
MAINTAINING YOUR MISA BOARD REGISTRATION

Board Registered MISA I/II

Board registered Mental Illness/Substance Abuse (MISA) professionals will follow the guidelines set forth in the Illinois Standard for Board Registered MISA I/II. They are required to pay a biennial registration fee, and submit 40 continuing education units (CEUs).

MISA professionals will be notified that their registration is about to expire no fewer than 30 days prior to the expiration date. They will submit their biennial certification fee and CEUs to the IAODAPCA by their expiration date. Forms for the documentation of CEUs will accompany the notification and must be completed, signed, and submitted with proof of attendance. CEUs should not be submitted until notification of expiration. **CEUS will not be accepted by fax.**

A. Continuing Education Policy

1. Forty (40) continuing education units (CEUs) are required to maintain board registration, and must be earned within the two-year registration period. An average of 20 CEUs should be obtained each year. CEUs are not transferable to any other board registration period. CEUs earned prior to initial board registration are not eligible to be used for maintaining registration. A MISA Professional may receive CEU credit only once for a training event, even if repeated during different board registration periods. A CEU is equivalent to one clock hour. (Excluded is non-program time such as breaks, social hours, registration time, meal times) One college semester hour of credit is equivalent to 15 CEUs, one college trimester hour of credit is equivalent to 12 CEUs, and one college quarter hour of credit is equivalent to 10 CEUs.

2. All 40 CEUs required to maintain registration **must** be recognized or petitioned for IAODAPCA CEUs. Continuing education is broken down into two categories. Some continuing education may be recognized by IAODAPCA for both categories.

- **CATEGORY I** - Minimum 15 CEUs of education specific to knowledge and skills related to alcohol and other drug abuse (AODA)/dependence or mental health.

Examples of Category I education are pharmacology, signs and symptoms of AODA, history of AODA, AODA modalities, AODA rules and regulations, and AODA and mental illness special populations, signs and symptoms of mental illness, history of mental illness treatment, mental illness rules and regulations.

- **CATEGORY II** - Minimum 25 CEUs of education specific to knowledge and skills related to the Core Functions of MISA professionals, but does not have to be AODA or mental health specific. (refer to the Illinois Standard for a list of core functions) This education covers counselor skills, competencies, and knowledge base.

Examples of Category II education are human behavior/development, dysfunctional behavior, human sexuality, family dynamics, domestic violence, cultural issues, special populations, social services, confidentiality, legal systems, crisis intervention, counseling approaches with MISA clients, health and safety, attitudes toward MISA population, roles, boundaries, and professional relationship dynamics, relapse prevention, therapy/dynamics of counseling/rehabilitation, research methods, intervention.

B. Sources of Continuing Education Units

1. Recognized programs are training/education programs IAODAPCA has identified as fulfilling the criteria for CEU credit and have been awarded CEUs by IAODAPCA or are pre-recognized sources. The certificate of completion will contain the name of the participant, name of program, date of program, program number assigned by IAODAPCA, number of CEUs, and the category.
2. Structured individual continuing education, such as the IAODAPCA Bibliocredit Reading Program and other self-study programs, is available to MISA Professionals with a maximum of 15 CEUs every two (2) years.
3. MISA professionals may receive up to 12 Category II CEUs every two years for volunteer time serving as a member of the Board of Directors, a member of a Board committee, or a member of an IAODAPCA committee.
4. Teaching and/or Training Other AODA, Mental Health, or MISA Professionals in AODA, Mental Health, or MISA Knowledge Areas qualifies for up to 15 CEUs every two years. The number of CEUs awarded will be equal to the number of hours spent in actual training time. Patient education lectures and public education lectures are not eligible. Presentations for which the MISA Professional has previously received credit are also not eligible. Petitions must be submitted for any presentations that have not been awarded IAODAPCA CEUs.
5. Research papers, accepted for publication, reading or discussion at a professional meeting or conference, and professional publications in the AODA, Mental Health or MISA field qualify for up to 15 CEUs every two years. The topic must pertain to AODA, Mental Health, or MISA and address one of the knowledge or skill areas. The work can be counted only once, even though presented in more than one format or location. Petitions must be submitted for CEUs.

C. Agency In-service Education and Training Programs

Of the 40 CEUs required biennially, 20 CEUs may be agency in-service training programs. Inservices not previously awarded CEU recognition by IAODAPCA may be petitioned for CEUs

D. Validation of Continuing Education

MISA professionals must document that they have obtained CEUs and submit the appropriate validation for each educational experience.

1. Certificates or other proof of completion for IAODAPCA recognized or petitioned trainings.
2. Transcripts or other official grade reports for college or university courses.

E. Procedures for MISA Professionals to Petition for CEUs

Not all educational experiences available to the certified MISA Professional will have been awarded CEUs by IAODAPCA, requiring the MISA Professional to petition such education/training for CEU credit. Requests are to be submitted to IAODAPCA on the petition form with the following information:

- Documentation of attendance
- Goals and objectives of the program
- Date/length of program in clock hours
- Brochure or other document describing program content
- Sponsor, location, instructor, and target population
- Definition of the training type (publication, workshop, seminar)
- Identification of the AODA and/or Mental Health specific content and/or knowledge/skill related to the Core Functions
- Non-refundable petition fee (\$10.00)

Requests will be reviewed within 30 days, and the MISA Professional will be notified of the results. If recognized, the MISA Professional will be informed of the number of CEUs awarded.

F. Extension of Continuing Education Requirements

A MISA Professional unable to meet the continuing education requirements for board registration maintenance may request an extension, in writing. Extensions are \$10.00 per month for up to six months from his or her expiration date. A MISA Professional not meeting the CEU requirement after the six-month extension shall not be permitted to place his or her board registration on inactive status and shall be terminated. Reinstatement shall be through completing the full board registration requirement.

NOTE: The MISA Professional should remember this process leaves only 18 months to obtain CEU credit for the current registration period.

G. Inactive Status

A MISA Professional in good standing unable to meet the continuing education requirements for registration maintenance due to health or extenuating personal reasons may place his or her board registration on inactive status if they meet the requirements. The process for reactivation from inactive status will then be followed when the MISA Professional wishes to activate his or her board registration.

For detailed information refer to the Illinois Standard for Board Registered Mental Illness Substance Abuse I/II.

PLEASE PHOTOCOPY THIS FORM

ATTACH PROOF OF ATTENDANCE

PAGE _____ OF _____

BOARD REGISTERED MISA I OR MISA II

NAME: _____

CREDENTIAL NUMBER: _____

SIGNATURE: _____

DATE: _____

**CEUS WILL NOT BE
ACCEPTED BY FAX**

CATEGORY	TITLE OF TRAINING	CLOCK HOURS	LOCATION AND DATE OF TRAINING	SPONSOR AND/OR IAODAPCA NUMBER

ILLINOIS ALCOHOL AND OTHER DRUG ABUSE PROFESSIONAL CERTIFICATION ASSOCIATION, INC.

PETITION FOR CONTINUING EDUCATION UNITS (CEUs)

Check if new address _____ You may photocopy this form.

Name _____
First MI Last

Certification Number _____

Address _____

Certification Level _____

City State Zip Code

Board Registration Number _____

Birth Date _____

Board Registration Level _____

CEU Category Requested (mark all categories needed)

AODA Counselor ___ I ___ II ___ I or II

Prevention ___ I ___ II ___ I or II

CARS ___ I ___ II ___ I or II

MISA ___ I ___ II ___ III

PCGC ___ I ___ II ___ I or II

CCJP ___ I ___ II ___ I or II

CAAP ___ I ___ II ___ I or II

BRI ___ I ___ II ___ I or II
(for AIS Approval)

CRSS ___ I ___ II ___ I or II

MAATP ___ I ___ II ___ I or II

Name of Training Program _____

Number of CEUs Requested _____

Date of Training Program _____

Brief Summary of Training Program Content and Goals:

Rationale: Why should this training program be recognized by IAODAPCA?

Attach documentation of program description, schedule, (may attach brochure)

Attach documentation of attendance (certificate, letter of verification, roster or sign in sheet) if applying for CEUs after attending the training program.

Signature _____

Date _____

One training program per petition. Petitions must be submitted at least 90 days prior to your certification expiration date, or with a completed recertification packet. Petitions received at least 90 days before the expiration date will be reviewed within 30 days of receipt and, you will be sent a letter regarding the results of the review.

Petition Fee \$10.00 - please send payment, with petition, in the form of a check, money order, or credit card. Make checks payable to IAODAPCA, Inc. Mail petition and payment to: IAODAPCA, Inc. 401 East Sangamon Avenue Springfield, IL 62702

Credit Card Number _____ - _____ - _____ - _____
(VISA or Mastercard only)

Expiration Date _____

(Please include the three-digit number listed near the signature line on the back of the credit card) VIN: _____

Name on Card _____

Telephone Number () _____ - _____

Billing Address: City _____

State _____ Zip Code _____