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# MAINTAINING YOUR CODP BOARD REGISTRATION

## Board Registered CODP I/II

Board registered Co-Occurring Disorder Professionals (CODP) will follow the guidelines set forth in the Illinois Standard for Board Registered CODP I/II. They are required to pay a biennial registration fee of \$140 for CODP I and \$160 for CODP II and submit 40 continuing education units (CEUs) on or before the expiration date that is printed on the certificate. A late fee of \$30 will be assessed if the certification is not renewed on time.

COD 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 Illinois Certification Board (ICB) by their 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. Fees and CEUs can be mailed directly to the ICB office or they can be uploaded through their online portal or they can email the CEUs to info@iaodapca.org.

### 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. COD professionals 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 ICB CEUs. Continuing education is broken down into two categories. Some continuing education may be recognized by ICB for both categories.

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

Examples of Category I education are pharmacology, signs and symptoms of AOD, history of AOD, AOD modalities, AOD rules and regulations, AOD 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 COD professionals, but does not have to be AOD 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 Co-Occurring Disorder (COD) clients, health and safety, attitudes toward COD 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 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 of program, date of program, program number assigned by ICB, 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 COD professionals with a maximum of 15 CEUs every two (2) years.
3. COD 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 ICB committee.
4. Teaching and/or Training Other AOD, Mental Health, or COD professionals in AOD, Mental Health, or COD 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 COD professional has previously received credit are also not eligible. Petitions must be submitted for any presentations that have not been awarded ICB CEUs.
5. Research papers, accepted for publication, reading or discussion at a professional meeting or conference, and professional publications in the AOD, Mental Health or COD field qualify for up to 15 CEUs every two years. The topic must pertain to AOD, Mental Health, or COD 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 ICB may be petitioned for CEUs

**D. Validation of Continuing Education**

COD 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 ICB recognized or petitioned trainings.
2. Transcripts or other official grade reports for college or university courses.

**E. Procedures for COD Professionals to Petition for CEUs**

Not all educational experiences available to the COD professional will have been awarded CEUs by ICB, requiring the COD professional 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 or other document describing program content
- Sponsor, location, instructor, and target population
- Definition of the training type (publication, workshop, seminar)
- Identification of the AOD 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 COD professional will be notified of the results. If recognized, the COD professional will be informed of the number of CEUs awarded.

**F. Extension of Continuing Education Requirements**

A COD professional unable to meet the continuing education requirements for board registration maintenance may request a one-month extension, in writing. The one-month extension is \$30.00. To request an extension, COD professionals must include the biennial certification fee plus \$30.00 for the one-month extension with a written request. The extension time starts from the professional's expiration date. Extensions will not be granted beyond one month. If at the end of the extension, professionals who have not met the requirements for recertification will have their board registration terminated. They will not be permitted to place their board registration on inactive status. Reinstatement shall be through completing the full board registration requirement.

**G. Inactive Status**

COD professionals in good standing unable to meet the continuing education requirements for registration maintenance due to health or extenuating personal reasons may place their board registration 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 board registration.

**For detailed information refer to the Illinois Standard for Board Registered Co-Occurring Disorder Professional I/II.**

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 \_\_\_\_\_