
MAINTAINING YOUR CERTIFICATION

CERTIFIED ASSOCIATE ADDICTIONS PROFESSIONAL

Certified Associate Addictions Professionals 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).

CAAPs will be notified that their certification 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 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. The form must be completed, signed, and submitted with proof of attendance. CEUs should not be submitted until notification of expiration. **CEUs may be uploaded at time of payment.**

A. **Continuing Education Policy**

1. Forty (40) 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 CAAPs initial date of certification are not eligible for maintaining certification. A CAAP 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. Some continuing education may be recognized by ICB for both categories.

CATEGORY I - Minimum 28 CEUs of education specific to substance use disorders as related to the following CAAP performance domains.

Performance Domains – Clinical Evaluation/Screening, Referral, Service Coordination/Orientation to Treatment, Ongoing Clinical Support, Clinical and Family Education, Documentation

CATEGORY II - Minimum 12 CEUs of education specific to ethics and professional boundaries.

Performance Domain - Professional and Ethical Responsibility

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 program number assigned by ICB, the number of CEUs, and the category.
2. Structured individual continuing education, such as the ICB Bibliocredit Reading Program and other self-study programs, is available to CAAPs with a maximum of 10 CEUs every two (2) years.
3. CAAPs may receive up to 10 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. Additional sources of CEUs include any ICB pre-approved program in the seven performance domains and any continuing education in the performance of the CAAP domains provided by the CAAP's employer.

C. **Agency In-service Education and Training Programs**

Agency in-service training programs may be counted for all the required CEUs needed for recertification.

1. The training must be in the seven performance domains to include ethics and professional boundaries.
2. The training must be documented on agency letterhead with a qualified supervisor's signature.
3. In-services not awarded CEU recognition by ICB may be petitioned for CEUs.

D. **Validation of Continuing Education**

CAAPs 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 to Petition for CEUs

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

1. Documentation of attendance
2. Goals and objectives of the program
3. Date/length of program in clock hours
4. Brochure describing program content
5. Sponsor, location, instructor and target population
6. Definition of the training type (publication, workshop, seminar)
7. Identification of the AOD specific content and/or performance domains
8. Non-refundable petition fee

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

F. Extension of Continuing Education Requirements

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

NOTE: The CAAP should remember that this process leaves only 18 months to obtain CEU credit for the current re-certification period.

G. Inactive Status

A CAAP in good standing unable to meet the continuing education requirements for re-certification 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 the counselor wishes to activate his/her certification.

For detailed information refer to the Illinois Model for the Certification of Associate Addictions Professionals.

PLEASE PHOTOCOPY THIS FORM

ATTACH PROOF OF ATTENDANCE

PAGE _____ OF _____

CERTIFIED ASSOCIATE ADDICTIONS PROFESSIONAL

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 _____