



Idaho Board of Alcohol/Drug Counselor Certification, INC.

ISAS Renewal Changes

Please Note:

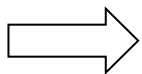
- All ISAS renewals require counselors have four (4) hours of Ethics Continuing Education each renewal as part of the 60 hours required.

As of January 1st, 2017 ethics 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 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.
- **No faxes or photocopies of pages 1 through 9 will be accepted.**

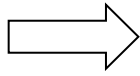


Please Initial to Acknowledge Changes: _____



Idaho Board of Alcohol/Drug Counselor Certification, INC.

ISAS RENEWAL INVOICE



Name _____

(To request a name change, please see Sec I, number 6 of the ISAS manual)

ISAS Certification **\$135.00**

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

ISAS 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.(\$160)

ISAS 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 \$235. (\$135 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 for pages 1 - 9**):

- 1) ISAS Renewal Changes
- 2) ISAS 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 1600 of Supervised work experience
- 8) Documentation of Clinical Supervision hours

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 ISAS certification are **60 hours**. 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.**) **If you are in doubt whether a course will apply, please contact IBADCC for verification BEFORE you take the course.**

- c. **4 hours of the 60 hours required each renewal must be Ethics. As of January 1st, 2017 ethics 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** 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

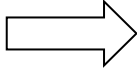
IDAHO STUDENT OF ADDICTION STUDIES (ISAS) RECERTIFICATION

All education must fall under the (5) Performance Domains as identified by the IC&RC. Please list your education under the Performance Domain that best fits the course taken. 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.)				
Domain	Course Title	Institution	Instructor	Hours
<i>Example: Ethics</i>	<i>Ethics for Alcohol/Drug Counselors</i>	<i>NAADAC</i>	<i>Jan Smith, PhD., ACADC</i>	<i>2.0</i>
Assessment				
Counseling				
Case Management				
Education				
Professional Responsibility				
Ethics				



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Current Education Hours Item 1 (Please total the hours listed above):	
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 accepted.

Return to IBADCC with a check in the proper amount

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

Renewal Fee for Recertification **\$135.00**



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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: _____

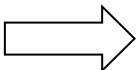
2. Please indicate your highest level of completed education:

___ 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



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Clinical Supervision Documentation

A. Provide documentation of 1600 hours of direct work experience with AODA clients within the 12 Core Functions, unless enrolled full time in an academic program leading to a degree in the Behavioral Sciences (i.e. Sociology, Social Work, Psychology, Social Science, Counseling, and Addiction Studies programs). Work experience is defined as supervised work experience, paid or voluntary.

1. Full or part time work experience, paid or voluntary.
2. Practicum can be used as a part of the work experience.
3. Attendance at A.A., N.A., etc. is not applicable toward work experience.

B. Documentation of Clinical Supervision within the 12 core functions for a total of 240 hours. The 240 hours being part of the required 1600 hours of work experience. **Please note** that the supervisor **MUST** meet one of the following requirements and **MUST** provide documentation of qualifications:

1. a **CADC** who has been certified for 3 years and has completed **15 hours of training** in supervision
- OR** 2. an **ACADC**
- OR** 3. a **CCS**
- OR** 4. a person with a **Master's degree and license** in addictions counseling or **Master's degree and certification** in addictions counseling
- OR** 5. an approved Health & Welfare **Clinical Supervisor (QP)** under IDAPA 16.07.20.02



IBADCC

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Verification of 1600 hours supervised work within the 12 Core Functions

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 1600 hours, please make additional copies of this form.



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Clinical Supervision Verification

ISAS: _____ 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. (240 hours)

Areas identified by clinical supervisor for professional development in 12 Core Functions:

Identified plan for professional development:

Applicant Signature (must be original)

Date

Supervisor's Signature (must be original)

Date

Title

Agency

PLEASE NOTE: The Idaho Student of Addiction Studies CANNOT perform any of the 12 Core Functions independently (unobserved) until the clinical supervisor ascertains the competency of the trainee. Documentation of this competency must be noted on this form and retained in trainee's file.