



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

CCB Registry Renewal Instructions

- 1) Complete the renewal application
- 2) Submit the original signed packet with the renewal payment

If you have questions, please contact Jeff at jquamme@ctcertboard.org or call 203.284.8800

CCB Registry Renewal Notification

Name: _____

Address: _____

Registry

Your registry is due for renewal on

Date: _____

Registry #: _____

CCB Registry Renewal Invoice

Registry Renewal

1 year Registry renewal fee is \$50.00

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

*I wish to renew my Registry for the renewal period indicated above. 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: _____



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

---Office use only---

Please complete →

Renewal Amount Due: _____
 Amount Paid: _____

Registry Renewal 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 renewal

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 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 and applicable fees to:
 Connecticut Certification Board, Inc. 100 South Turnpike Road, Suite C, Wallingford, CT 06492**