



DCB EXPIRATION DATE CHANGE REQUEST FORM

By completing this form I authorize DCB to change the expiration date of the indicated credential(s) to that of my primary credential. In this way, recertification for both or all credentials may occur with the same application, and most or all of the same education (depending on the credential) can be utilized. 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).

TO DETERMINE YOUR PRIMARY CREDENTIAL: look at your certificates and find your issue date. The credential you earned first, is your primary credential.

A new certificate(s) will be issued upon approval.

PROFESSIONAL INFORMATION

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

TYPE OR PRINT LEGIBLY

Name: _____
Official documentation is required for name changes.

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Have you ever received any disciplinary action from another certification or licensing authority since your last application or recertification? Yes No *If yes, provide full details on a separate sheet.*

CREDENTIAL INFORMATION

PRIMARY DCB CERTIFICATION:

Counselor: CADC CAADC CCDP

Clinical Supervisor: CCS

Prevention: CPS

Peer Support: CPRS CSPS

Expiration Date:: _____

Please change the following credential's expiration date to that of my primary credential's date (check all that apply):

Counselor: CADC CAADC CCDP

Clinical Supervisor: CCS

Prevention: CPS

Peer Support: CPRS CSPS

PAYMENT INFORMATION: \$25/CREDENTIAL FEE MUST ACCOMPANY APPLICATION

PAYMENT (CHECK ONE): Check Money Order VISA MasterCard Discover American Express

Checks & Money Orders made payable to DCB

Number: _____ - _____ - _____ - _____

Sec. Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____

Email address for receipt (*credit card only*): _____

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- **EMAIL:** info@decertboard.org *NOTE: Only PDFs are acceptable. DCB does not accept photos of applications.*
- **FAX:** 717-540-4458
- **MAIL:** DCB: 298 S. Progress Avenue | Harrisburg, PA 17109