



The Connecticut Certification Board, Inc.
 100 South Turnpike Road, Suite C
 Wallingford, CT 06492
 203.284.8800 www.ctcertboard.org

NEW CCB Credential Renewal Instructions

- 1) Choose a renewal period (1, 2, or 3 years)
- 2) Complete the recertification application (pages 3 and 4) and document the training requirements for the renewal period you selected
- 3) Submit the original signed packet with the renewal payment

If you have questions, please contact Jeff at [jqquamme@ctcertboard.org](mailto:jquamme@ctcertboard.org) or call 203.284.8800

CCB Credential Renewal Notification

Name: _____

Address: _____

NCCS – Non-Certified Clinical Supervisor

Your credential is due for renewal on

DATE: _____

NCCS #: _____

CCB NCCS Credential Renewal Invoice

Renewal Period Options

Please select your renewal period by marking only one of the boxes below:

1 year NCCS renewal – 1 year renewal fee is \$60.00

1 year renewal requires 3 hours of clinical supervision-specific training and 1 hour of CCB-approved ethics with at least half of the continuing education/training being CCB-approved

2 year NCCS renewal – 2 year renewal fee is \$115.00

2 year renewal requires 6 hours of clinical supervision-specific training and 2 hours of CCB-approved ethics with at least half of the continuing education/training being CCB-approved

3 year NCCS renewal – 3 year renewal fee is \$165.00

3 year renewal requires 9 hours of clinical supervision-specific training and 3 hours of CCB-approved ethics with at least half of the continuing education/training being CCB-approved

Select payment type: Check Money Order Online payment Date of payment: _____

I wish to renew my CAC 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.

Signature: _____ Date: _____

In order to process your recertification, payment and training documentation must be received with your original and signed application. Faxed or photocopies of applications will not be accepted.

All CCB credentials are due for recertification on the 1st day of the month.

Recertification fees may be paid by check or money order, or by credit card online at the CCB website. CASH IS NOT ACCEPTED BY THE CCB FOR ANY FEES. All CCB fees are non-refundable. If there is a problem with your recertification application, you will be notified in writing. It is your responsibility to know when your credential is due for recertification and to complete the recertification process prior to your recertification deadline. A late fee is due 30 days after your recertification due date and is applied to each credential due for recertification.

Annual NCCS Recertification Requirements

Review carefully, as several changes have been made effective September 2010.

Non-Certified Clinical Supervisor credential	3 hours of clinical supervision-specific training (1) <i>including 1 hour of CCB-approved ethics PER RECERTIFICATION PERIOD</i>
NOTES:	(1) Training events include workshops, conferences, college courses, in-service and distance learning programs, and must be documented with a certificate of attendance, official transcript or letter from training entity in order to be applied to the recertification process. No other activities will be accepted in lieu of training requirements (i.e., Category II activities).

IMPORTANT NOTICE: The CCB no longer requires original educational and training certificates to be submitted with the recertification application. Your recertification application will not be processed unless you submit copies of all educational activities being applied to recertification. Falsification of any part of this application will be grounds for review by the Ethics Committee of the Connecticut Certification Board and may result in having certification suspended or revoked.

Please Note:

- 1) In order to become/maintain international certification with the IC&RC, if you are reciprocally certified as a CAC, CCS, CCDP, CCDP-D or CPP, no fee or application is required as the CCB staff will process this a part of your recertification application. If you are eligible for international certification with IC&RC, your certificate will be sent directly to you by the IC&RC approximately 6 weeks after you complete the recertification process.
- 2) **It is your responsibility to be aware of your recertification date and to complete the recertification process prior to your renewal date.** Applicants should make copies of everything submitted and ensure they are maintaining records of training events attended and copies of all recertification applications submitted.
- 3) **Education not properly documented will be denied and delay the processing of your recertification.** Training documentation must include at minimum your name, sponsoring organization, date of training, number of hours attended, trainer, and title of training. All trainings must be at least 1 hour in duration and must have been obtained in the previous two year period.
- 4) College courses submitted must have a completion date within the recertification period and be documented with an official transcript sent directly from the educational institution. **Unofficial transcripts will not be accepted.**
- 5) If you do not have sufficient CCB-approved content, you can request a review of the content by CCB staff (application, fee and training materials required). To request a CCB content review, contact the CCB office for details, submission requirements and to request an application.



SEND ORIGINAL/SIGNED APPLICATION TO THE CCB - No faxed or photocopied applications.

However, photocopies of training documentation will be accepted.

---Office use only---

Please complete →

Renewal Amount Due: _____

Amount Paid: _____

Choose Renewal Period:

1 Year 2 Years 3 Years

NCCS Recertification Application

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.



Applicant Name:

NCCS#:

Recertification Training Documentation

Please verify the training requirements of your credential (page 2) 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 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