



cultivating and maintaining the
highest standards of professional
practice within the recovery field

The Connecticut Certification Board, Inc.
55 West Main Street, Box 4
Meriden, CT 06451
203.440.9595 203.621.3111 (fax)
www.ctcertboard.org

Office Use Only

Credential Renewal Invoice

Name:
Certification #: Renewal Date:
Address:

City:
State: Zip Code:
Cell Phone:
Home Phone:
Home Email:

My address has changed since my last renewal

Employer:
Start Date:
Address:

City: State:
Zip Code: Work Phone:
Work Email:
Position Title:
Supervisor Name:

Not Currently Employed My work address has changed since my last renewal

Renewal Instructions:
1) Choose a renewal period for your credential (1, 2, or 3 years)
2) Complete the renewal application and document the training for the renewal period you selected (page 2)
3) Electronic submission is preferred: Email the original signed packet to renewals@ctcertboard.org or fax to 203.284.9500

I am paying my renewal by:
Check
Money Order
Online via PayPal
Date

Electronic payment for your renewal via PayPal on the CCB website is the preferred method of payment.
CASH IS NOT ACCEPTED BY THE CCB FOR ANY FEES. All CCB fees are non-refundable. Renewal fees may also be paid by check or money order. If paying by check or money order, please include the credential type on the check or money order.

Credential	CEUs Per Year You Will Renew	1 Year Renewal Fee	2 Year Renewal Fee	3 Year Renewal Fee
AADC/CAC	20 per year specific to addiction, including 1 (2 for AADC) CEUs of CCB-approved ethics	\$115	\$205	\$300
Registry	N/A	\$50	N/A	N/A
SCSA	6 per year specific to addiction, including 1 CEU of CCB-approved ethics	\$60	\$115	\$165
CCIP	20 per year specific to addiction, including 4 CEUs of CCB-approved ethics	\$60 \$55 (with active AADC/CAC)	\$115 \$105 (with active AADC/CAC)	\$165 \$150 (with active AADC/CAC)
CAC-E	N/A	\$60	\$115	\$165
CCDP/D	20 per year specific to co-occurring disorders, including 1 CEU of CCB-approved ethics	\$60 \$55 (with active AADC/CAC)	\$115 \$105 (with active AADC/CAC)	\$165 \$150 (with active AADC/CAC)
SCCD	20 per year specific to co-occurring disorders, including 1 CEU of CCB-approved ethics	\$40 \$35 (with active AADC/CAC)	\$75 \$70 (with active AADC/CAC)	\$105 \$95 (with active AADC/CAC)
CPRS	10 specific to peer recovery, including 3 CEUs of CCB-approved ethics	\$50	\$95	\$135
CARC	6 per year specific to recovery coaching	\$50 (waived with active AADC, CAC, CPS, CCDP/D)	\$90 (waived with active AADC, CAC, CPS, CCDP/D)	\$130 (waived with active AADC, CAC, CPS, CCDP/D)
CCS	3 per year specific to clinical supervision	\$50	\$95	\$125
SCCS	3 per year specific to clinical supervision	\$60	\$115	\$165
CPS	20 per year specific to prevention, including 1 CEU of CCB-approved ethics	\$50	\$95	\$125
CRRA	10 per year specific to recovery residence, including 2 CEUs related to legal and ethics	\$40	\$75	\$105
SCPG	10 per year specific to gambling, including 1 CEU of CCB-approved ethics	\$60	\$115	\$165
MATS	6 per year specific to medication assisted treatment	\$60 (waived with active AADC, CAC, CPS, CCDP/D)	\$115 (waived with active AADC, CAC, CPS, CCDP/D)	\$165 (waived with active AADC, CAC, CPS, CCDP/D)

- A. I hereby attest that all the information given herein is true and complete to the best of my knowledge. I authorize the investigation and the release of all information contained herein and necessary to the renewal process. I understand that falsification of any portion of this application will result in denial of renewal/revocation of CCB credential(s). I acknowledge the right of CCB, Inc. to verify the information in this application or to seek further information from employers, schools, or persons mentioned within.
- B. I will hold the CCB, its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within the scope of and arising out of the performance of their duties which they, or any of them, may take in connection with this application and/or failure of the Board to bestow upon me certification as an alcohol/drug abuse counselor.
- C. I have read, understand, and agree to act in accordance with the New CCB Code of Ethical Conduct (March 2010) or the Prevention Ethics Code (for CPS and APS credentialed professionals only) and the New CCB Code of Ethical Conduct - Disciplinary Procedures (July 2013) posted on the CCB website.
- D. I wish to renew my credential for the renewal period indicated above. I stipulate that I have fulfilled all of the requirements for the renewal period and have read and understand the renewal standards on the opposite side of this page. I have read and agree to abide by the new **CCB Code of Ethical Conduct and Disciplinary Procedures** posted on the CCB website. **Typing my name on the line below will serve as my electronic signature.**

Signature: /

/ Date:

USE ONE PAGE PER
CREDENTIAL TYPE



Applicant Name: _____

Certification #: _____

Renewal Training Documentation

Please verify the training requirements of your credential (page 1) for the renewal period selected and list the training and educational events you are applying to fulfill those requirements using the form below. List the date, training title, training agency, CCB approval (indicate if the event is CCB approved), and number of CEUs for each event. **Submitted trainings must be within your current renewal period. In order to become renewed, you must fulfill all of the renewal requirements. For questions about renewal, please email info@ctcertboard.org**

CCB approved training: Most CCB credentials require that half of all training applied towards renewal be CCB reviewed and approved to ensure the content meets or exceeds CCB educational standards. It is your responsibility to verify that a portion (typically half) of the training you apply towards renewal is CCB approved. For a list of CCB approved distance learning providers, visit the CCB website as all content offered by these providers is CCB approved. All training provided by DMHAS – Education and Training is CCB approved as well as many of the training events offered by the Connecticut Association of Non-Profits and the CT DARC programs. Trainings that are CCB approved usually note this on their course description or on the training certificates. **You should ask training providers if the content is CCB approved.** Also, all trainings approved by other IC&RC member boards are considered CCB approved. **Please visit www.internationalcredentialing.org for a list of member boards.**

Date of Training	Training Title	Sponsoring Agency/ Organization/ Trainer	Do you have training documentation on hand? (Yes or No)	CEUs	CCB Approved (Yes or No)
Total CEUs					

By checking this box, I acknowledge that I may be subject to a random audit of my submitted Training Documentation and understand that my renewal will not be processed without consenting to this acknowledgement. If chosen for a random audit of my submitted Training Documentation, I acknowledge that I have 30 days to comply with the request.

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CREDENTIAL TYPE



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Certification #: _____

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