



# Alcohol & Drug Abuse Certification Board of Georgia

P.O. BOX 250449  
Atlanta, GA 30325

770.825.0481 Fax: 770.790.0018  
ADACBGA.org info@adacbga.org

Dear Certified Counselor:

Enclosed is a copy of the Recertification Packet which includes the Application for Recertification along with the guidelines for continuing education hours.

Please use the following checklist to assure that your application is complete:

	1. Completed application and biographical data sheet.
	2. Signed ethics statement. If you filled your packet out on a computer, your typed signature is considered a legally binding “e-signature” and will be accepted by this board as your agreement to the assurance and release statement.
	3. Completed the “Continuing Education,” page 5: Number your certificates and list in order on the cover sheet. Be sure at least <b>5 hours of ethics</b> have been included. <b>PLEASE NOTE ALL RECERTIFICATIONS WILL REQUIRE 3 hours of TELEMENTAL HEALTH beginning on January 1, 2018.</b> Please review continuing education requirements for CCS, CCJP and CCDP/CCDP-D’s on page 2.
	4. <b>All CADC I, CADC II and CPRC re-certifications will need 10 hours of continuing education by an ADACBGA or IC&amp;RC provider.</b>
	5. Attached <i>copies of</i> certificates of attendance, transcripts, inservice verifications, etc., in order listed. Originals will not be returned.
	6. Included recertification, processing, and <b>mail in fee of \$175 (\$150 for CCS)</b> . Acceptable forms of payment are check, money order or online payment with a credit card under the “Contact Us” page of our website. The recertification fee covers the various expenses involved in processing and issuing your new certificate, therefore it is non-refundable.
	7. Mailed to the Board office <b>REGULAR MAIL ONLY</b> at least 30 days prior to the certification expiration date. Registered/certified mail may delay completing your recertification before your expiration date.

\*\*\*Please note there is no longer a 30 day grace period. If you are submitting this packet after your expiration date be sure to include an additional \$35 late fee.\*\*\*

## RECERTIFICATION

Continuing Education must be an ongoing process to assure competence in the dynamic and changing field of alcohol and other drug dependency counseling and supervision of counselors. To maintain your certified status as a CADC/CAADC/CCS/CCJP/CCDP/CCDP-D, GCADC in Georgia, recertification is required every two years on the anniversary date of your original certification. A notification will be emailed to you about eight weeks prior to the expiration date of your certification.

Although the ADACBGA. regularly distributes recertification materials to eligible counselors and supervisors, it is the responsibility of the counselor to make timely application for recertification. The recertification packet is posted on our website on the “GA/International Certification” page.

The ADACBGA. does not have a policy for renewing certifications that have expired. Due to most workplace requirements it is strongly recommended you submit your recertification packet at least 30 days prior to the expiration date. There is no longer a 30 day grace period after the expiration date of your certification. Once your certification has expired it may be necessary for you to reapply and complete the examination to recertify. In order to be sure your certification remains current, please notify the board in writing of any change in address.

## EDUCATION

Education is defined as formal didactic or experiential methods of obtaining information and skills in the practice of addiction counseling and treatment. One clock hour of education is equal to 50 minutes of continuous instruction, and may include workshops, seminars, institutes, inservices, and college/university work. Education must be specifically related to the knowledge and skills necessary to perform the tasks within each IC&RC performance domain. All education must be documented.

Recertification requires documentation of completion of at least forty (40) clock hours of continuing education in the two year period of your certification. Of these hours, 5 hours must be in professional ethics. Counselors may select trainings from a wide variety of opportunities, as long as the training and education pertains to alcohol and other drug addiction counseling performance domains. The ADACBGA. follows the guidelines established by the IC&RC. If you are a **CCS**, 6 of your 40 hours of recertification must pertain to the performance domains of clinical supervision. If you are a **CCDP/CCDP-D** a minimum of twenty (20) hours must be COD specific. If you are a **CCJP** 20 hours of the training must relate to the Criminal Justice Addiction Profession and should include training in the development of professional skills described in the performance domains for Criminal Justice Addiction Professionals.

A listing of local courses that are acceptable for counselors is available on the Board website under the “Continuing Education” page. Should you desire credit for a course outside of the AODA field, contact the office to ensure credit will be given. Supporting documentation may be requested.



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## RECERTIFICATION APPLICATION & BIOGRAPHICAL DATA

Please type or print legibly:

Name: \_\_\_\_\_

Any other or previous name(s) used: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City County State Zip

Work Name and Address: \_\_\_\_\_

\_\_\_\_\_  
City County 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 Number: (\_\_\_\_)-\_\_\_\_\_

\*As a courtesy to certified counselors we will list your county of employment, preferred phone number and email in a searchable database on our website. Would you like this information posted on our website? Yes \_\_\_  
No \_\_\_

Date of Birth: \_\_\_\_\_ Last four of Social Security no. XXX-XX-\_\_\_\_\_

Ethnic Affiliation: \_\_\_\_\_ (For statistical purposes only)

Highest Education level completed:

High School or GED \_\_\_ Associate \_\_\_ Bachelors \_\_\_ Masters \_\_\_ Doctorate \_\_\_

List any other boards by which you are certified or licensed:

Certification Level

- (\$175) Certified Alcohol and Drug Counselor I \_\_\_\_\_
- (\$175) Certified Alcohol and Drug Counselor II \_\_\_\_\_
- (\$175) Certified Advanced Alcohol and Drug Counselor \_\_\_\_\_
- (\$150) Certified Clinical Supervisor \_\_\_\_\_
- (\$175) Certified Criminal Justice Addictions Professional \_\_\_\_\_
- (\$175) Certified Co-Occurring Disorders Professional \_\_\_\_\_
- (\$175) Certified Co-Occurring Disorders Professional- Diplomate \_\_\_\_\_
- (\$175) Georgia Certified Alcohol and Drug Counselor I, II, III \_\_\_\_\_

**ASSURANCE AND RELEASE  
ETHICS STATEMENT**

**(Please Initial Where Requested as Indication You Have Read and Understand Each Section)**

\_\_\_\_\_(Initial) I hereby attest that all the information given herein is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification, or revocation of same, upon discovery

\_\_\_\_\_(Initial) I have read, understand, and agree to act in accordance with the code of ethics recognized by my profession and in compliance with any and all codes of professional conduct in effect in the State of Georgia.

\_\_\_\_\_(Initial) I acknowledge the right of ADACBGA to verify the information in this application or to seek further information from employers, schools or persons mentioned herein.

\_\_\_\_\_(Initial) I further understand that that it is my responsibility to maintain my certification by renewing prior to my expiration date. I understand that it is an ethical violation to provide services if my certification has expired.

\_\_\_\_\_(Initial) I agree to have my current valid certificate from ADACBGA on display or easily accessible if I am treating clients.

\_\_\_\_\_(Initial) I will hold ADACBGA, its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they, or any of them, may take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to bestow upon me certification as an Alcohol and Drug Abuse Counselor.

\_\_\_\_\_(Initial) I further understand that ADACBGA will post on our website and provide to IC&RC my contact information for their data base, along with my certification number, level, expiration date and original certification date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\*Remember to include your fee of \$150 or make an online payment with a credit card under the "Payment" page of our website.

Name: \_\_\_\_\_

**CONTINUING EDUCATION (40 hours)**

**Number each certificate, list them in order on this sheet, and attach to the cover sheet. Duplicate this sheet as needed.**

No.	Title	Dates	Topic (12 Core Concepts)	Hours	CE Provider (i.e., ADACBGA, GACA, LPC, Etc.)
1.			Ethics		

**PLEASE ATTACH COPIES OF CERTIFICATES, TRANSCRIPTS, OR REPORTS OF INSERVICE HOURS TO THIS COVER SHEET. DO NOT INCLUDE ORIGINAL DOCUMENTS.**