



Idaho Board of Alcohol/Drug Counselor Certification, INC.

**CCS RENEWAL INVOICE**

**Name** \_\_\_\_\_  
(To request a name change, please see Sec I, number 6 of the CCS manual)

**CCS Certification ..... \$80.00**

*\*This includes your IC&RC, membership update. If you required the printed IC&RC certificate, please contact IC&RC for order information.*

**Please Note: All completed paperwork must be turned-in to our office or postmarked by the expiration date of your certification.**

**CCS Certification Grace Period Fee ..... \$25.00**

*Please Note: Only required if submitting paperwork after your expiration date. You will have a 30 day grace period before your certification will be considered lapsed. If your renewal is postmarked or returned after your expiration date without this grace period fee, it will not be processed.*

**CCS Lapsed Certificate Fee ..... \$100.00**

*Please Note: Certification at any level that have been expired no more than six (6) months may be renewed, if the individual seeking recertification is in good standing with IBADCC, has abided by the IBADCC Code of Ethics, and completes the following procedure:*

*Return completed renewal paperwork for recertification with a check for \$180. (\$80 regular fee and \$100 lapsed certificate processing fee)*

**AMOUNT SUBMITTED FOR PAYMENT \$ \_\_\_\_\_**

Documents required to be completed for renewal of your certification (**no faxes or photocopies accepted**):

- 1) CCS Renewal Invoice
- 2) Check payable to IBADCC for above amount
- 3) Certification File Update (MUST be signed)
- 4) DOCUMENTATION of EDUCATION Requirements
- 5) Supporting documentation for Continuing Education Hours

**THANK YOU!**

- ❖ *Continuing Education hours must be approved by the board to renew certification.*
- ❖ *It is the responsibility of the certificate holder to maintain record of renewal packages.*



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The CCS certification renewal requirements are 15 hours of continuing education every two years. These hours can be broken down into 7.5 CEUs per year or 15 CEUs in one year.

- a. Education must be specific to Clinical Supervision.
- b. Education must be related to the knowledge and skills necessary to perform the task within the Performance Domains.
- c. Continuing education hours must be documented and attendance verified with a signed certificate of attendance that includes number of hours earned, and/or a letter verifying attendance, and/or a letter of verification signed by your supervisor. ALL education must be approved by IBADCC. College courses must be documented with a transcript. Please highlight, on your transcript, courses used on the "Documentation of Educational Requirements" sheet. (Workshops or seminars approved by IC&RC, NAADAC, State of Idaho Dept of Health and Welfare, NASW and NBCC are acceptable.)
- d. CCS must maintain a current CADC certification each year.
- e. Four (4) hours of ethics training MUST be accounted for within the 15 CEUs.

**Note:** Your renewal forms need to be returned to the office by your expiration date. Please allow 4 – 5 weeks processing upon receipt of your packet.

You **MUST** completely fill out all pages of the paperwork, along with your education supporting documentation. No faxes or photocopies accepted.

Return to IBADCC with a check in the proper amount

**IBADCC  
PO BOX 1548  
Meridian, ID 83680**

Renewal Fee for Certification \$80.00



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**CERTIFICATION FILE UPDATE**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

E-MAIL ADDRESS: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Do you have membership, certification, and licensure in any other field, organization, or state? If so, please list below: \_\_\_\_\_

\_\_\_\_\_

Please indicate your highest level of completed education:

\_\_\_ High School \_\_\_ Associate's \_\_\_ Bachelor's \_\_\_ Master's \_\_\_ Doctorate

Since your last certification renewal have you been charged or convicted of any crime (felony or misdemeanor)? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please attach an explanation.

Social Security number: \_\_\_\_\_ or provide a copy of your state issued ID (driver's license, etc.)

Please note: as stated on page 3 of the Code of Ethics –  
"All final ethics violations will be posted on the IBADCC website for public disclosure."

\_\_\_\_\_  
Signature (must be original)

\_\_\_\_\_  
Date



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**DOCUMENTATION OF EDUCATIONAL REQUIREMENTS**

*CERTIFIED CLINICAL SUPERVISOR (CCS) RE-CERTIFICATION*

All education must fall under the (4) Performance Domains as identified by the IC&RC. Please list your education under the Performance Domain that best fits the course taken.

	Course Title	Instructor	Hours
Assessment & Evaluation			
Counselor Development			
Management & Administration			
Professional Responsibility			
Ethics (4 hours required annually)			
<b>CURRENT EDUCATION HOURS</b>			
<b>ITEM 1 (Please total the hours listed above):</b>			

<b>Total hours for the Education Committee to consider</b>	
<p><b>I verify that these hours are an accurate reflection of the continuing education I have received.</b></p> <p style="text-align: center;">Signature _____ (must be original)</p>	

**Please Note:**

- All Counselors must have four (4) hours of Ethics Continuing Education every two years as part of the 15 hours required.
- This form will **NOT** be reviewed without attached documentation verifying your attendance in coursework claimed.
- This form must be completed for renewal package to be reviewed by the education committee, who meet every four to six weeks. **ONLY** hours documented on this form will be considered for this renewal or for carryover hour credits for your next renewal.
- **No faxes or photocopies of pages 1 through 5 will be accepted.**