



SEND ORIGINAL/SIGNED APPLICATION TO THE CCB - No faxed or photocopied applications.
However, photocopies of training documentation will be accepted.

---Office use only---

CCB Certification # _____

The number that appears after your credential type (CAC - 5999)

Recertification Application

- | | | |
|------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> CAC | <input type="checkbox"/> CCDP | <input type="checkbox"/> MATS |
| <input type="checkbox"/> CCS | <input type="checkbox"/> CCDP - D | <input type="checkbox"/> SCCD |
| <input type="checkbox"/> CAC & CCS | <input type="checkbox"/> CPP | <input type="checkbox"/> NCCS |
| <input type="checkbox"/> CIT | <input type="checkbox"/> APP | <input type="checkbox"/> Other: _____ |

Amount Due: _____

Amount Paid: _____

Paid by: Check/Money Order

Invoice/PO

Credit Card

_____/_____/_____
Date payment made on CCB website

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Home email: _____

Employer: _____ Start Date: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work email: _____

Position Title: _____ Supervisor Name: _____

Not Currently Employed

My address (home or work) and/or name has changed since last recertification

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 recertification process. I understand that falsification of any portion of this application will result in denial of recertification/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 CPP and APP credentialed professionals only) and the New CCB Code of Ethical Conduct - Disciplinary Procedures (March 2010) posted on the CCB website.

Signature: _____ Date: _____

Please mail the completed application with renewal invoice, applicable fees and documentation of trainings to:

Connecticut Certification Board, Inc. 100 South Turnpike Road, Suite C, Wallingford, CT 06492

USE ONE PAGE PER
CREDENTIAL TYPE.

Make additional copies for multiple credentials



Credential Type _____

Please list the credential type

Recertification Training Documentation

Please verify the training requirements of your credential (page 2) 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 hours for each event. **YOU MUST ATTACH VERIFICATION OF ALL TRAINING EVENTS TO THIS APPLICATION. In order to become recertified, you must fulfill all of the recertification requirements. For questions about recertification, please contact the CCB office.**

CCB approved training: Most CCB credentials require that half of all training applied towards recertification 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 recertification 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.icrcaoda.org for a list of member boards.**

Date of Training	Training Title	Sponsoring Agency/ Organization/ Trainer	CCB Approved (Yes or No)	Hours	Office Use Only
Total Hours					

MAKE ADDITIONAL COPIES AS NECESSARY