protecting the public with competency-based credentialing, training and promoting

The Connecticut Certification Board, Inc.
286 Maple Avenue, Suite 303
Cheshire, CT 06410
203.806.1300 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 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 below for your credential (1, 2, or 3 years)
2) Complete the renewal application and document the training for the renewal period selected below
3) Electronic submission is preferred: Email the original signed packet to renewals@ctcertboard.org or fax to 203.621.3111

I am paying my renewal by:

☐ Check/Money Order
☐ Online via PayPal
Date:

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.

		1 Year Renewal Fee	2 Year Renewal Fee	3 Year Renewal Fee
Registry	*Renew Only If You Have None of the Below*	☐ $50	N/A	N/A
Credential	***CEUs per Renewal Option***			
CPSRP + (F)	*10 per year: 2 CPSRP Ethics & Values, 4 peer/coaching, and 4 electives behavioral health related*	☐ $25	☐ $40	☐ $55
AADC/CAC	*20 per year specific to addiction, including 1 (2 for AADC) CEUs of CCB-approved ethics*	☐ $115	☐ $205	☐ $300
SCSA	*6 per year specific to addiction, including 1 CEU of CCB-approved ethics*	☐ $50	☐ $95	☐ $125
CCS	*3 per year specific to clinical supervision*	☐ $50	☐ $95	☐ $125
CCDP/D	*20 per year specific to co-occurring disorders, including 1 CEU of CCB- approved ethics*	☐ $60 ☐ $55 (with active AADC/CAC)	☐ $115 ☐ $55 (with active AADC/CAC)	☐ $165 ☐ $55 (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 ☐ $70 (with active AADC/CAC)
CCJP	*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)
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)
CPS	*20 per year specific to prevention, including 1 CEU of CCB-approved ethics*	☐ $50	☐ $95	☐ $125
APS	*18 per year specific to prevention, including 1 CEU of CCB-approved ethics*	☐ $30	☐ $55	☐ $80
CPRS	*10 per year specific to peer recovery, including 3 CEUs of CCB-approved ethics*	☐ $50	☐ $95	☐ $135
CARC	*6 per year specific to recovery coaching*	☐ $50	☐ $90	☐ $130

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 CCB Code of Ethical Conduct (2022), or the Prevention Ethics Code (for CPS and APS credentialed professionals only), or the CPSRP Ethics & Values Code (for CPSRP and CPSRP (F) credentialed only), and the CCB Code of Ethical Conduct - Disciplinary Procedures (2022) 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.* ***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

Verify the training requirements for your selected renewal period (see page 1). Then list the trainings you are submitting to meet those requirements using the form below. For each training, include the date, title, training agency, whether it is CCB approved, and the number of CEUs. All trainings must fall within your current renewal period. You must complete all renewal requirements to be renewed. For questions, email info@ctcertboard.org. Training certificates are optional to submit but must be kept in case of audit.

CCB approved training: Most CCB credentials require that at least **50% of all renewal training hours** come from **CCB reviewed and approved** education to ensure the training meets CCB standards, and it is the credential holder's responsibility to verify that their submitted hours include the required approved content. CCB maintains a list of **approved distance learning providers**, and all training from these providers is automatically considered approved. Up to **half of the required CEUs** may come from **non approved providers**, and training approved by any IC&RC member board is also recognized as CCB approved. A list of CCB approved training providers is available on the CCB website.

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	0	

	I acknowledge that my renewal requires consenting to possible random audits of my submitted Training Documentation. If selected for audit, I understand I must provide the requested materials within 30 days.

Candidate Initials

Click HERE to Email

USE ONE PAGE PER CREDENTIAL TYPE

Applicant Name:
Certification #:

Renewal Training Documentation

Verify the training requirements for your selected renewal period (see page 1). Then list the trainings you are submitting to meet those requirements using the form below. For each training, include the date, title, training agency, whether it is CCB approved, and the number of CEUs. All trainings must fall within your current renewal period. You must complete all renewal requirements to be renewed. For questions, email info@ctcertboard.org. Training certificates are optional to submit but must be kept in case of audit.

CCB approved training: Most CCB credentials require that at least **50% of all renewal training hours** come from **CCB reviewed and approved** education to ensure the training meets CCB standards, and it is the credential holder's responsibility to verify that their submitted hours include the required approved content. CCB maintains a list of **approved distance learning providers**, and all training from these providers is automatically considered approved. Up to **half of the required CEUs** may come from **non approved providers**, and training approved by any IC&RC member board is also recognized as CCB approved. A list of CCB approved training providers is available on the CCB website.

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	0	

☐ **I acknowledge that my renewal requires consenting to possible random audits of my submitted Training Documentation. If selected for audit, I understand I must provide the requested materials within 30 days.**

Candidate Initials

Click HERE to Email