



DELAWARE CERTIFICATION BOARD

RECERTIFICATION APPLICATION

For All Credentials

RECERTIFICATION DIRECTIONS – READ DIRECTIONS CAREFULLY

Prior to submitting your recertification application to DCB, please review the following list to be sure you have included all the necessary documentation.

Recertification application can be submitted no sooner than three (3) months prior to the credential's expiration date.

- ☐ Completed application pages - page 5-6
- ☐ Completed education and training page - page 7 - **Do not send copies of your certificates.**
- ☐ Recertification fee and any other applicable fees – page 8

If there are any problems with the application, you will be notified by email. Keep a photocopy of the entire application for your records.

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

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

Please allow 5-10 business days for reviewing and processing of your recertification application.

To confirm receipt of your application, or check on the status, you must email info@decertboard.org.

RECERTIFICATION INFORMATION FOR ALL CREDENTIALS

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 must be acquired no earlier than two years (three years for doulas) 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 lapsed.
4. Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and distance learning/online courses.

AUDITING

Documentation of continuing education is only required for recertification if a certified professional is randomly selected for review, or audit of their education hours. Audits occur twice per year (every January and July).

Those selected for audit will be notified and 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.

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 AND WILL BE DISCARDED. YOU WILL ONLY SEND COPIES OF TRAINING CERTIFICATES IF YOU ARE RANDOMLY SELECTED FOR A RECERTIFICATION AUDIT.

EDUCATION INFORMATION

You can use the same education for **multiple credentials** under the following conditions: they are in the correct two-year time frame, and it is relevant to the education requirements.

College/university course may be used. A three-college credit college course equals 45 hours.

Trainings, workshops, seminars, and conferences offered by professional associations, treatment providers, and governmental agencies may be used.

DCB does not accept general staff meetings, supervision, staff rounds, or case management as education.

Distance learning/online courses/webinars are acceptable. There is no limit to the number of distance learning/online courses that can be used.

Acceptable documentation of education must include the professional's name, title, date, number of hours and the organization. Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

Training must be non-repetitive, meaning the exact same training cannot be claimed more than one time during a two-year recertification period.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

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.

A **certified professional who provides education** to other professionals may receive hours toward their own recertification. 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. Training provided by a certified professional must also be documented by sponsoring organization in the same manner as participant documentation (i.e., certificate, letter of participation).

EXPIRED CREDENTIAL

A credential is valid for a two-year period (or three years for doulas). After the two (or three) year date, your credential becomes expired. After the date of expiration you have ninety (90) days where you can continue to send in a recertification application, with the additional "expired fee" of \$50.00. If you attempt to recertify after the ninety (90) days, you must contact DCB to discuss and receive further instruction.

FOR PROFESSIONALS HOLDING MULTIPLE DCB CERTIFICATIONS

If you have more than one credential, you pay the recertification fee 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.

NAME CHANGES

Name changes can be made at any time. Official legal documentation regarding the name change is required. A copy of the legal documentation must be mailed, emailed, or faxed to DCB. Acceptable documentation includes copies of marriage licenses, divorce decrees, etc. Names on certificates cannot be changed until documentation is provided. Once documentation of a name change has been submitted to DCB, a new certificate will be sent to the certified professional.

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 can 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.

INACTIVE & EMERITUS STATUS

Inactive Status: For certified professionals who are experiencing extenuating circumstances, a means to put their certification on hold and avoid paying lapsed fees, retesting (if applicable) and the reapplication process. Inactive status is for certified professionals who expect to be inactive for a minimum of six months. ***Insufficient hours of continuing education will not be accepted as rationale for requesting Inactive Status.***

Emeritus Status: For certified professionals who are retired from the workforce but wish to maintain a connection to DCB.

Approval of each status is at the discretion of DCB. Applicants will be notified by DCB of approval or denial via email approximately 7-10 business days after the request is received. For more information, visit www.decertboard.org and click on Recertification.

RELEASE

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 Board.

I consent to authorizing 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.

RECERTIFICATION REQUIREMENTS & FEES

ALL CREDENTIALS REQUIRE

1. DCB accepts education received outside of Delaware.
2. Three (3) hours in professional ethics and responsibilities as part of the total education hours, EXCEPT for the CPRS which requires six (6) hours in ethics. Acceptable trainings that would meet this requirement include but are not limited to: ethics related to human services, HIPAA, confidentiality, boundaries, mental health law and mandated child abuse reporting.
3. Education/training can be in-person, online, or a hybrid. Education/training can come from any source(s) the certified professional chooses.

COUNSELOR		
Name	Fee	Education Requirement
CADC	\$150	40 hours relevant to substance use disorders including 3 hours in ethics
CAAC	\$150	40 hours relevant to substance use disorders including 3 hours in ethics
CAADC	\$150	40 hours relevant to substance use disorders including 3 hours in ethics
CCDP & CCDPD	\$150	40 hours relevant to co-occurring disorders including 3 hours in ethics

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

PREVENTION		
Name	Fee	Education Requirement
CPS	\$150	40 hours relevant to prevention including 3 hours in ethics

PEER SUPPORT & DOULA		
Name	Fee	Education Requirement
CPRS	\$100	20 hours relevant to peer recovery including 6 hours in ethics
CSPS	\$50	12-hour State of Delaware standardized peer supervisor training- if not previously taken OR 12 hours relevant to peer recovery
CFSP	\$50	30 hours relevant to family peer support
Doula	\$50	20 hours relevant to doula practice and one documented birth

RECERTIFICATION APPLICATION: FOR ALL CREDENTIALS

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

TYPE OR PRINT LEGIBLY

DCB CERTIFICATION(S) I AM RECERTIFYING (CHECK ALL THAT APPLY):

Counselor/Clinical Supervisor: ☐ CAAC ☐ CADC ☐ CAADC ☐ CCDP ☐ CCDPD ☐ CCS

Peer Recovery Support/Supervisor/Family: ☐ CPRS ☐ CSPA ☐ CFSP

Prevention: ☐ CPS **Doula:** ☐

Today's Date (mm/dd/yyyy): _____

Applicant Name: _____
Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Pronouns: _____ **Date of Birth** (mm/dd/yyyy): _____ **SSN (last four):** _____

Have you ever received any disciplinary action from another certification/licensing authority? ☐ Yes ☐ No
If yes, provide full details on a separate sheet.

Have you read and understood the DCB Code of Ethical Conduct? ☐ Yes ☐ No
The Code of Ethical Conduct is located at www.decertboard.org/ethics.

Have you read and understood the Release? (page 3) ☐ Yes ☐ No

Have you read and understood the Auditing process? (page 2) ☐ Yes ☐ No

Would you like an updated paper certificate sent to you for a \$25.00 fee? ☐ Yes ☐ No

CONTACT INFORMATION

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____

Primary Email: _____
REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

Secondary Email: _____

EMPLOYMENT INFORMATION *Note: you do not need to be employed to recertify.*

Position/Title: _____ **Employer:** _____

Employer City: _____ **Zip:** _____

DEMOGRAPHICS *Data is never released with identifying information. It is used to report workforce data to state and federal agencies.*

What is your gender?

- ☐ Female
☐ Male
☐ Nonbinary
☐ Prefer to self-describe: _____

Do you identify as transgender?

- ☐ Yes
☐ No
☐ Prefer not to disclose

How do you describe your sexual orientation or sexual identity?

- ☐ Heterosexual or straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Questioning or unsure
- ☐ Prefer to self-describe: _____
- ☐ Prefer not to disclose

Which best describes you?

- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native American or Alaska Native
- ☐ White or Caucasian
- ☐ Multiracial or Biracial (please specify): _____
- ☐ Not listed (please specify): _____
- ☐ Prefer not to disclose

What is your yearly income?

- ☐ Less than \$20,000
- ☐ \$20,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ Over \$100,000
- ☐ Unsure

Do you have military experience?

- ☐ Active duty
- ☐ Reserve
- ☐ National Guard
- ☐ Veteran
- ☐ Not Applicable

Language(s) spoken fluently (check all that apply):

- ☐ American Sign Language
- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ German
- ☐ Indigenous Language
- ☐ Italian
- ☐ Korean
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog (Filipino)
- ☐ Vietnamese
- ☐ Other, please specify: _____

Employment plans for the next two years (check all that apply):

- ☐ Obtain full time employment/Increase hours
- ☐ Obtain part-time employment/Decrease hours
- ☐ No change
- ☐ Retire
- ☐ Move to a different career/field
- ☐ Unknown

What is the highest degree or level of school you have completed?

(If you're currently in school, please check the highest degree you have completed.)

- ☐ High school degree or equivalent (e.g. GED)
- ☐ Trade, Technical or Vocational School
- ☐ Some college, no degree
- ☐ Associate degree (e.g. AA, AS)
- ☐ Bachelor's degree (e.g. BA, BS)
- ☐ Master's degree (e.g. MA, MS, MEd)
- ☐ Professional degree (e.g. MD, DDS, DVM)
- ☐ Doctorate (e.g. PhD, EdD)

EDUCATION & TRAINING

Candidates for recertification must list below 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. If the organization or state agency from whom you received your trainings provide transcripts that lists your name, dates of trainings, titles, and number of hours, you may submit that documentation in lieu of this form.

Title: _____ Hours: _____

Provider: _____ Date: _____

Title: _____ Hours: _____

Provider: _____ Date: _____

Title: _____ Hours: _____

Provider: _____ Date: _____

Title: _____ Hours: _____

Provider: _____ Date: _____

Title: _____ Hours: _____

Provider: _____ Date: _____

Title: _____ Hours: _____

Provider: _____ Date: _____

Title: _____ Hours: _____

Provider: _____ Date: _____

Title: _____ Hours: _____

Provider: _____ Date: _____

Title: _____ Hours: _____

Provider: _____ Date: _____

Title: _____ Hours: _____

Provider: _____ Date: _____

TOTAL NUMBER OF HOURS: _____

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

Applicant Signature

RECERTIFICATION PAYMENT INFORMATION

Payment in full must be made before recertification of a credential will be approved.

FEE CHECKLIST

Has your certification(s) expired within the last 90 days? ☐ Yes ☐ No

If yes, fill in an additional \$50 expired in the space provided below.

Recertification of primary credential: \$ _____
(See credentials table to the right for fee)

Recertification of additional credential: \$ _____
(*\$50/additional credential if applicable*)

Expired (within 90 days) \$50 fee: \$ _____
(*If you checked yes to the above question, fill in the fee here*)

Expiration date change: \$ _____
(*\$25/per credential if applicable*)

Paper Certificate \$ _____
(*\$25.00/per certificate*)

TOTAL: \$ _____

CREDENTIALS	
CPRS	\$100
CSPS	\$50
CFSP	\$50
CAAC, CADC & CAADC	\$150
CCDP & CCDPD	\$150
CCS	\$150
CPS	\$150
Doula	\$50

Payment (check one): ☐ Check ☐ Money Order ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express
Checks & Money Orders made payable to DCB

Number: _____ - _____ - _____ - _____ ☐ My employer/organization is mailing payment directly to DCB.

Sec. 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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