

CERTIFICATION EXAMINING BOARD OF LASACT, INC.
P.O. Box 80235 * Baton Rouge, LA 70898-0235
Phone: 225.766.2992 * Fax: 225.766.8552 * e-mail: ceb@lasact.org Website: www.lasact.org

December 30, 2020

Dear Certificate Holder:

Your AADC, CCJP, CCDP, OR CCDP-D expires on February 3, 2021. Attached are the necessary re-certification documents to renew your credential for a two-year period--until February 3, 2023:

- (1) Re-certification Requirements
- (2) Re-certification Application Form
- (3) Education Summary Form (AADCs only need to submit a current LAC card for CEH verification—see explanation below*)
- (4) Order Form for receiving an IC&RC Official Certificate (Optional)

If you are not currently a member of LASACT and join at the time you submit your re-certification application, you may pay the member rate to recertify. You can find a LASACT membership form on our webpage at www.lasact.org. In addition to the discounted recertification fee, you are also entitled to discounts on all of our educational offerings including our Annual Conference.

A generic IC&RC certificate is issued at no charge to you at the time of your renewal. You will now be able to reciprocity your credential(s) to another state that IC&RC recognizes. Also, you have the option of ordering an official international certificate (see attached form) which includes your certification number for a fee of \$25.00 for each certificate ordered.

Read all attached documents thoroughly and carefully so you will know exactly what you need to do to re-certify.

*For your AADC renewal, a copy of your LAC card showing an expiration date of December 31, 2022 will suffice to verify the CEH's.

If your job and/or salary require recertification exactly on February 3, 2021, please submit your application to us by January 15, 2021 with a note requesting that we expedite processing for your work requirement. Otherwise, processing of renewals requires at least 30 working days.

Sincerely,

Janice Rebstock
Janice Rebstock
CEB Chairman

JR:dcs

Attachments

Recertification Requirements

Expiring 2/3/2021

Two Year Certification

(Renews Until 2/3/2023)

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AADC: If renewing at the same time as your CCDP-D, you need only to complete the combined application form and to include the appropriate fee. Please submit a copy of your ADRA card to associate with your AADC file. This renewal will be for a two-year period.

CCJP/CCDP/CCDP-D: After the initial certification period, renewal is required every two years. **During each two-year cycle, recertification will require 40 hours of continuing education specific to integrated/co-occurring treatment services education/training (addiction with another mental health co-occurring topic).** An accepted co-occurring education unit is one that addresses treatment of a client that suffers with substance abuse disorder and another simultaneous problem which impacts mental health. You will typically find these hours with titles of the course as Dual Diagnosis, Co-occurring, Integrated Care or Mental Health with Substance Abuse. In-service hours will not be allowed.

In-service hours will **not** be allowed.

1. Hours may be accrued up to 90 days preceding the certification cycle, if not used for the previous certification. If you have all of the necessary continuing education hours but miss the deadline for submission of your application for recertification, you have a 90-day grace period within which you may submit your application with a late fee.
2. If you do not have all of the necessary continuing education hours, your certification will lapse; however, you have one year from your expiration date within which to recertify by acquiring the needed hours plus prorated hours calculated at 1.67 hours per month from the expiration date to the date you submit your recertification application. You may contact us at ceb@lasact.org for assistance in calculating your hours and additional fees.

Co-occurring Education Hours are offered at the Summer LASACT Conference each year. In addition, on the LASACT webpage www.lasact.org under the tab to "Education" there is a link to the Distance Learning Center for Addiction Studies (DLCAS) which offers online courses in co-occurring disorder and integrated services that meet this requirement. Of course, you may take advantage of any other options available to you for integrated/co-occurring treatment services education/training.

An Applicant for a two-year recertification should submit the following documents and fees.

1. Application Form that LASACT will provide and that will be posted on web site www.lasact.org under the Credentialing Tab/CEB.
2. Signed Code of Ethics Statement located at the bottom of Application Form. (Please keep the Code of Ethics pages for your Files)
3. Copy of current ADRA card or other "right-to-practice" card.
4. For CCDP/CCJP or CCDP-D: **Documentation of 40 hours of continuing education specific to integrated/co-occurring treatment services during the two-year certification period;**
5. **Appropriate Fee determined from the following Fee Schedule:** *(Convenience Fees Apply to Credit Card and Pay Pal Payments)*

If renewing only ONE credential for a 2-year period

(AADC/CCJP/CCDP/CCDP-D:

- LASACT members – send \$ 120
- Non-members – send \$ 180

If renewing More than One credential for a 2-year period

(AADC/CCJP/CCDP and/or CCDP-D:

- LASACT members - send \$150
- Non-members - send \$305

- \$50 late fee per application is required if application is sent after the expiration date.

- \$25 fee for each Official International Certificate ordered (*OPTIONAL*)

All fees are non-refundable. You have a 90-day grace period to get the required materials in with the late fee; however, education hours may not be acquired during this period.

Certification Renewal Notices may also be sent out by e-mail. Please notify us of any changes to your e-mail address

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APPLICATION FOR RECERTIFICATION

2-YEAR PERIOD—Expires February 3, 2021

AADC (Until February 3, 2023)

Name to appear on certificate(s) _____

Please Print Clearly

Address: _____

Street/Apt. #/ P.O. Box

City/State/Zip

Phone: W _____ Cell _____ E-mail _____

Place of Employment: _____

Employers Address: _____

City

State

ZIP

Required Enclosures - check applicable statement:

____ Copy of **current ADRA Credentialing Card** or other masters level credentialing card showing expiration date of 12/31/2021. *Your renewal **cannot** be processed until we receive a copy of your card verifying that you hold a current and valid right to practice credential. **Do not send** your current LASACT credential card.*

Payment Options: Check applicable item

____ Online at www.lasact.org using PayPal **AND** fax application form to 225.766.8552. If a late fee is required, a separate PayPal payment must be made.

____ Check or Money Order for re-certification fee in the amount of \$ _____ Make check payable to LASACT/CEB.

Mail to P.O. Box 80235, Baton Rouge, LA 70898-0235 **AND** attach required forms

____ Payment by Credit Card (use the form below or call information in to 225.766.2992 **AND** fax the required forms to 225.766.8552) or pay with Pay Pal by accessing www.lasact.org / [Credentialing](#) tab. (**Convenience Fees Apply to Credit Card / Pay Pal Payments**)

If renewing only **AADC** credential for a 2-year period

- LASACT members – send \$ 120
- Non-members – send \$ 180

If renewing **More than One** credential for a 2-year period

(AADC/CCJP/CCDP and/or CCDP-D:

- LASACT members - send \$150
- Non-members - send \$305

- \$50 late fee per application is required if application is sent after the expiration date.
- \$25 fee for each Official International Certificate ordered (OPTIONAL)

Signature below denotes that applicant:

is currently active in the field of alcohol and substance abuse; is free of any ethical or malpractice violation; ACCEPTS ALL OF THE PRINCIPLES OF THE ADRA CODE OF ETHICS AND DISCIPLINARY PROCEDURE. Applicant understands that the AADC certificate is not a substitute or a replacement for the ADRA credential and therefore is NOT a license with which to practice substance abuse counseling.

Print Name Here _____ Signature _____

Date _____

THIS FORM AND OTHER REQUIRED INFORMATION MUST BE POSTMARKED BY 2/3/2021 TO AVOID THE \$50 LATE FEE.

IF PAYING WITH CREDIT CARD:

NAME ON CARD: _____

EXPIRE

DATE: _____

CARD #: _____ SECURITY CODE : _____ BILLING ZIP: _____ Rev 12/2020

Certification Examining Board of LASACT
SUMMARY OF CONTINUING EDUCATION FOR RENEWAL
2 YEAR CERTIFICATION

Name: _____

Dates to be covered 2/3/2019 - 2/3/2021

Continuing Education Requirement: 40 hours in integrated services / co-occurring disorders / dual diagnosis between the dates of 2/3/2019 and 2/3/2021. (AADC's do not need to complete this form)

| Date | Provider | Title | # Hours |
|------|----------|--------------------|---------|
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| | | | |
| | | Total Hours | |

Make extra copies as needed.

Instructions:

- ✓ Enter only one educational event per row.
- ✓ Provide the information requested in each column for each educational event.
- ✓ Number of hours must total a minimum of 40 for the period 2/3/2019 to 2/3/2021.
- ✓ Attach a copy of a certificate for each educational event listed. **Certificates must show** the provider, date(s), title of event, speaker/presenter, number of contact hours completed, and your name. Certificates without this information will be rejected. Title of educational event must indicate clearly that it is related to integrated services and/or co-occurring disorders.
- ✓ If college or university credit was given, hours are determined at the rate of 15 clock hours per semester credit hour.

THIS FORM MUST BE COMPLETED. MAKE EXTRA COPIES IF NECESSARY. DO NOT WRITE ON THE BACK. ALSO, SIMPLY SAYING "CERTIFICATES ATTACHED" IS NOT ACCEPTABLE