Dear Inactive Status Applicant:

**Inactive Policy**

For counselors who wish to place a credential in inactive status, they must notify the board in writing prior to the expiration date of their credential.

Counselors may place a credential in inactive status for an annual fee of $50 for up to 2 years. If the counselor wishes to bring a credential to active status they will need to fulfill the recertification requirements for their credential.

After two years, the inactive counselor may continue to place a credential in inactive status for an annual fee of $50 for up to another 2 years. At this time, if the counselor wishes to bring a credential to active status they will need to fulfill the recertification requirements for their credential and retest for their credential paying the current testing fee at the time.

After 4 years of inactive status, a credential is permanently retired.

**FEE SCHEDULE**

<table>
<thead>
<tr>
<th>APPLICATION FEE</th>
<th>$50.00 annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>(NON REFUNDABLE)</td>
<td></td>
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</tbody>
</table>
INACTIVE STATUS APPLICATION
Please type or print legibly:

Name: ____________________________________________________________________________

Address: __________________________________________________________________________

City __________________________________________ State __________________ Zip ____________

Email: __________________________________________ Gender: __________________________

To keep you better informed about ADACBGA, we automatically include you in our electronic mailing list. If you do not wish to receive news and updates you will be asked to opt out. If you would like to unsubscribe, please check here. ___ Unsubscribe

Preferred Phone: (___)-________________________

Date of Birth: _____________________ Social Security no. XXX-XX-____________

Ethnic Affiliation: ____________________ (For statistical purposes only)

Certification Level - Please check all that apply

<table>
<thead>
<tr>
<th>CADC I</th>
<th>CCS</th>
<th>CGAC</th>
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<tbody>
<tr>
<td>CADC II</td>
<td>CCJP</td>
<td>CRRA</td>
</tr>
<tr>
<td>CAADC</td>
<td>CPRC</td>
<td>GCADC</td>
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<tr>
<td>CCDP</td>
<td>CCDPD</td>
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</tbody>
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If I do not qualify for the level chosen, I would accept the next level ______

________________________________________  ________________________
Signature                                                                              Date