 1/1/2017 and expires on 1/1/2019, you can use education after 1/1/2017) and it is relevant to the education requirements
2. College/University course: three college credits are equivalent to 45 hours. Additional hours need to be documented if the credit hours do not meet all of the education requirements for recertification.
3. Trainings, workshops, seminars, and conferences offered by professional associations, treatment providers, governmental agencies, etc.
4. VCB does not accept general staff meetings, supervision, staff rounds, or case management as education.
5. Distance learning/online courses/webinars are acceptable if they include a post-test. There is no limit to the number of distance learning/online courses that can be used.
6. Acceptable documentation of education must include the professional's name, title, date, number of hours and the organization.

## EDUCATION PROVIDED BY THE CERTIFIED PROFESSIONAL

A certified professional who provides education to other professionals may receive credit toward their own recertification.

1. The presenter will receive the same number of hours as the participant; and the presentation can be used for credit once in each recertification period, provided the training has received VCB Education Approval. Training provided by a certified professional must also be documented by sponsoring organization in the same manner as participant documentation (i.e. certificate, letter of participation).
2. Published work written by the certified professional and published by a professional publishing house may meet up to 10 hours of education. A copy of the published work must be submitted along with an education approval application.

## **INTERNATIONAL CERTIFICATES**

VCB will add a seal to your certificate indicating the International status of your certification. Original International Certificates are available for a fee directly from IC&RC at [www.internationalcredentialing.org](http://www.internationalcredentialing.org). The International Certificate provides recognition of your status as an internationally certified addiction professional. International Certificates are not available for the AAC, APS and CCHW.

## **RELEASE**

I hereby request that the Virginia Certification Board grant the credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the VCB Code of Ethical Conduct;

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by VCB to officers, members, and staff of the aforementioned Board;

I consent to authorize VCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;

Allegations of ethical misconduct reported to VCB before, during, or after application for certification is made will be investigated by VCB and could result in the nullification of the application or denial or revocation of certification.

## RECERTIFICATION REQUIREMENTS AND FEES

### ALL CREDENTIALS REQUIRE

1. VCB approval for all education
2. Education that has not been previously VCB Approved must be submitted using the Education Approval Form found on our website at [www.vacertboard.org](http://www.vacertboard.org).
3. VCB accepts education received outside of Virginia under the following conditions:
  - a. Appropriate documentation (certificate, letter of attendance, transcript) is provided.
  - b. If an out-of-state education was approved by an IC&RC member board of that state, no further VCB approval is necessary. Proof of the IC&RC member board approval must be submitted. If these conditions were not met, the certified professional must seek VCB education approval.
4. Three (3) hours in professional ethics and responsibilities as part of the total education hours. EXCEPT for the CPRS which requires six (6) hours in ethics. Acceptable trainings that would meet this requirement include but are not limited to: ethics related to human services, HIPAA, confidentiality, boundaries, mental health law and mandated child abuse reporting.

COUNSELOR		
Name	Fee	Education Requirement
AAC	\$75	40 hours relevant to substance use including 3 hours in ethics
CADC	\$150	40 hours relevant to substance use including 3 hours in ethics
CAADC	\$150	40 hours relevant to substance use including 3 hours in ethics
CCJP	\$150	40 hours relevant to substance use including 3 hours in ethics
CCDP	\$150	40 hours relevant to co-occurring disorders including 3 hours in ethics

CLINICAL SUPERVISOR		
Name	Fee	Education Requirement
CCS	\$150	6 hours relevant to clinical supervision

PREVENTION		
Name	Fee	Education Requirement
APS	\$75	40 hours relevant to prevention including 3 hours in ethics
CPS	\$150	40 hours relevant to prevention including 3 hours in ethics

PEER SUPPORT & COMMUNITY HEALTH		
Name	Fee	Education Requirement
CPRS	\$75	20 hours of peer support specific education, including 6 hours in ethics. A maximum of 6 hours of WRAP training may be submitted.
CCHW	\$75	30 hours relevant to community health including 3 hours in ethics

# RECERTIFICATION APPLICATION: FOR ALL CREDENTIALS

Form can be completed and saved. You may then print the appropriate pages to submit to VCB.

## TYPE OR PRINT LEGIBLY

### VCB CERTIFICATION(S) I AM RECERTIFYING (CHECK ALL THAT APPLY):

**Counselor:**  AAC  CADAC  CAADC  CCJP  CCDP

**Clinical Supervisor:**  CCS

**Prevention:**  APS  CPS

**Peer Support & Community Health:**  CPRS  CCHW

Date: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  Self-identify \_\_\_\_\_

Name: \_\_\_\_\_ SSN: (last four) \_\_\_\_\_

*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **EMPLOYMENT INFORMATION** *Note: you do not need to be employed to recertify.*

Position/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

1. Have you ever received any disciplinary action from another certification or licensing authority since your last recertification?  Yes  No *If yes, provide full details on a separate sheet.*
2. Have you read and understood the VCB Code of Ethical Conduct?  Yes  No  
*The Code of Ethical Conduct is located at [www.vacertboard.org](http://www.vacertboard.org), and click on Ethics.*
3. Have you read and understood the Release?  Yes  No *Located on page 5 of this application.*
4. Have you read and understood the Auditing process (page 3)?  Yes  No

**Military Experience:**  Not Applicable  Active  Veteran

**Ethnicity:**  American Indian or Alaska Native  Asian  Black or African American  Caucasian  
 Hispanic  Latino  Native Hawaiian or Other Pacific Islander  Not specified: \_\_\_\_\_

**What are your employment plans for the next two years?**  Increase Hours  Decrease Hours  
 No Change  Seek Advancement  Retire  Move to a different career  Unknown

## EDUCATION & TRAINING

Candidates for recertification must list below all trainings attended in the two-year recertification period. Recertification applications will not be approved without completion of the list. Photocopy this page if more room is needed. If the organization or state agency from whom you received your trainings provide transcripts that lists your name, dates of trainings, titles and number of hours, you may submit that documentation in lieu of this form.

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

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Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL NUMBER OF HOURS:** \_\_\_\_\_

I have attended all trainings listed above and will provide documentation of attendance if audited.

\_\_\_\_\_  
Applicant Signature



# RECERTIFICATION PAYMENT INFORMATION

**Payment in full must be made before recertification of a credential will be approved.**

**To determine your fee when you have multiple credentials:** look at your VCB certificates and find your issue date. The credential you earned first, is your primary credential. Find the fee for that credential below. You will pay that fee, plus \$50.

## FEE CHECKLIST

Has your certification(s) lapsed?  Yes  No

*If yes, fill in an additional \$100 lapsed fee in the space provided below.*

Recertification of primary credential: \$ \_\_\_\_\_

*(See Credentials table to the right for fee.)*

Recertification of additional credential: \$ \_\_\_\_\_

*(\$50/additional credential if applicable.)*

Lapsed \$100 fee: \$ \_\_\_\_\_

*(If you checked yes to the above question, fill in the fee here.)*

Expiration Date Change: \$ \_\_\_\_\_

*(\$25/per credential if applicable.)*

**TOTAL:** \$ \_\_\_\_\_

CREDENTIALS	
AAC	\$75
CADC	\$150
CAADC	\$150
CCJP	\$150
CCDP	\$150
CCS	\$150
APS	\$75
CPS	\$150
CPRS	\$75

**Payment (check one):**  Check  Money Order  VISA  MasterCard  Discover  American Express  
*Checks & Money Orders made payable to VCB*

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email address for receipt *(if paying by credit card only):* \_\_\_\_\_

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