



# Recertification Application

## Auditing Process

298 S. Progress Avenue Harrisburg, PA 17109  
Phone: 717 540 4456

[www.decortboard.org](http://www.decortboard.org) | [info@decortboard.org](mailto:info@decortboard.org)

## AUDITING

Recertification through DCB is an auditing process whereby only those individuals randomly selected will be required to submit documentation of the required recertification training/education hours. DCB will randomly audit 25% of those currently certified in each credential to verify completion of continuing education/training. Certified professionals chosen to be audited will be asked to submit documentation of continuing education/training completed in the appropriate accrual period. The documents must be submitted within 30 days of the date the written request is mailed to the certified professional.

Audits will occur twice per year (every January and July). Those selected for audit must submit documentation of the appropriate number of hours of education/training that they completed in the prior two-year period. Since the audit process is random, individuals may be selected for audit multiple times.

Non-compliance with the required education/training for recertification is viewed as a breach of professional ethics. All those selected for audits who have not received the required education/training within the necessary timeframe will experience the following actions:

1. DCB credential will be immediately suspended the day following the 30-day deadline for submitting documentation of recertification of their credential;
2. The issue of non-compliance directly violates DCB Code of Rule 5.3 under "Professional Standards";
3. Completing all of the requirements for recertification of credentials is a condition of certification. The credential will remain suspended until such time as the certified professional addresses the ethics violation to the satisfaction of the DCB Ethics Committee and seeks reinstatement of said credential. Suspensions for non-compliance with the audited recertification process are a matter of public record and will remain on the candidates' certification history and, as a result, can be accessed by the general public from the DCB website.

Reinstatement includes: the audited candidate submitting the required education/training and the reinstatement fee.

***DO NOT SEND IN COPIES OF YOUR CERTIFICATES OF COMPLETION FOR TRAININGS WITH YOUR RECERTIFICATION APPLICATION. These will not be reviewed at the time of your recertification.***

***DCB APPROVAL IS REQUIRED FOR ALL EDUCATION FOR RECERTIFICATION, INCLUDING COLLEGE COURSES. If you are not sure if a course or training has been previously approved, you may email [info@decertboard.org](mailto:info@decertboard.org).***

***ONLY PAGES 6-8 NEED TO BE SUBMITTED TO DCB. Please keep all other pages on file for your reference.***

**TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

**Mail:** DCB | 298 S. Progress Avenue | Harrisburg, PA 17109

**Email:** [info@decertboard.org](mailto:info@decertboard.org)

***Allow 5-10 business days for review and processing of your recertification.***

To confirm receipt of your application, or check on the status you must email [info@decertboard.org](mailto:info@decertboard.org).

## REQUIREMENTS AND FEES

All credentials require:

1. *Three hours in DCB approved professional ethics and responsibilities as part of the total hours.* Acceptable trainings that would meet this requirement include but are not limited to: ethics related to human services, HIPPA, confidentiality, boundaries, mental health law and mandated child abuse reporting.
2. DCB Approval for all continuing education.

COUNSELOR		
Name	Fee	Education Requirement
CADC	\$150	40 hours relevant to addiction
CAADC	\$150	40 hours relevant to addiction

CLINICAL SUPERVISOR		
Name	Fee	Education Requirement
CCS	\$150	6 hours relevant to clinical supervision

CO-OCCURRING DISORDERS		
Name	Fee	Education Requirement
CCDP	\$150	40 hours relevant to co-occurring disorders
CCDP Diplomate	\$150	40 hours relevant to co-occurring disorders

PREVENTION		
Name	Fee	Education Requirement
CPS	\$150	40 hours relevant to prevention

OTHER CREDENTIALS		
Name	Fee	Education Requirement
CPRS	\$100	20 hours of relevant education, including six hours in ethics
CSPS	\$50	20 hours of education/training of which two hours must be on the Role of the Peer Specialist; two hours in Recovery; three hours in Ethics/Boundaries; remaining 13 hours should be relative to peer support services and/or supervision or peers; 4 co-supervision meetings are also required during the two year recertification cycle.

**If you have more than one credential, you pay the fee above for your original credential plus \$50 each for all other credentials you are recertifying. If your additional credentials do not have the same expiration date as your primary credential, you will submit a second recertification application at the time they expire with the \$50 per credential recertification fee.**

## **RELEASE**

**This Release is for information purposes only. You do not need to have the application notarized. You will be asked to check a box acknowledging that you read and understood this section on page 8. DO NOT submit a copy of this with your application.**

I hereby request that the Delaware Certification Board grant the credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the DCB Code of Ethical Conduct;

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by DCB to officers, members, and staff of the aforementioned Board;

I consent to authorize DCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;

Allegations of ethical misconduct reported to DCB before, during, or after application for certification is made will be investigated by DCB and could result in the nullification of the application or denial or revocation of certification.

## **GENERAL INFORMATION**

1. Recertification record keeping is the responsibility of the certified professional. All recertification documents and application forms should be submitted together. Keep copies of everything submitted.
2. Education for recertification must have been acquired no earlier than two years prior to the applicant's current expiration date.
3. Recertification is considered late if you are mailing it and it is postmarked after your expiration date. Recertification is considered late if you are submitting it electronically and it is after your expiration date. If recertification is not completed prior to the expiration date, it is considered expired.
4. Education not properly verified is not accepted. Proper verification (i.e. certificate, letter of attendance, transcript) must include date of training, number of hours attended, title of training, sponsoring organization, and your name.
5. Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, and college/university credit courses and distance learning/online courses.

## **EDUCATION INFORMATION**

1. Education that has not been previously DCB Approved must be submitted using the Education Approval Form found on our website at [www.decrtboard.org](http://www.decrtboard.org).
2. College/University course: Three college credits are equivalent to 45 hours.
3. Trainings, workshops, seminars, and conferences offered by professional associations, treatment providers, governmental agencies, etc.
4. DCB does not accept general staff meetings, supervision, staff rounds, or case management as education.

5. Distance learning/online courses are acceptable. There is no limit to the number of distance learning/online courses that can be used.
6. DCB accepts education received outside of Delaware under the following conditions:
  - a. Appropriate documentation (certificate, letter of attendance, transcript) is provided.
  - b. If an out-of-state educational event was approved by an IC&RC member board of that state, no further DCB approval is necessary. Proof of the IC&RC member board approval must be submitted. If these conditions were not met, the certified professional must seek DCB education approval of the training.

## **EDUCATION PROVIDED BY THE CERTIFIED PROFESSIONAL**

A certified professional who provides education to others may receive credit toward their own recertification.

1. The presenter will receive the same number of hours as the participant; and the presentation can be used for credit once in each recertification period, provided the training has received DCB Education Approval. Training provided by a certified professional must also be documented by sponsoring organization/college in the same manner as participant documentation (i.e. certificate, letter of participation).
2. Published work written by the certified professional and published by a professional publishing house may meet up to 10 hours of education. A copy of the published work must be submitted along with an education approval application.

## **EXPIRATION DATE CHANGE**

If you hold multiple DCB credentials, you can request to change the expiration date(s) and recertify your credentials at the same time. Recertification is made easier, as you are able to use the same education (if applicable) for all your credentials. This is optional. A written request along with the fee of \$25 per credential must be submitted with the recertification application of your primary certification.

## **LAPSED CREDENTIAL**

A credential is valid for a two year period. If your credential lapses, you have 12 months from your expiration date to recertify. After 12 months, you must reapply for your credential(s) and complete all the requirements for initial certification. **To renew a lapsed credential:** complete the recertification application with the appropriate requirements and fee(s), plus the reinstatement fee of \$100.

## **NAME CHANGES**

If, at any time, a professional needs to change their name documentation must be mailed or faxed to the DCB Office. Acceptable documentation includes copies of marriage license, divorce decrees, etc. Names on certificates cannot be changed until documentation is provided. Professionals can submit the request for a name change at any time.

## **INTERNATIONAL CERTIFICATES**

International certificates are no longer issued automatically and free of charge to reciprocal level credentialed professionals. Instead, DCB will add a seal to your certificate indicating the International status of your certification. Original International Certificates are available for a nominal fee directly from IC&RC. The International Certificate provides recognition of your status as an internationally certified addiction professional. International Certification for counselors is required by the Federal Department of Transportation (DOT) for recognition as a Substance Abuse Professional (SAP).

## RECERTIFICATION APPLICATION

Form can be completed and saved. You may then print the appropriate pages to submit to DCB.

DCB credentials you are recertifying:

CADC  CAADC  CCS  CPS  CCDP  CCDPD  CPRS  CSPS

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

*Please print your name as it should appear on your certificate. Other credentials and degrees will not be printed on your certificate.*

Check here if this is a change of address.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check here if this is a change of employer.

Position/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

1. Have you ever received any disciplinary action from another certification or licensing authority?  
If yes, provide full details on a separate sheet.  Yes  No
2. Have you read and understood the DCB Code of Ethical Conduct?  Yes  No  
*The Code of Ethical Conduct is located at [www.decortboard.org](http://www.decortboard.org), and click on Ethics.*
3. Have you read and understood the Release?  Yes  No  
*Located on page 4 of this application.*
4. Have you read and understood the Auditing process (page 2)?  Yes  No

**What is your highest level of education completed?\***  High school diploma/GED

Associate's degree  Bachelor's degree  Master's degree  Doctoral degree

*\*If this has changed since you have originally applied to DCB and you would like your file updated, you must supply official transcripts to DCB.*

**Race (check all that apply):**  American Indian or Alaska Native  Black or African American

Asian  Native Hawaiian or Other Pacific Islander  Latino  Hispanic  Caucasian

Other: \_\_\_\_\_

**What best describes your employment plans for the next 12 months (select one)?**  Increase hours  Decrease hours  Retire  No change  Seek career advancement  Move to a different career  Unknown

Fee checklist: \$ \_\_\_\_\_ Recertification fee (primary credential)  
\$ \_\_\_\_\_ \$50/additional credentials (if applicable)  
\$ \_\_\_\_\_ \$25/Expiration date change fee (if applicable)  
\$ \_\_\_\_\_ \$100 Reinstatement fee (if credential has lapsed)  
\$ \_\_\_\_\_ **Total**

**Payment (circle one):** Check Money Order VISA MasterCard Discover  
*Checks & Money Orders made payable to DCB*

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3-digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email address for receipt *(if paying by credit card only)*: \_\_\_\_\_

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Harrisburg, PA 17109

**Email:**  
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## EDUCATION & TRAINING

Candidates for recertification must complete the following list of all trainings attended in the two-year recertification period. Recertification applications will not be approved without completion of the list. Photocopy this page if more room is needed.

Title of Training	Date of Training	Hours	Provider of Training

I have attended all trainings listed above, and will provide certificates of attendance if audited.

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Applicant Signature



## EDUCATION APPROVAL APPLICATION

Use this form if you are submitting education that is not DCB approved. DCB reserves the right to deny approval of any training.

Please use one form per training.

For a non-approved training: Attach the brochure/flyer that provides title of training, description of training content, date, presenter and name of sponsoring organization. If you do not have the flyer, write the information in the summary below. Include a copy of the certificate of attendance.

For non-approved college course: Attach syllabus or course content and copy of the transcript. A three credit course is 45 hours.

If you were the presenter, include a letter from sponsoring organization verifying the date, title, and length of training.

For distance learning/online courses, the entire course must be submitted for review. DCB reserves the right to determine how many hours will be granted, which may differ from the hours of the granting organization. DCB reserves the right to deny approval of any distance learning/online course.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Hours: \_\_\_\_\_

Name & Credentials of Presenter(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of Training:

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Sponsoring Organization Name, Address & Phone:

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## EXPIRATION DATE CHANGE REQUEST

Fee: \$25 per credential to be changed.

By my signature below, I authorize DCB to change the expiration date of the indicated credential(s) to that of my original credential. In this way, recertification for both or all credentials may occur with the same application, most or all of the same education (depending on the credential) and date. I also acknowledge that I may be gaining time or losing time by the expiration date change.

I understand that changing an expiration date may possibly shorten the time I have to accrue continuing education, and no extensions of time or grace period will be granted. Recertification will be due on the new expiration date. (It may be beneficial to delay your date changes if you are in danger of not meeting your obligation of recertifying by the expiration date.)

**A new certificate will be sent to you upon expiration date change.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name clearly: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My original credential is a \_\_\_\_\_ with a current expiration date of \_\_\_\_\_

Please change the following credential's expiration date to that of my original credential's date:

Acronym: \_\_\_\_\_ Current Expiration Date: \_\_\_\_\_

Acronym: \_\_\_\_\_ Current Expiration Date: \_\_\_\_\_

Acronym: \_\_\_\_\_ Current Expiration Date: \_\_\_\_\_

Acronym: \_\_\_\_\_ Current Expiration Date: \_\_\_\_\_