

Michigan Certification Board for Addiction Professionals
6639 Centurion Drive, Suite 170, Lansing MI 48917

Renewal Application

Please complete this document and DO NOT submit any additional documentation at this time unless this is your first renewal, or you have been selected for an audit. If you have not renewed your credential prior to its expiration date you are allowed 180 days after your expiration date to successfully meet all renewal requirements and submit all necessary fees including late fees. If you fail to renew your credential within the 180 days allowed, and you wish to hold this credential, you **must** reapply or re-instate the credential; meeting all current standards, which may include additional documentation and/or exams. You must meet all continuing education requirements in order to be eligible for renewal.

*NOTE: Twenty (20) hours of continuing education is required for each year of the **prior** certification period. Therefore, Sixty-(60) hours of MCBAP approved continuing education training is required if renewing after three (3) years, Forty-(40) hours if renewing after two (2) years, or Twenty-(20) hours if renewing after one (1) year. At least fifty (50%) percent of continuing education training must be **specific to substance use disorders**. A course may not be taken more than once within a twelve (12) month period.

*CPRM ONLY requires only Ten (10) hours of continuing education for each year of the **prior** certification period. Additionally, for CPRM, at least Six (6) of the education hours must be professional ethics education.

SECTION I: Renewal Information: The following information must be completed

ARMS-I _____	ARMS-II _____	CADC-M _____	CADC _____
CAADC _____	CCS-M _____	CCS _____	CPS-M _____
CPS _____	CPC-M _____	CPC-R _____	CCJP _____
CCDP _____	CCDP-D _____	CPRM _____	

SECTION II: Demographics (Please Print Legibly)

Name _____ Social Security Number _____
(last 4 digits only)

Address _____ County _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Daytime Phone (____) _____

Email Address: _____

SECTION III: Renewal Application Fees

ALL FEES ARE NON-REFUNDABLE

Two-year renewal fee \$145
Three-year renewal fee \$200

Those holding multiple credentials, the renewal fee per additional credential is:
\$40
\$50

Late Fee (if applicable/ per each credential)
 Within 30 days after expiration date \$25.00
 Over 30 days but within 90 days after expiration date \$50.00
 Over 90 days but within 180 days after expiration date \$100.00

CPRM ONLY: Two-year renewal fee \$65 Late Fee \$25 within 180 days after expiration date.

Please contact our office directly if you are unclear as to the amount to be remitted for renewal of your certification. Payment can be made by check, money order, or via online Payments function at www.mcbap.com.

* Check here if applying for the Older Adult Status and provide necessary documentation.

Certified Professionals who are 65 years of age or older, or who have had a past "older adult" status may request to waive the renewal fee by checking the line above. Age verification is required for first-time waiver request by submitting a copy of legal identification with date of birth listed. Late fees still apply.

SECTION IV: Signature statement

In signing, I acknowledge that the MCBAP Board considers this document as my application for renewal of my credential. I agree and hereby certify that all the information I have provided is true and accurate. I also agree to adhere to the current code of ethics.

Signature _____

Date _____

**** IMPORTANT: If you would like verification MCBAP has received your application, please use mail tracking or your own fax confirmation reports. MCBAP cannot reply to telephone inquiries regarding receipt.**

By submitting this application, I attest that I have earned the required number of continuing education hours for the preceding certification period. I understand it is my responsibility to maintain evidence of my compliance with the continuing education requirement from the date of submission of this application and that I am subject to an audit of such evidence. I also attest that there have not been any complaints filed against me that could be viewed as unethical during my proceeding certification period.

SECTION V: Data Collection

Please fill out the Data Collection section. This data is important in identifying the on-going status of substance abuse workforce in the state of Michigan. The information will assist with identification of future needs, e.g. competency standard, credentialing, training, education, future funding and other planning activities. The aggregate data will be shared with groups such as providers, PIHPs, State of Michigan, Office of Drug Control Policy, elected officials and other interested parties.

Type of service in which you spend the majority of your time

- | | | |
|--|---|---|
| <input type="checkbox"/> Prevention | <input type="checkbox"/> Detoxification | <input type="checkbox"/> Medical Facility |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Intensive Outpatient | <input type="checkbox"/> Court Program |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Methadone | <input type="checkbox"/> Access Center |
| <input type="checkbox"/> Supervision/Management/Administration | <input type="checkbox"/> Recovery Program | <input type="checkbox"/> Other |

Primary role/responsibility function

- | | | |
|--|--|--|
| <input type="checkbox"/> Primary Therapist | <input type="checkbox"/> Didactics | <input type="checkbox"/> Peer Support |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Screener/Assessor | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Clinical Supervisor | <input type="checkbox"/> Medical/Psychiatric | |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Residential Aid/Milieu Technician | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prevention Specialist | |

Annual salary from treatment, recovery, or prevention work (optional):

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 - Retired | <input type="checkbox"/> \$31,000 - \$40,000 | <input type="checkbox"/> \$61,000 - \$70,000 |
| <input type="checkbox"/> \$1 - \$10,000 | <input type="checkbox"/> \$41,000 - \$50,000 | <input type="checkbox"/> \$71,000 - \$80,000 |
| <input type="checkbox"/> \$11,000 - \$20,000 | <input type="checkbox"/> \$51,000 - \$60,000 | <input type="checkbox"/> \$81,000 - \$90,000 plus |
| <input type="checkbox"/> \$21,000 - \$30,000 | | |

Gender (optional) Female Male

Primary Race/Ethnic Group (optional)

- | | |
|--|---|
| <input type="checkbox"/> White/Caucasian (non-Hispanic) | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Black/African American (non-Hispanic) | <input type="checkbox"/> Native American/Indian |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Arab/Chaldean |
| <input type="checkbox"/> Other (please specify) _____ | |

Certification(s)/Licensure(s) (identify ALL and if limited/temporary status)
