



RECERTIFICATION APPLICATION

For All Credentials

RECERTIFICATION DIRECTIONS – READ DIRECTIONS CAREFULLY

Prior to submitting your recertification application to RICB, 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 - pages 6-7
- Completed education and training page - page 8 - **Do not send copies of your certificates.**
- Recertification fee and any other applicable fees – page 9

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 check the status of your recertification application, you can use the Credential Search on the homepage of our website: www.ricertboard.org. Simply enter your last name and click “Apply”.

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- **Mail:** RICB, 298 S. Progress Avenue, Harrisburg, PA 17109
- **Email:** info@ricertboard.org *NOTE: Only PDFs are acceptable. RICB 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@ricertboard.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 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 March and September).

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.

RICB 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 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).

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 lapsed fee.

FOR PROFESSIONALS HOLDING MULTIPLE RICB 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 RICB. 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 RICB, a new certificate will be sent to the certified professional.

EXPIRATION DATE CHANGE

If you hold multiple RICB 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 work force but wish to maintain a connection to RICB.

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

RELEASE

I hereby request that the Rhode Island 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 RICB 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 related 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 RICB to officers, members, and staff of the Board.

I consent to authorizing RICB 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 RICB before, during, or after application for certification is made will be investigated by RICB and could result in the nullification of the application or denial or revocation of certification.

RECERTIFICATION INFORMATION: COUNSELOR & CLINICAL SUPERVISOR

For other credentials refer to the next page.

LICENSING

To renew your license, your CADC, CAADC and/or CCS must remain active and in good standing. Licenses are renewed in October of even years. License renewal is through the Rhode Island Department of Health, Chemical Dependency Licensing Board, NOT RICB. Questions about your license must be directed at the Chemical Dependency Licensing Board.

EDUCATION INFORMATION

1. Three (3) hours in professional ethics and responsibilities as part of the total education hours. 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.
2. RICB accepts education received outside of Rhode Island.
3. Education/training can be in-person, online, or a hybrid. Education/training can come from any source(s) the certified professional chooses.

REQUIREMENTS AND FEES

COUNSELOR & CLINICAL SUPERVISOR		
Name	Fee	Education Requirement
CADC	\$150	40 hours including 30 hours that are substance use specific and 3 hours in ethics
CAADC	\$150	40 hours including 30 hours that are substance use specific and 3 hours in ethics
CCS	\$150	6 hours specific to clinical supervision

RECERTIFICATION INFORMATION: ALL OTHER CREDENTIALS

EDUCATION INFORMATION

1. 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.
2. RICB accepts education received outside of Rhode Island.
3. Education/training can be in-person, online, or a hybrid. Education/training can come from any source(s) the certified professional chooses.

REQUIREMENTS AND FEES

STUDENT ASSISTANCE, CRIMINAL JUSTICE & CO-OCCURRING		
Name	Fee	Education Requirement
SAC	\$150	40 hours including 10 hours in substance use disorders, 3 hours in ethics, and 3 hours in cultural competency
CCJP	\$150	40 hours including 15 hours specific to substance use, 15 hours specific to criminal justice and 3 hours in ethics
CCDP & CCDPD	\$150	40 hours including 20 hours specific to co-occurring disorders and 3 hours in ethics

PREVENTION		
Name	Fee	Education Requirement
CPS	\$150	40 hours including 30 hours specific to prevention and 3 hours in ethics
ACPS	\$150	40 hours including 30 hours specific to prevention and 3 hours in ethics
CPSS	\$150	40 hours including 30 hours specific to prevention and 3 hours in ethics

PEER RECOVERY, COMMUNITY HEALTH & PERINATAL DOULA		
Name	Fee	Education Requirement
CPRS	\$75	20 hours relevant to peer recovery including 6 hours in ethics
CCHW	\$75	20 hours relevant to community health including 3 hours in ethics
CPD	\$50	15 hours relevant to doula practice

ENDORSEMENTS		
Name	Fee	Education Requirement
Certificate of Competency in Problem Gambling	\$50	6 hours specific to gambling. Must be recertified at the same time as your qualifying credential.
HIV Specialty Endorsement	\$50	6 hours relevant to HIV. Must be recertified at the same time as your qualifying credential.
Specialty in Cardiovascular Health & Diabetes	\$50	6 hours relevant to Cardiovascular Health & Diabetes. Must be recertified at the same time as your CCHW.
Specialty in Older Adults	\$50	6 hours relevant to Older Adults. Must be recertified at the same time as your CCHW.

RECERTIFICATION APPLICATION: FOR ALL CREDENTIALS

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

TYPE OR PRINT LEGIBLY

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

- Counselor & Clinical Supervisor:** CADC CAADC CCS
Student Assistance, Criminal Justice & Co-Occurring: SAC CCJP CCDP CCDPD
Peer Recovery, Community Health & Perinatal Doula: CPRS CCHW CPD
Prevention: CPS ACPS CPSS
Endorsements: HIV Gambling Cardiovascular Health & Diabetes Older Adults

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 RICB Code of Ethical Conduct? Yes No
The Code of Ethical Conduct is located at www.ricertboard.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

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: _____
 Prefer not to disclose

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
- Prefer not to disclose

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.)

- Less than a high school diploma
- 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.

To determine your fee when you have multiple credentials: look at your RICB certificates and find your issue date. The credential you earned first is your primary credential. Find the fee for that credential below. You will pay that fee, plus \$50 for each subsequent credential/endorsement you are recertifying.

FEE CHECKLIST

Has your certification(s) lapsed? Yes No
If yes, fill in an additional \$50 lapsed fee in the space provided below.

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

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

Lapsed \$50 fee: \$ _____
(If you checked yes to the above question, fill in the fee here)

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

TOTAL: \$ _____

Payment (check one): Check Money Order Visa MasterCard Discover American Express
Checks & Money Orders made payable to RICB My employer/organization is mailing payment to RICB

Number: _____ - _____ - _____ - _____

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

Billing address: _____
(If different than Home Address) _____

Email address for receipt (if paying by credit card only): _____

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

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CREDENTIALS	
CADC	\$150
CAADC	\$150
CCS	\$150
SAC	\$150
CCJP	\$150
CCDP & CCDPD	\$150
CPS	\$150
ACPS	\$150
CPSS	\$150
CPRS	\$75
CCHW	\$75
CPD	\$50
Problem Gambling	\$50
HIV Specialty	\$50
Cardiovascular Health & Diabetes	\$50
Older Adults	\$50