



# 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 Peer Recovery Coach:**

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

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 page 5. Be sure at least 40 hours of continuing education have been included of which 5 must be in ethics.
4. Attached ***copies of*** certificates of attendance, transcripts, inservice verifications, etc., in order listed. Originals will not be returned.
5. Arrange for a completed supervisor’s statement and supervision report to be sent directly to the board.
6. Included recertification and processing fee of \$150. 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.

\*\*\*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.\*\*\*

7. Mailed to the Board office **REGULAR MAIL ONLY** at least 30 days prior to the certification expiration date. Registered/certified mail may delay completing your recertification before your expiration date.

## RECERTIFICATION

Continuing Education must be an ongoing process to assure competence in the dynamic and changing field of alcohol and other drug dependency peer recovery and supervision of peer recovery coaches. To maintain your certified status as a CPRC in Georgia, recertification is required every two years on the anniversary date of your original certification. A notification will be emailed to you about six - eight weeks prior to the expiration date of your certification.

Although the ADACBGA. makes every attempt to notify coaches of their expiration date, ultimately it is the responsibility of the coach to make timely application for recertification. The “CPRC 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 mailing or email 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, 10 hours must be in professional ethics. Coaches may select trainings from a wide variety of opportunities, as long as the training and education pertains to the CPRC performance domains. Please see the “CPRC Application” for more details on these domains. The ADACBGA. follows the guidelines established by the IC&RC.

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 CPRC field, contact the office to ensure credit will be given. Supporting documentation may be requested.

## SUPERVISION

Supervision: Candidates for recertification must have received a minimum of 96 hours of supervision from a licensed clinician or a certified addiction professional.

**ALCOHOL AND DRUG ABUSE  
CERTIFICATION BOARD OF GEORGIA, INC.**

**CPRC RECERTIFICATION APPLICATION & BIOGRAPHICAL DATA**

Please type or print legibly:

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

Any other name used: \_\_\_\_\_

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

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

Work Name and address: \_\_\_\_\_

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

Preferred Phone (\_\_\_\_)-\_\_\_\_\_ Work (\_\_\_\_)-\_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

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

e-mail: \_\_\_\_\_

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

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

Ethnic Affiliation: Caucasian \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_  
(For statistical purposes only)

Highest Education level completed: High School or GED \_\_\_\_\_ Some College \_\_\_\_\_ Associate \_\_\_\_\_  
Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

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

\_\_\_\_\_

**ASSURANCE AND RELEASE  
ETHICS STATEMENT**

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.

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.

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.

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 a Certified Peer Recovery Coach.

I further understand that ADACBGA. will 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



**SUPERVISOR'S STATEMENT**

CPRC's name \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Program name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Professional licenses and/or certificates you hold \_\_\_\_\_

I HEREBY CERTIFY THAT I WILL OBSERVE AND HAVE FIRSTHAND KNOWLEDGE OF THIS APPLICANT'S WORK AND THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE

\_\_\_\_\_  
Supervisor's Signature date

\_\_\_\_\_  
CPRC's Signature date

**PLEASE RETURN DIRECTLY TO  
Alcohol and Drug Abuse Certification Board of Georgia, Inc.  
PO Box 250449  
Atlanta, GA 30325**

**IF RETURNED TO SUPERVISEE FORM MUST BE PLACED IN A SEALED ENVELOPE  
WITH SUPERVISOR'S SIGNATURE ACROSS THE BACK SEAL.**

