



Recertification Packet

Directions/Checklist

Read the recertification packet thoroughly. Complete and submit the following items to the Minnesota Certification Board. Items may be mailed or hand delivered during office hours.

- Completed Application Form (Form #1)
- Completed Education Approval Form (Form #2)
- Proof of completion of continuing education (copies of certificates, transcripts, etc.). Provide copies, not originals.
- Signed Consent and Release Form (Form #3)
- Signed a Statistical Information Form (Form #4)
- Payment for your recertification (non-refundable). (If paying by check, it must be included and made payable to MCB).

When your recertification is approved, you will receive an approval letter and proof of certification in the mail. Submissions are typically processed within one month of receipt. If there are any problems with the information provided, you will be notified by email or phone.

Make sure to retain a photocopy of the entire application for your records. All materials submitted become property of the MCB. Send your completed application forms, all necessary attachments, and the fee to:

MCB
4817 Viking Blvd. Suite 101
Wyoming, MN 55092
Phone: 763.434.9787 Fax: 763.413.1746
Website: www.mcboard.org Email: mcb@mcboard.org

ABOUT THE MINNESOTA CERTIFICATION BOARD:

The Minnesota Certification Board (MCB) is the Minnesota member board of the International Certification and Reciprocity Consortium (IC&RC). IC&RC is the global leader in the credentialing of prevention, addiction treatment, and recovery professionals. Organized in 1981, it provides standards and examinations to certification and licensing boards in 25 countries, 47 states and territories, five Native American regions, and all branches of the U.S. military.

IC&RC protects the public by establishing standards, developing examinations and facilitating reciprocity for the credentialing of addiction-related professionals.

REQUIREMENTS AND POLICIES FOR RECERTIFICATION

GENERAL INFORMATION

1. Recertification record keeping is the responsibility of the certified professional. All recertification documents must be submitted together. Keep copies of everything submitted.
2. Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, and college/university credit courses and distance learning/online courses. See the “Acceptable Continuing Education” section for specific details.
3. Education for recertification must have been acquired no earlier than two years prior to the applicant's current expiration date.
4. All continuing education must be approved by the MCB. Continuing education may be approved in advance OR applicants may elect to request approval of their continuing education when applying for recertification. If continuing education that is submitted for approval at the time of recertification does not meet MCB requirements, the applicant may be deemed to be deficient in meeting the requirements for recertification and need to request an extension while additional continuing education is completed.
5. Education must be verified to be approved. Proper verification (i.e. certificate, letter of attendance, transcript, etc.) must include date of training, number of hours attended, title of training sponsoring organization and your name.
6. Due to the MCB’s commitment to sound ethical behavior by certified professionals, six hours of MCB-approved education on professional ethics and responsibilities are mandated as part of the total hours of continuing education required.
 - a. Acceptable training topics include but are not limited to: ethics related to human services, HIPAA, confidentiality, boundaries, and mental health law.
7. Your credential must be in good standing in order to be eligible for recertification.
8. If you have more than one credential, please pay the full fee for your first credential. You may deduct 10% off of each additional credential you are recertifying.

GENERAL REQUIREMENTS AND FEES

Certified Alcohol and Drug Counselors		
Credential	Fee	Education Requirement
ADC-MN (formerly BCC)	\$180 (2 years)	40 hours relevant to alcohol and drug counselor domains every 2 years from initial certification. 6 of the hours must be in professional ethics and responsibilities.
ADCR-MN (formerly BCCR)	\$180 (2 years)	40 hours relevant to alcohol and drug counselor domains every 2 years from initial certification. 6 of the hours must be in professional ethics and responsibilities.

Certified Clinical Supervisors		
Credential	Fee	Education Requirement
CCSR	\$180 (2 years)	40 hours relevant to alcohol and drug counselor domains every 2 years from initial certification. 6 of the hours must be in professional ethics and responsibilities. 6 of the hours must be specific to supervision.

Certified Criminal Justice Professionals		
Credential	Fee	Education Requirement
CCJP	\$180 (2 years)	40 hours relevant to criminal justice professional domains every 2 years from initial certification. 6 of the hours must be in professional ethics and responsibilities.

Certified Co-Occurring Disorder Professionals		
Credential	Fee	Education Requirement
CCDP	\$180 (2 years)	40 hours relevant to co-occurring disorder professional domains every 2 years from initial certification. 6 of the hours must be in professional ethics and responsibilities.
CCDP-Diplomate	\$180 (2 years)	40 hours relevant to co-occurring disorder professional domains every 2 years from initial certification. 6 of the hours must be in professional ethics and responsibilities.

Certified Peer Recovery Specialists		
Credential	Fee	Education Requirement
CPRS	\$75 (1 year) \$150 (2 years)	20 hours relevant to peer recovery domains every 2 years from initial certification. 6 of the hours must be in professional ethics and responsibilities.

Certified Prevention Professionals		
Credential	Fee	Education Requirement
CPP	\$180 (2 years)	40 hours relevant to prevention professional domains every 2 years from initial certification. 6 of the hours must be in professional ethics and responsibilities.
CPPA	\$180 (2 years)	40 hours relevant to prevention professional domains every 2 years from initial certification. 6 of the hours must be in professional ethics and responsibilities.
CPPR	\$180 (2 years)	40 hours relevant to prevention professional domains every 2 years from initial certification. 6 of the hours must be in professional ethics and responsibilities.

CODE OF ETHICS

All applicants must verify that they have reviewed, read, and will uphold in their practice, the current MCB Code of Ethical Conduct for the specific credential(s) being renewed. Copies of the current MCB Code of Ethical Conduct for each credential can be found on the MCB website at www.mcboard.org.

CONSENT AND RELEASE FORM

- All applicants for recertification must sign and date a Consent and Release Form.

ACCEPTABLE CONTINUING EDUCATION

The Minnesota Certification Board accepts the following types of continuing education:

- College/University courses. Three college credits are equivalent to 45 hours. Transcript of the course must be included as proof of attendance at the time of recertification.
- Trainings, workshops, seminars, and conferences offered by professional associations, treatment providers, governmental agencies, etc.
- CPR/First Aid, computer trainings/classes and foreign language trainings/classes are acceptable up to six hours.
- Up to 50% of the education hours for recertification can be met through the following alternatives to formal education:
 - Teaching - Hours spent in teaching and/or training at educational events related to the IC&RC Prevention Performance Domains can be applied to continuing education hours. Twelve (12) hours is the maximum hours of teaching/training that can be used every two (2) years. The number of contact hours applicable is equal to the number of contact hours for the event.
 - Publishing - Publishing more than 4,000 words in a journal or book (by a professional publishing house) in an area related to the IC&RC Prevention Performance Domains can be counted as the equivalent of twelve (12) contact hours.
 - Presenting Papers - The hours spent presenting a paper at a State or National conference of licensed professionals can be used as the equivalent of contact hours for continuing education. The number of contact hours applicable is equal to the length of time of the presentation. The maximum hours allowed for a paper presentation is twelve (12).
- Distance learning/online courses.

If continuing education is completed outside of Minnesota, appropriate documentation (certificate, letter of attendance, transcript) must be provided. If the event was approved by an IC&RC member board of that state, no further MCB approval is necessary. Proof of the IC&RC member board approval must be submitted. If the continuing education event was not approved by another IC&RC member board, the certified professional must seek approval of the continuing education from the MCB.

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

EXPIRATION OF CREDENTIALS

Expiration dates for credentials are printed on the certificate for your credential. Recertification is considered late if it is postmarked after your expiration date. If recertification is not completed prior to the expiration date, your certification is expired. Once expired, you may not represent yourself as a certified professional.

EXTENSIONS

If applicants are unable to complete their recertification process prior to the expiration, an extension may be granted if compelling circumstances exist. Extensions are granted only for family crisis situations or severe medical conditions which severely limit normal activities and are handled on a case-by-case basis. Contact MCB directly, in writing, to request an extension.

LAPSED CERTIFICATION/REINSTATEMENT

If you wish to become recertified after your certificate has lapsed, you may be eligible to a reinstatement, which includes a reinstatement fee and bringing all renewal fees, continuing education, and other requirements up to date.

- If it is within 30 days of your recertification date, you will be assessed a \$30 late fee. You would also be responsible for any missed fees and continuing education requirements.
- If you have missed your recertification date by 1 month to 1 year, you will be assessed a \$100 reinstatement fee. You would also be responsible for any missed fees and continuing education requirements.
- If you have missed your recertification date by 1 year to 2 years, you will be assessed a \$250 reinstatement fee. You would also be responsible for any missed fees and continuing education requirements.
- If your certification has lapsed for more than two years, your file will be closed and you will not be eligible to reinstate your credential. You would be required to apply for a new credential, meeting the current requirements for the credential at that time.

INACTIVE STATUS

A credential may be put into inactive status for up to two years. Requests for inactive status must be submitted in writing prior to the expiration date of the credential. Professionals will be responsible for meeting recertification requirements when the full two years active status has lapsed. The fee for inactive status is \$100.

RETIREMENT STATUS

Retirement Status allows any certified individual the ability to retain their certification after retirement from active employment and still receive partial rights and privileges of certification. Partial rights include the use of the appropriate verification initials (ADC-MN, ADCR-MN, CCSR, CCJP, CCDP, CCDP-D, CPP, CPPA, CPPR, and CPRS) with the word "retired" after them. This is an honorary status, not a working

credential. Certified individuals with a reciprocal credential under the Retirement Status are not eligible for reciprocity through the IC&RC.

Retirement Status will only be considered for those individuals who have reached the age of sixty (60) and have retired from active full time employment or have become disabled and are no longer employed in the substance abuse and/or behavioral health fields.

Requests for Retirement Status will only be considered for those individuals holding a current and valid certificate. Request for Retirement Status for certification that has already lapsed will not be accepted.

MCB will review written requests for Retirement Status and applicants will be notified of the board's decision. If the request is approved, a Retirement Status letter will be issued.

While no continuing education is required, a fee of \$100 is required every two years to maintain the Retirement Status.

During the Retirement Status period, the retired individual may use the credential title they hold, provided the word "Retired" follows the initials (example: ADCR-MN Retired).

An individual holding a Retirement Status certificate may not reactivate their credential past the 2 year allowable lapse period. Should you elect to return to employment within 2 year past your active credential's expiration date, you may void the Retirement Status certificate and be reactivated as fully certified. In order to do this, the certified professional must comply with current recertification requirements (e.g. continuing education, fees, etc.). The difference between the retirement fee and the full recertification fee must be paid. After 2 years past the active credential expiration date, the certified professional must reapply for the credential.

To apply for Retirement Status, send a letter requesting Retirement Status, the \$100 fee, and documentation supporting your reason. If you wish Retirement Status for a disability, include supporting medical documentation or a letter from your doctor. If you are over age 60 and retiring from employment, please submit a supporting letter from your agency and proof of age. This request must be received while your credential is current.

INTERNATIONAL CERTIFICATES

Addiction Professionals who hold a reciprocal level credential through MCB will automatically be issued an international certifications seal on the Minnesota Certification Board certificate. MCB has added the IC&RC seal to your certificate indicating the international status of your certification. If you would like to receive a separate certificate from the IC&RC, an order form to obtain one is available directly from the IC&RC. The International Certificates are: ADCR-MN = ICADC, CCSR = ICCS, CPPR = ICPS, CCJP = ICCJP, CCDP = ICCDP, and CCDP-Diplomate = ICCDPD.

The international certificate provides recognition of your status as an internationally certified addiction professional. International certification for professionals is required by the Federal Department of Transportation (DOT) for recognition as a Substance Abuse Professional (SAP).

APPEAL PROCESS

Test results may not be appealed. However, you may file an appeal to the Board of MCB if you believe some aspect of the application process was unfair or if mistakes were made by the MCB staff. For example you could ask the Board to review the staff's decision about your educational qualifications, your residency or your internship experience. The purpose of appeal is to determine if MCB staff accurately, adequately and fairly reviewed applicant's file. If you wish to appeal, you must write to MCB within 30 days when you were notified of the staff's action. The appeal letter must be postmarked no later than thirty days after the staff action. The written appeal will be sent to the MCB Board; Board members will review the action that is being appealed. Applicant will be notified in writing of the decision of the MCB Board.

Minnesota Certification Board APPLICATION FOR RECERTIFICATION

What credentials are you recertifying? _____

Date: _____ Date of Birth: _____ Male Female

Name: _____ SSN: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email: _____ (Required)

Home Phone: _____ Cell Phone: _____

Position/Title: _____ Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

County: _____ Work Phone: _____ Ext _____

If MCB needs to contact you, please indicate your preference: Home Phone Cell Phone Work Phone

Have you ever received any disciplinary action from another certification or licensing authority? Yes No
If yes, please explain in full on a separate sheet and attach to this form.

Fee Checklist

Fee Amount		Credential(s)
\$	Fee for renewing 1 st credential (Full Price)	
\$	Fee for renewing each additional credential at this time (10% discount)	
\$	TOTAL	

Payment Information

- Check/Money Order (Payable to MCB)
- Credit Card# and Expiration _____
- Third Party Payer Information _____

Please print your name as it should appear on your certificate:

Minnesota Certification Board DOCUMENTATION OF EDUCATION

- This form must be fully completed for the application to be accepted.
- For all continuing education completed during the period prior to expiration of your current certification, attach documentation of completion, (certificates of completion, college transcript, letter from employer, etc.) contact hours, date(s), and the title of offering (attach additional sheets as needed).
- Please attach additional copies of this form as necessary. Complete a separate form for each credential being recertified.

Applicant Name:	
Credential being Recertified:	

Sponsoring Organization:			
Presenter Name(s):			
Location:			
Date(s) of Training:		Contact Hours	
Domain(s) Fulfilled:			
Has this event been pre-approved or endorsed by the MCB?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sponsoring Organization:			
Presenter Name(s):			
Location:			
Date(s) of Training:		Contact Hours	
Domain(s) Fulfilled:			
Has this event been pre-approved or endorsed by the MCB?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sponsoring Organization:			
Presenter Name(s):			
Location:			
Date(s) of Training:		Contact Hours	
Domain(s) Fulfilled:			
Has this event been pre-approved or endorsed by the MCB?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sponsoring Organization:			
Presenter Name(s):			
Location:			
Date(s) of Training:		Contact Hours	
Domain(s) Fulfilled:			
Has this event been pre-approved or endorsed by the MCB?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sponsoring Organization:			
Presenter Name(s):			
Location:			
Date(s) of Training:		Contact Hours	
Domain(s) Fulfilled:			
Has this event been pre-approved or endorsed by the MCB?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Minnesota Certification Board Recertification Application

CONSENT & RELEASE FORM

I request that Minnesota Certification Board grant me recertification of my credential(s) listed on my recertification application form based on the following assurances:

- I have thoroughly reviewed a current version of the MCB Code of Ethical Conduct for my respective credential(s). Copies of the current MCB Code of Ethical Conduct for each credential can be found on the MCB website at www.mcboard.org.
- I verify that I have not violated the MCB Code of Ethical Conduct for my respective credential(s) during this or any prior certification period.
- I subscribe to and commit myself to professional conduct that meets the MCB Code of Ethical Conduct for my respective credential(s).
- I verify that I have and will continue to practice within the scope of all relevant statutes, rules, and standards relevant to my credential(s).
- I have read and understand the performance domains for my credential(s). I possess the competence necessary to perform duties associated with each of these domains.
- I certify that the information provided in this application is true and complete to the best of my knowledge. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my re-certification. Falsification of any records or documents in my application materials will nullify this application and will result in denial or revocation of my credential(s).
- Allegations of ethical misconduct reported to MCB before, during, or after application for certification is made will be investigated by MCB and could result in the nullification of the application or 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 MCB to officers, members, and staff of the MCB.

Signature: _____

Printed Name: _____

Date: _____

Minnesota Certification Board Statistical Information Form

Highest Educational Level Completed:

- No High School Diploma or GED
- High School Diploma or GED
- Vocational Certification
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

Race: (optional)

- Caucasian
- Black/African American
- Native American
- Asian
- Hispanic
- Native Hawaiian
- Pacific Islander (non-native Hawaiian)

Gender: (optional)

- Female
- Male