



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 page - 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
- ☐ Please make sure to mark the appropriate box on the application if you would like to receive an updated paper certificate for \$20.00.

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. 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 *NOTE: Only PDFs are acceptable. PCB does not accept photos of applications.*
- **Fax:** 717-540-4458

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

To confirm receipt of your application, or check on the status, you must email 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. For douglas, the education must be acquired no earlier than three years prior to the applicant's 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 expired.
4. Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, and 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 (example if your credential was issued on 1/1/2021 and expires on 1/1/2023, you can use education after 1/1/2021) 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, 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 same training cannot be claimed more than one time even if the training is taken on different dates from different providers.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided that 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).

EXPIRED CREDENTIAL

A credential is valid for a two-year period, except for the doulas, who have a three year period. If your credential expires, you have the first 6 months, from the date of expiration, to recertify. After 6 months from the expiration date of the credential, you must reapply for your credential(s) and complete all the requirements for initial certification. **To renew an expired credential within the first six (6) months:** complete the recertification application with the appropriate requirements and fee(s), plus the expired fee of \$75.

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 of 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 license, 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 are able to 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 expired 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 the approval or denial via email approximately 7-10 business days after the request is received. For more information, visit www.pacertboard.org and click on Recertification. More information is on the left side of the page.

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 relative 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 aforementioned Board;

I consent to authorize 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 SUPPORT 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	Current and valid CRS/CFRS: 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. Non-CRS/CFRS: 30 hours of education 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 (Peer)	\$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 (example if your credential was issued on 1/1/2021 and expires on 1/1/2023, you can use education after 1/1/2021) 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 8). 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: COUNSELOR, PREVENTION, ETC.

EDUCATION INFORMATION

Three (3) hours in professional ethics and responsibilities as part of the total education hours are required. 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 reporting.

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

ADDITIONAL 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
CDCORP	\$75	2 deployments or exercises documented and five trainings
CPD (Doula)	\$75	15 hours relevant to doula practice

ENDORSEMENTS		
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.		
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

Additional: ☐ CCHW ☐ CPS ☐ CCSM ☐ CCMS ☐ CAAP ☐ CIP ☐ CDCORP ☐ CPD (Doula)

Endorsements: ☐ Gambling ☐ Criminal Justice ☐ Clinical Supervision

Would you like a paper certificate mailed to you for a \$20 fee? ☐ Yes ☐ No

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.

Have you read and understood the Release? (Located on page 3 of this application.) ☐ 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 ☐ Prefer not to disclose
- ☐ No

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 ☐ Multiracial or Biracial (please specify): _____
- ☐ Black or African American ☐ Not listed (please specify): _____
- ☐ Hispanic or Latino ☐ Prefer not to disclose
- ☐ Native American or Alaska Native
- ☐ White or Caucasian

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

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. (If you are recertifying for a doula credential, then there is a three -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: _____

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) expired within the last six (6) months? ☐ Yes ☐ No
If yes, fill in an additional \$75 in the space provided below.

Recertification of primary credential: \$ _____
(See Credentials table to the right for fee.)

Recertification of additional credential: \$ _____
(\$50/additional credential if applicable.)

Expired \$75 fee: (within 6 months of the expiration date) \$ _____
(If you checked yes to the above question, fill in the fee here.)

Paper Certificate mailed \$20 fee \$ _____

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
CDCORP	\$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

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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