



# RECERTIFICATION APPLICATION

## For All Credentials

### RECERTIFICATION DIRECTIONS – READ DIRECTIONS CAREFULLY

*Prior to submitting your recertification application to PCB, please review the following list to be sure you have included all the necessary documentation.*

***Recertification application can be submitted no sooner than three (3) months prior to the credential's expiration date.***

- Completed application pages - page 6-7
- Completed education and training page - page 8 - **Do not send copies of your certificates.**
- Recertification fee and any other applicable fees – page 9

If there are any problems with the application, you will be notified by email. Keep a photocopy of the entire application for your records.

To check the status of your recertification application, you can use the Credential Search on the homepage of our website: [www.pacertboard.org](http://www.pacertboard.org). Simply enter your last name and click “Apply”.

### TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- **Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- **Email:** [info@pacertboard.org](mailto:info@pacertboard.org) *NOTE: Only PDFs are acceptable. PCB does not accept photos of applications.*
- **Fax:** 717-540-4458

**Please allow 5-10 business days for reviewing and processing of your recertification application.**

To confirm receipt of your application, or check on the status, you must email [info@pacertboard.org](mailto:info@pacertboard.org).

### RECERTIFICATION INFORMATION FOR ALL CREDENTIALS

1. Recertification record keeping is the responsibility of the certified professional. All recertification documents and application forms should be submitted together. Keep copies of everything submitted.
2. Education must be acquired no earlier than two years prior to the applicant's current expiration date.
3. Recertification is considered late if you are mailing it and it is postmarked after your expiration date. Recertification is considered late if you are submitting it electronically and it is after your expiration date. If recertification is not completed prior to the expiration date, it is considered lapsed.
4. Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and distance learning/online courses.

## AUDITING

Documentation of continuing education is only required for recertification if a certified professional is randomly selected for review, or audit of their education hours. Audits occur twice per year (every January and July).

Those selected for audit will be notified and must submit documentation of the appropriate number of hours of education/training that they completed in the prior two-year period. Since the audit process is random, individuals may be selected for audit multiple times.

Non-compliance with the required education/training for recertification is viewed as a breach of professional ethics.

***DO NOT SEND IN COPIES OF YOUR CERTIFICATES OF COMPLETION FOR TRAININGS WITH YOUR RECERTIFICATION APPLICATION. THESE WILL NOT BE REVIEWED AT THE TIME OF YOUR RECERTIFICATION AND WILL BE DISCARDED. YOU WILL ONLY SEND COPIES OF TRAINING CERTIFICATES IF YOU ARE RANDOMLY SELECTED FOR A RECERTIFICATION AUDIT.***

## EDUCATION INFORMATION

You can use the same education for **multiple credentials** under the following conditions: they are in the correct two-year time frame, and it is relevant to the education requirements.

**College/university course** may be used. A three-college credit college course equals 45 hours.

Trainings, workshops, seminars, and conferences offered by professional associations, treatment providers, and governmental agencies may be used.

**PCB does not accept** general staff meetings, supervision, staff rounds, or case management as education.

**Distance learning/online courses/webinars are acceptable.** There is no limit to the number of distance learning/online courses that can be used.

**Acceptable documentation** of education must include the professional's name, title, date, number of hours and the organization. Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

**Training must be non-repetitive**, meaning the exact same training cannot be claimed more than one time during a two-year recertification period.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

**Published work** written by the certified professional and published by a professional publishing house may meet up to 10 hours of education. A copy of the published work must be submitted.

A **certified professional who provides education** to other professionals may receive hours toward their own recertification. The presenter will receive the same number of hours as the participant; and the presentation can be used for credit once in each recertification period. Training provided by a certified professional must also be documented by sponsoring organization in the same manner as participant documentation (i.e., certificate, letter of participation).

## LAPSED CREDENTIAL

A credential is valid for a two-year period. If your credential lapses, you have 12 months from your expiration date to recertify. After 12 months, you must reapply for your credential(s) and complete all the requirements for initial certification. **To renew a lapsed credential:** complete the recertification application with the appropriate requirements and fee(s), plus the lapsed fee.

## FOR PROFESSIONALS HOLDING MULTIPLE PCB CERTIFICATIONS

If you have more than one credential, you pay the recertification fee for your original credential plus \$50 each for all other credentials you are recertifying. If your additional credentials do not have the same expiration date as your primary credential, you will submit a second recertification application at the time they expire with the \$50 per credential recertification fee.

## NAME CHANGES

Name changes can be made at any time. Official legal documentation regarding the name change is required. A copy of the legal documentation must be mailed, emailed, or faxed to PCB. Acceptable documentation includes copies of marriage licenses, divorce decrees, etc. Names on certificates cannot be changed until documentation is provided. Once documentation of a name change has been submitted to PCB, a new certificate will be sent to the certified professional.

## EXPIRATION DATE CHANGE

If you hold multiple PCB credentials, you can request to change the expiration date(s) and recertify your credentials at the same time. Recertification is made easier, as you can use the same education (if applicable) for all your credentials. This is optional. A written request along with the fee of \$25 per credential must be submitted with the recertification application of your primary certification.

## INACTIVE & EMERITUS STATUS

**Inactive Status:** For certified professionals who are experiencing extenuating circumstances, a means to put their certification on hold and avoid paying lapsed fees, retesting (if applicable) and the reapplication process. Inactive status is for certified professionals who expect to be inactive for a minimum of six months. ***Insufficient hours of continuing education will not be accepted as rationale for requesting Inactive Status.***

**Emeritus Status:** For certified professionals who are retired from the work force but wish to maintain a connection to PCB.

Approval of each status is at the discretion of PCB. Applicants will be notified by PCB of approval or denial via email approximately 7-10 business days after the request is received. For more information, visit [www.pacertboard.org](http://www.pacertboard.org) and click on Recertification.

## RELEASE

I hereby request that the Pennsylvania Certification Board grant the credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the PCB Code of Ethical Conduct.

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information related to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification.

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by PCB to officers, members, and staff of the Board.

I consent to authorizing PCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential.

Allegations of ethical misconduct reported to PCB before, during, or after application for certification is made will be investigated by PCB and could result in the nullification of the application or denial or revocation of certification.

## RECERTIFICATION INFORMATION: RECOVERY & PEER CREDENTIALS

### REQUIREMENTS AND FEES

RECOVERY & PEER CREDENTIALS		
Name	Fee	Education Requirement
CRS	\$100	30 hours relevant to recovery support services, including 6 hours in ethics and 3 hours in confidentiality.
CFRS	\$100	30 hours relevant to family recovery support services, including 6 hours in ethics and 3 hours in confidentiality.
CRSS	\$100	<b>Current and valid CRS/CFRS:</b> 6 hours specific to the supervision of recovery specialists. These hours may be included in the total (30) hours needed to recertify the CRS/CFRS. <b>Non-CRS/CFRS:</b> 30 hours including: 6 hours specific to the supervision of recovery specialists, 6 hours in ethics, 3 hours in confidentiality, and 15 hours relevant to the field.
CPS ( <i>Peer</i> )	\$50	36 hours, of which 24 hours must be specific to peer support and/or recovery practices, 3 hours in ethics, and the remaining 9 hours are chosen by the professional and may be in any topic.

*Are you recertifying your CPS and your CRS and/or CFRS at the same time?*

- **To determine your fee:** look at your certificates and find your issue date. The credential you earned first is your primary credential. Find the fee for that credential above. You will pay that fee, plus \$50 each for the other credential(s) you hold. You will fill in payment information on the Recertification Payment Information Page (page 8).
- **You can use the same education for multiple credentials under the following conditions:** they are in the correct two-year time frame, and it is relevant to the education requirements listed above.

*Do you want your CPS and your CRS and/or CFRS to have the same expiration date?*

You can do this simply by including a written request with your application and the fee on the Recertification Payment Information Page (page 9). Your expiration date will change to your primary credential's expiration date. To determine this date in advance, look at your certificates and find your issue date. The credential you earned first is your primary credential.

## RECERTIFICATION INFORMATION: CLINICAL, OTHER, ETC.

### EDUCATION INFORMATION

Three (3) hours in professional ethics and responsibilities as part of the total education hours. Acceptable trainings that would meet this requirement include but are not limited to: ethics related to human services, HIPAA, confidentiality, boundaries, mental health law and mandated child abuse reporting.

PCB accepts education received outside of Pennsylvania.

Education/training can be in-person, online, or a hybrid. Education/training can come from any source(s) the certified professional chooses.

### REQUIREMENTS AND FEES

CLINICAL		
Name	Fee	Education Requirement
AAC	\$100	40 hours relevant to addiction including 3 hours in ethics
CAAC, CADC & CAADC	\$200	40 hours relevant to addiction including 3 hours in ethics
CCJP	\$200	40 hours relevant to addiction including 3 hours in ethics
CCDP & CCDPD	\$200	40 hours relevant to co-occurring disorders including 3 hours in ethics
CCS	\$200	6 hours relevant to clinical supervision

OTHER CREDENTIALS		
Name	Fee	Education Requirement
CPS ( <i>Prevention</i> )	\$200	40 hours relevant to prevention including 3 hours in ethics
CAAP	\$125	25 hours relevant to addiction including 3 hours in ethics
CIP	\$200	30 hours relevant to intervention including 3 hours in ethics
CCSM/CCMS	\$200	40 hours relevant to addiction including 3 hours in ethics
CCHW	\$75	30 hours relevant to community health including 3 hours in ethics
CPD (Doula)	\$75	15 hours relevant to doula practice

ENDORSEMENTS		
<b>Must be recertified at the same time as your qualifying credential. The hours to renew endorsement will be included in the total hours needed to renew your qualifying credential.</b>		
Name	Fee	Education Requirement
Problem Gambling	\$50	6 hours specific to gambling
Criminal Justice	\$50	6 hours specific to criminal justice
Clinical Supervision	\$50	6 hours specific to clinical supervision

# RECERTIFICATION APPLICATION: FOR ALL CREDENTIALS

Form can be completed and saved. You may then print the appropriate pages to submit to PCB.

## TYPE OR PRINT LEGIBLY

### PCB CERTIFICATION(S) I AM RECERTIFYING (CHECK ALL THAT APPLY):

**Counselor:**  AAC  CAAC  CADC  CAADC  CCJP  CCDP  CCDPD  CCS

**Recovery & Peer Support:**  CRS  CFRS  CPS (Peer)  CRSS

**Other:**  CCHW  CPS (Prevention)  CCSM  CCMS  CAAP  CIP  CPD (Doula)

**Endorsements:**  Gambling  Criminal Justice  Clinical Supervision

**Today's Date** (mm/dd/yyyy): \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

**Pronouns:** \_\_\_\_\_ **Date of Birth** (mm/dd/yyyy): \_\_\_\_\_ **SSN (last four):** \_\_\_\_\_

**Have you ever received any disciplinary action from another certification/licensing authority?**  Yes  No

*If yes, provide full details on a separate sheet.*

**Have you read and understood the PCB Code of Ethical Conduct?**  Yes  No

*The Code of Ethical Conduct is located at [www.pacertboard.org/ethics](http://www.pacertboard.org/ethics).*

**Have you read and understood the Release?** (page 3)  Yes  No

**Have you read and understood the Auditing process?** (page 2)  Yes  No

### CONTACT INFORMATION

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Primary Email:** \_\_\_\_\_

**REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

**Secondary Email:** \_\_\_\_\_

### EMPLOYMENT INFORMATION *Note: you do not need to be employed to recertify.*

**Position/Title:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

### DEMOGRAPHICS *Data is never released with identifying information. It is used to report workforce data to state and federal agencies.*

#### What is your gender?

- Female
- Male
- Nonbinary
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

#### Do you identify as transgender?

- Yes
- No
- Prefer not to disclose

**How do you describe your sexual orientation or sexual identity?**

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Questioning or unsure
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

**Which best describes you?**

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaska Native
- White or Caucasian
- Multiracial or Biracial (please specify): \_\_\_\_\_
- Not listed (please specify): \_\_\_\_\_
- Prefer not to disclose

**What is your yearly income?**

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Unsure
- Prefer not to disclose

**Do you have military experience?**

- Active duty
- Veteran
- Not Applicable
- National Guard
- Reserve

**Language(s) spoken fluently (check all that apply):**

- American Sign Language
- Arabic
- Chinese
- English
- French
- German
- Indigenous Language
- Italian
- Korean
- Polish
- Portuguese
- Russian
- Spanish
- Tagalog (Filipino)
- Vietnamese
- Other, please specify: \_\_\_\_\_

**Employment plans for the next two years (check all that apply):**

- Obtain full time employment/Increase hours
- Obtain part-time employment/Decrease hours
- No change
- Retire
- Move to a different career/field
- Unknown

**What is the highest degree or level of school you have completed?**

*(If you're currently in school, please check the highest degree you have completed.)*

- Less than a high school diploma
- High school degree or equivalent (e.g. GED)
- Trade, Technical or Vocational School
- Some college, no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Master's degree (e.g. MA, MS, MEd)
- Professional degree (e.g. MD, DDS, DVM)
- Doctorate (e.g. PhD, EdD)

## EDUCATION & TRAINING

Candidates for recertification must list below all trainings attended in the two-year recertification period. Recertification applications will not be approved without completion of the list. Photocopy this page if more room is needed. If the organization or state agency from whom you received your trainings provide transcripts that lists your name, dates of trainings, titles, and number of hours, you may submit that documentation in lieu of this form.

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL NUMBER OF HOURS:** \_\_\_\_\_

I have attended all trainings listed above and will provide documentation of attendance if audited.

\_\_\_\_\_  
Applicant Signature



# RECERTIFICATION PAYMENT INFORMATION

**Payment in full must be made before recertification of a credential will be approved.**

## FEE CHECKLIST

Has your certification(s) lapsed?  Yes  No

*If yes, fill in an additional \$50 lapsed in the space provided below.*

Recertification of primary credential: \$ \_\_\_\_\_  
*(See credentials table to the right for fee)*

Recertification of additional credential: \$ \_\_\_\_\_  
*(\$50/additional credential/endorsement if applicable)*

Lapsed \$50 fee: \$ \_\_\_\_\_  
*(If you checked yes to the above question, fill in the fee here)*

Expiration date change: \$ \_\_\_\_\_  
*(\$25/per credential if applicable)*

**TOTAL:** \$ \_\_\_\_\_

CREDENTIALS & ENDORSEMENTS	
CRS	\$100
CFRS	\$100
CPS (Peer)	\$50
CRSS	\$100
AAC	\$100
CAAC, CADC & CAADC	\$200
CCJP	\$200
CCDP & CCDPD	\$200
CCS	\$200
CPS (Prevention)	\$200
CAAP	\$125
CIP	\$200
CCSM/CCMS	\$200
CCHW	\$75
CPD (Doula)	\$75
Problem Gambling	\$50
Criminal Justice	\$50
Clinical Supervision	\$50

**Payment (check one):**  Check  Money Order  VISA  MasterCard  Discover  American Express  
*Checks & Money Orders made payable to PCB  My employer/organization is mailing payment to PCB*

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email address for receipt *(if paying by credit card only):* \_\_\_\_\_

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