
MAINTAINING YOUR CERTIFICATION

CERTIFIED AOD COUNSELOR

Certified Alcohol and Other Drug (AOD) counselors will follow the guidelines set forth in the Illinois Model for Counselor Certification*. They are required to pay a biennial certification fee and submit continuing education units (CEUs).

Certified AOD counselors will be notified that their certification is about to expire no fewer than 30 days prior to the expiration date. The renewal notice will come via email. They will submit their biennial certification fee and CEUs to the Illinois Certification Board (ICB) by their expiration date. Forms for the documentation of CEUs are available on the ICB's website, www.iaodapca.org, under Credentialing/Credentialing Forms/Counselor. The form must be completed, signed, and submitted with proof of attendance. CEUs should not be submitted until notification of expiration. **CEUs can be uploaded at time of payment.**

A. Continuing Education Policy

1. Forty (40) ICB approved continuing education units (CEUs) are required to maintain certification and must be earned within the two-year certification period. An average of 20 CEUs should be obtained each year. CEUs are not transferable to any other certification period. CEUs obtained prior to the certified counselor's initial date of certification are not eligible for maintaining certification. Certified AOD counselors may receive CEU credit only once for a training event, even if it is repeated during different certification 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 certification **must** be recognized or petitioned for ICB CEUs. Continuing education is broken down into two categories with some education recognized by ICB for both categories.

CATEGORY I (Counselor I) - Minimum 15 CEUs of education **specific to AOD.**

Examples - pharmacology, the effects of alcohol or drugs on the human body, signs and symptoms of alcohol and other drugs use, dynamics of substance use disorders, medical treatment issues, detoxification/withdrawal, relapse, AOD rules and regulations, AOD special populations, history of AOD.

CATEGORY II (Counselor II) - Minimum 25 CEUs of education **specific to knowledge and skills/Performance Domains** related to the Core Functions of AOD counselors (refer to the Illinois Model for a list of core functions), but does not have to be AOD specific. This education covers counselor skills, competencies, and knowledge base.

Examples – theory/techniques of therapeutic approaches, human behavior/development, dysfunctional behavior, family dynamics, domestic violence, cultural issues, special populations, social services, confidentiality, legal systems, intervention/prevention strategies, health/safety, professional relationship dynamics, crisis intervention, psychology, clinical documentation.

CSADCs and CAADCs – six (6) of the 25 CEUs needed for Category II must be training received in how to provide clinical supervision.

3. **CADCs** who are also Licensed Private Practitioners, are required to **only** submit ten (10) Category I alcohol and other drug specific CEUs for recertification. Category II CEUs are **not** required. Recertification is contingent on continued good standing of the Illinois Department of Financial and Professional Regulation (IDFPR) license; therefore, proof of a current license is required and must be submitted with their biennial CADC renewal. **(This policy is applicable to CADCs only. CRADCs, CSADCs, and CAADCs are not eligible for this policy and therefore, must submit 40 CEUs at the time of recertification.)**

Licensed Private Practitioner means a health care practitioner who is one of the following:

- A physician licensed to practice medicine in all its branches pursuant to the Medical Practice Act of 1987
- An Advanced Practice Nurse with a psychiatric specialty licensed under the Nursing and Advanced Practice Nursing Act [225 ILCS 65]
- A clinical psychologist licensed under the Clinical Psychologist Licensing Act [225 ILCS 15]
- A licensed clinical social worker (LCSW) licensed under the Clinical Social Work and Social Work Practice Act [225 ILCS 20]
- A licensed clinical professional counselor (LCPC) licensed under the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107]
- A licensed marriage and family therapist (LMFT) licensed under the Marriage and Family Therapy Licensing Act [225 ILCS 55]

B. Sources of Continuing Education Units

1. Recognized programs are training/education programs ICB has identified as fulfilling the criteria for CEU credit and have been awarded CEUs by ICB or are pre-recognized sources. The certificate of completion will contain the name of the participant, name and date of the program, signature of instructor or sponsor, program number assigned by ICB, number of CEUs and the category designation.

2. Structured individual continuing education, such as the ICB Bibliocredit Reading Program and other home study programs, is available to certified AOD counselors with a maximum of 15 CEUs every two years.
3. Certified AOD counselors 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 another ICB committee.
4. Providing clinical supervision to an AOD practicum student enrolled in an ICB AOD Counselor Training Program qualifies for up to 15 CEUs in a two-year certification period.
5. Teaching and/or training other AOD Professionals in AOD knowledge or competency areas qualifies for up to a maximum of 15 CEUs in a two-year certification period. The number of CEUs awarded will be equal to the number of hours spent in actual training time. Patient education and public education lectures are not eligible for CEUs. Presentations for which the AOD counselor has previously received credit are also not eligible. Petitions must be submitted for any presentations that have not been awarded ICB CEUs.
6. Research papers accepted for publication, reading, or discussion at a professional meeting or conference, and professional publications in the AOD field qualifies for up to a maximum of 15 CEUs in a two-year certification period. The topic must pertain to alcohol and other drugs and address one of the core functions, performance domains or knowledge or skill area. 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 ICB must be petitioned for CEUs.

D. Validation of Continuing Education

Certified AOD counselors must document they have obtained CEUs and submit the appropriate validation for each educational experience.

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

E. Procedures for Counselors to Petition for CEUs

Not all educational experiences available to the certified AOD counselor will have been awarded CEUs by ICB, requiring the counselor to petition such education/training for CEU credit. Requests are to be submitted to ICB 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 describing program content
- Sponsor, location, instructor and target population
- Definition of the training type (publication, workshop, seminar)
- Identification of the AOD specific content and/or knowledge/skill related to the Core Functions
- Non-refundable petition fee

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

F. Extension of Continuing Education Requirements

Certified AOD counselors unable to meet the continuing education requirements for recertification may request an extension, in writing. Extensions are \$10.00 per month for up to six months from the expiration date. To request an extension, certified AOD counselors must include the biennial certification fee plus \$10.00 per month with a written request. Extension will not be granted beyond six months. If at the end of six months of extensions certified AOD counselors have not met the requirements for recertification, their certification will be terminated. They will not be permitted to place their certification on inactive status. Reinstatement shall be through completing the full certification requirement.

NOTE: Certified AOD counselors should remember that process leaves only 18 months to obtain CEU credit for the current recertification period.

G. Inactive Status

Certified AOD counselors in good standing unable to meet the continuing education requirements for recertification maintenance due to health or extenuating personal reasons may place their certificate on inactive status if they meet the requirements. The process for reactivation from inactive status will then be followed when they wish to activate their certification.

***For detailed information:**

CADCs, refer to the Illinois Model for the Certification of Alcohol and Other Drug Counselors.

CRADCs, CSADCs, and CAADCs, refer to the Illinois Model for the International Certification of Alcohol and Other Drug Counselors.

PLEASE PHOTOCOPY THIS FORM

ATTACH PROOF OF ATTENDANCE
CERTIFIED AOD COUNSELOR

PAGE _____ OF _____

NAME: _____

CREDENTIAL NUMBER: _____

SIGNATURE: _____

DATE: _____

CATEGORY	TITLE OF TRAINING	CLOCK HOURS	LOCATION AND DATE OF TRAINING	SPONSOR AND/OR ICB PROGRAM No.

ILLINOIS CERTIFICATION BOARD
d/b/a IAODAPCA, Inc.

PETITION FOR CONTINUING EDUCATION UNITS (CEUs)

Check if new address _____ You may photocopy this form.

Name _____
First MI Last

Credential Number _____

Address _____

Credential Level _____

City State Zip Code

Board Registration Number _____

Birth Date _____

Board Registration Level _____

CEU Category Requested:

Please identify credential (and/or endorsement) and the CEU categories (if applicable) being requested below.

Credential Type _____

Categories Needed _____

If requesting CEUs for more than one credential, please utilize the section below. If not, please proceed to Name of Training Program section.

Credential Type _____

Categories Needed _____

Credential Type _____

Categories Needed _____

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 ICB?

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 ICB, Inc. The petition fee is non-refundable. Mail petition and payment to:

ICB, Inc.
401 East Sangamon Avenue
Springfield, IL 62702

Please note, a 3.75% service charge will be added to all credit/debit card transactions.

Amount to be charged _____

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

Expiration Date _____

(Three digit code listed near the signature line on the back of the credit card) Security Code: _____

Name on Card _____

Telephone Number () _____ - _____

Billing Address _____

City _____ State _____ Zip Code _____