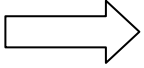


CPS RENEWAL INVOICE



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 \$ _____

Please make check or money order payable to IBADCC. Electronic or debit/credit card payments are not available.

It is the responsibility of the certificate holder to maintain record of renewal packages.

Send payment and renewal paperwork to:
IBADCC
P.O. Box 1548
Meridian, ID 83680

Instructions:

Documents **REQUIRED** to be completed for renewal of your certification (**no faxes or photocopies of pages 1 to 5 are accepted, education certificates can be copied**).

- Page 1: Name & amount filled in, check or money order payable to IBADCC (no credit/debit card payments)
- Page 3: must be filled out completely
- Page 4: total training hours entered and signed. Documentation should follow this page (copies are acceptable)
- Page 5: Sign and complete even if there are no changes in your information

Continuing Education Guidelines:

- The continuing education requirement for CPS certification is **40 hours**.
- **Of those 40 hours, 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.
- **Four hours must be Ethics. These hours must be obtained face responsibility must be face to face (as defined above) and cannot be an in house in-service.**
- No more than **ten hours in-service** (five 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.
- All education providers must be on the IBADCC approved list at the time the education is recorded: IBADCC, IC&RC, State of Idaho Department of Health and Welfare, Idaho Bureau of Occupational Licenses, NAADAC, NASW, NBCC, an accredited college/university, or the substance abuse certifying board in any other state.
- Education must be related to the knowledge and skills necessary to perform the tasks within each performance domain.
- Education presented by the candidate does not count towards continuing education hours.
- 1 hour of college credit equals 15 hours of CEUs.
- 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

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. Certificates or official transcripts must be included with this form.

Domain	Course Number & Title	Institution	Instructor	Face to Face?	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					
Communication					
Community Organization					
Public Policy & Environmental Change					
Professional Growth & Development (Ethics)					

See next page for additional space



Idaho Board of Alcohol/Drug Counselor Certification, INC.

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.**

I acknowledge that I have read the CPS Code of Ethics posted at www.ibadcc.org and understand that all final ethics violations will be posted on the IBADCC website for public disclosure.



Signature (must be original)

Date