



Idaho Board of Alcohol/Drug Counselor Certification, INC.

CPS Renewal Changes

Please Note:

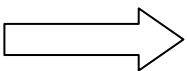
- The first renewal from one year to two year all counselors must have two (2) hours of Ethics Continuing Education as a part of the 20 hours required. All two year renewals require counselors have four (4) hours of Ethics Continuing Education each year as part of the 40 hours required.
After your first 2-year renewal NO CEU hours will be allowed for carryover.

As of January 1st, 2017 ethics or professional growth and responsibility 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 ethics or professional growth and 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 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 6 will be accepted. Education Certificates can be copies.**

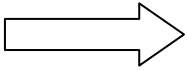


Please Initial to Acknowledge Changes: _____



Idaho Board of Alcohol/Drug Counselor Certification, INC.

CPS RENEWAL INVOICE



Name: _____
(To request a name change, please see Sec I, number 6 of the CPS manual)

CPS Certification **\$90.00**

**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.

CPS 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.(\$115)

CPS 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 certification is in good standing with IBADCC, has abided by IBADCC Code of Ethics, and completes the following procedure:

Return completed renewal paperwork for recertification with a check for \$190. (\$90 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 to 6 accepted, Education Certificates can be copied**):

- 1) CPS Renewal Changes
- 2) CPS 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)

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.



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Continuing Education Guidelines

The continuing education requirements for CPS certification are **40 hours**. The first renewal from one year to two year certification requires **20 hours** of continuing education. One (1) credit hour in an 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 interactivity 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. **4 hours of the 40 hours required each two-year renewal must be Ethics or Professional Growth and Responsibility.** However, for the first renewal only, 2 hours of the 20 hours required must be ethics or professional growth and responsibility.
As of January 1st, 2017 ethics or professional growth and responsibility must be face to face (as defined above) and cannot be an in house in-service.
- 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 counselor's agency, only for agency staff and conducted only by agency staff. Documentation must include a certificate of completion.
- e. Education presented by the candidate does not count towards continuing education hours.



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DOCUMENTATION OF EDUCATIONAL REQUIREMENTS


CERTIFIED PREVENTION SPECIALIST (CPS) RE-CERTIFICATION

All education must fall under six (6) Performance Domains as identified by IC&RC. Please list your education under the Performance Domain that best fits the course taken.

| ONLY HOURS DOCUMENTED HERE WILL BE CONSIDERED. (Must have certificates of completion or transcript.) | | | | |
|---|--|---------------|-----------------------------------|------------|
| Domain | Course Title | Institution | Instructor | Hours |
| <i>Example: Ethics</i> | <i>Ethics for Prevention Specialists</i> | <i>NAADAC</i> | <i>Jan Smith, PhD., ACADC</i> | <i>2.0</i> |
| Planning & Evaluation | | | | |
| Prevention Education & Service Delivery | | | | |
| Fiscal Accountability | | | | |
| Communication | | | | |
| Community Organization | | | | |
| Public Policy & Environmental Change | | | | |
| Professional Growth & Development (Ethics) | | | | |
| | | | | |
| | | | | |



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| | |
|---|--|
| <p>1. Current Education Hours (Please total the hours listed above):</p> | |
| <p>2. Carryover Education Hours Enter carry over from previous period. Please note there will be no carryover hours in the two year renewal period</p> | |
| <p>Total Hours for the Education Committee to consider (Add Item 1 and Item 2):</p> | |
| <p>I verify that these hours are an accurate reflection of the continuing education that I received.</p> <p> Signature _____ (Must be original)</p> | |

***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, along with your education supporting documentation. No faxes or photocopies accepted for pages 1-6. Education certificates can be copies.

Return to IBADCC with a check in the proper amount

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

Renewal Fee for Certification **\$90.00**



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CERTIFICATION FILE UPDATE

(Please note: even if you do not have a file change, fill out questions and sign below.)

NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

CURRENT EMPLOYER: _____

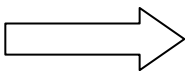
EMPLOYER ADDRESS: _____

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

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.**

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**