

CPRC Renewal Changes

Please Note:

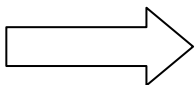
- The first renewal from one year to two years all CPRC must have three (3) hours of continuing education in Ethical Responsibility, out of the required ten (10) hours. All two year CPRC renewals must have six (6) hours of continuing education in Ethical Responsibility, out of the required twenty (20) hours.

As of January 1st, 2017 ethical responsibilities must be face to face.

Face to face education is defined as in person with an instructor or through an electronic medium that allows for real-time interactivity with the instructor (s) as the educational content is presented.

The ethical responsibility hours cannot be an in house in-service training.

- These forms will **NOT** be reviewed without attached documentation verifying your attendance in coursework claimed.
- These forms must be completed for the 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 10 will be accepted. Education Certificates can be copies.**

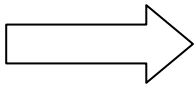


Please Initial to Acknowledge Changes: _____



Idaho Board of Alcohol/Drug Counselor Certification, INC.

CPRC RENEWAL INVOICE



Name _____

(To request a name change, please see Sec I, number 7 of the CPRC manual)

CPRC Certification \$108.00

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

CPRC 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. (\$133)*

CPRC 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 counselor 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 \$208. (\$108 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 of pages 1 – 10 accepted, Education Certificates can be copied**):

- 1) CPRC Renewal Changes
- 2) CPRC Renewal Invoice
- 3) Check payable to IBADCC for above amount
- 4) Documentation of Education Requirements
- 5) Supporting documentation for Continuing Education Hours
- 6) Certification File Update (MUST be signed)
- 7) Documentation of 96 hours of Supervised work experience
- 8) Documentation of Clinical Supervision hours
- 9) Copies of any Waiver Granted or Denied letters if a new background check has been required during the past year.
- 10) Recovery Attestation Statement

THANK YOU!

- *Continuing Education hours are subject to approval by the Education Committee to renew certification.*
- *It is the responsibility of the certificate holder to maintain record of renewal packages.*



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Continuing Education Guidelines

The continuing education requirements for CPRC certification are **20 hours**. The first renewal from one year to two year certification requires only **10 hours** of continuing education. One (1) credit hour in academic setting equals 15 clock hours. The education submitted must meet the following requirements.

A. Education must be related to the knowledge and skills necessary to perform the tasks within each performance domain. **No more than 50% of all CEUs can be attained online, 50% must be face to face**, defined as in person with instructor or through an electronic medium that allows for real-time interaction with the instructor(s) as the educational content is presented.

B. Continuing education hours must be documented and attendance verified with a signed certificate of attendance that includes:

1. Number of hours earned
2. And/or a letter verifying attendance
3. 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.)**

C. 6 of the 20 hours required for each two year renewal must be Ethical Responsibilities.

As of January 1st, 2017 professional and ethical responsibilities must be face to face (as defined above) and cannot be an in house in-service training.

D. No more than **ten (10) hours in-service** (five (5) hours for the first renewal from one year to two year certification) training is acceptable. In-service training is the education and training which occurs within the coach's agency, only for agency staff and conducted only by agency staff. Documentation must include a certificate of completion.

E. Documentation must be provided for a minimum of 96 hours of supervision (average of four hours per month) within the CPRC domains.

DOCUMENTATION OF EDUCATIONAL REQUIREMENTS

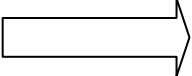
Certified Peer Recovery Coach RECERTIFICATION

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. **If the course title does not contain the words drug and/or alcohol, please send further documentation on course content, i.e. syllabus, college manual contents, etc. verifying that it is related to alcohol/drug education.** If you are using transcripts for documentation of education, please highlight on the transcript the courses listed on this page.

ONLY HOURS DOCUMENTED HERE WILL BE CONSIDERED.				
	(Must have certificates of completion or transcript.)			
<i>Domain</i>	<i>Course Title</i>	<i>Institution</i>	<i>Instructor</i>	<i>Hours</i>
<i>Advocacy</i>				
<i>Mentoring & Education</i>				
<i>Recovery Wellness/Support</i>				
<i>Ethical Responsibility</i>				



Idaho Board of Alcohol/Drug Counselor Certification, INC.

1. Current Education Hours Please total the hours listed above:	
2. Carryover Education Hours Please list hours approved for carryover):	
Total Hours for the Education Committee to consider (Add Item 1 and Item 2):	
I verify that these hours are an accurate reflection of the continuing education that I received.	
 Signature _____ (Must be original)	

***Institution should be one of the following IC&RC, NAADAC, State of Idaho Health & Welfare, NASW, NBCC or an accredited college or university.**

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, and include your education supporting documentation. No faxes or photocopies of pages 1-9 accepted.

Return to IBADCC with a check or money order in the proper amount

IBADCC
PO Box 1548
Meridian, ID 83680

Renewal Fee for Certification **\$108**



Idaho Board of Alcohol/Drug Counselor Certification, INC.

CERTIFICATION FILE UPDATE

Complete even if you have no changes

NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

1. Do you have membership, certification, and licensure in any other field, organization, or state? If so, please list: _____

2. Please indicate your highest level of completed education:

___ High School ___ Associate's ___ Bachelor's ___ Master's ___ Doctorate

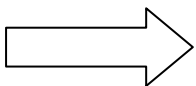
3. Since your last certification renewal have you been charged or convicted of any crime (felony or misdemeanor)? No _____ Yes _____

***If yes, please attach an explanation.**

4. Since your last certification renewal, have you been required to obtain a background check and given a new Waiver Granted or Waiver Denied letter?

No _____ Yes _____ (If yes, please attach a copy of the new Waiver letter. If a Waiver Denied letter has been issued, this may impact the individual's ability to maintain their CPRC certification.)

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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Clinical Supervision Documentation

A. Documentation must be provided for a minimum of 96 hours of supervision (average of four hours per month) within the CPRC domains. All hours must be signed off by:

a) A CADC or ACADC who has completed 46 hours of Peer Recovery Coach training

OR

b) An individual who has completed 46 hours of Peer Recovery Coach training and has a minimum of two years paid or volunteer work experience in the four CPRC domains

OR

c) Any individual who is currently an approved IBADCC Recovery Coach supervisor (See approved Recovery Coach supervisor's list at ibadcc.org)

OR

d) an approved Health and Welfare Clinical Supervisor (QP) under IDAPA 16.07.20.02 who has completed 46 hours of Peer Recovery Coach training



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Verification of 96 hours supervised work within the 4 CPRC Domains

Employer: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: _____

Applicant _____

Position Held _____

Responsibilities _____

Dates of Employment _____ To _____

Total Hours _____

Please note: If work experience has been limited to alcohol only or drug abuses only, please indicate this in the total hours space.

Name of Immediate Supervisor _____

Signature of Supervisor _____

(must be original)

Date _____

Please Note: If verification by more than one supervisor is required to meet the 96 hours, please make additional copies of this form.



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Clinical Supervision Verification

CPRC: _____ Date: _____

Clinical Supervisor: _____ Certification #: _____

TOTAL - Individual supervision hour's to-date: _____

TOTAL - Group supervision hour's to-date: _____

TOTAL - Supervision hour's to-date: _____
(Individual and Group hours)

Please Note: *a minimum of one-third of the total number of hours shall be dedicated to individual time with the supervisor, and the remaining two-thirds of the total hours can be conducted in group setting and shall include discussion of problem cases.*

Areas identified by clinical supervisor for professional development in 4 CPRC Domains:

Identified plan for professional development:

Applicant Signature (must be original)

Date

Supervisor's Signature (must be original)

Date

Title

Agency

PLEASE NOTE: *The CPRC CANNOT and SHOULD NOT perform any functions outside of the 4 CPRC Domains.*



Recovery Attestation Statement

By signing this document, I am publicly disclosing myself as someone who has been in continuous personal recovery for _____ years immediately preceding this renewal. I understand that I am required to have a minimum period of two (2) years of continuous recovery to apply for renewal for the CPRC certification. Continuous personal recovery means:

- 1. I have not used any illegal drugs.
- 2. I have not used any physician prescribed medication in a non-prescribed way.
- 3. I have not used any over the counter medication except for its intended use.
- 4. I have abstained from all use of alcohol.

Print Name _____ **Date** _____

Signature _____ **Date** _____
(must be original)