

**Upper Midwest Indian Council on Addictive Disorders (UMICAD)**

**PO Box 1130**

**Bemidji, MN 56619**

**ph. (218)230-2622 Fax:(218)319-8468**

**Application for  
Renewal**

Please complete this document and do not submit any additional documentation at this time. If you have not renewed your credential prior to its expiration date you are allowed 90 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 90 days allowed and you wish to hold this credential, you **must** reapply 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. **The requirement is 40 hours of continuing education every 2 years, or 20 hours every year of certification, including 6 hours of ethics.**

**Section I: Renewal Information: The following information must be completed.**

I am applying for: \_\_\_\_\_ Certified Alcohol and Drug Counselor I \_\_\_\_\_ CPS I  
\_\_\_\_\_ Alcohol and Drug Counselor II \_\_\_\_\_ CPS II  
\_\_\_\_\_ Alcohol and Drug Counselor III

**Section II : Demographics** (please print or type)

|                     |                     |
|---------------------|---------------------|
| _____               | _____               |
| Name                | Home phone          |
| _____               | _____               |
| Address             | County              |
| _____               | _____               |
| City/State/Zip code | Email Address       |
| _____               | _____               |
| Agency              | Agency Phone        |
| _____               | _____               |
| Agency Address      | City/State/Zip code |

**Section III: Renewal Fees**

Remit a non-refundable renewal fee of \$150.00 for a 2 (two) year certification period, and an additional \$25.00 late fee if applying after expiration date.

\_\_\_\_\_ Check here if applying for the Older Adult Status and provide all necessary documentation.

Certified Professionals who are retired from full-time employment may request an "older adult" status. To be eligible, the individual must document that they are at least 55 years of age, and that they are no longer employed full-time. Renewal continuing education standards will remain the same, however the fee will be waived.

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 for a period of 2 (two) years from the date of submission of this application and that I am subject to an audit of such evidence. I also attest that there has not been any complaints filed against me that would be viewed as unethical during my proceeding certification period.

**\*Note:** 20 (twenty) hours of continuing education is required for each year of the preceding certification period.

**Section IV: Signature statement**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

**Section V. Assurances**

- 1 I certify that all the enclosed application materials were prepared by me and are true and correct.
- 2 I agree to read and abide by UMICAD's Counselor or Prevention Specialist *Code of Conduct*.
- 3 I understand that the UMICAD CADC I, ADC II, ADC III, CPS I, and CPS II credential certificate and the identification card remain the property of the UMICAD.
- 4 I understand that if my Counselor or Prevention Specialist Certification is suspended or revoked as a result of my breaching the UMICAD *code of conduct* , I will return my UMICAD credential certificate and the UMICAD identification card to the UMICAD office immediately.

\_\_\_\_\_  
Name (type or print clearly)

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

\_\_\_\_\_  
Date

**Section VI. Supervisors Assurances**

Please verify all information is true and correct.

\_\_\_\_\_  
Supervisor's name (type or print clearly)

\_\_\_\_\_  
Signature of supervisor

\_\_\_\_\_  
Credentials

\_\_\_\_\_  
Date

**Section VII. Fee and mailing instructions**

Please make checks or money orders (do not send cash) payable to UMICAD.

\$150.00 CADC I, ADC II, ADC III (biennial)

\$100.00 CPS II (Biennial)

\$50.00 CPS I (biennial)

**Mail completed application and fee to:**

UMICAD  
PO Box 1130  
Bemidji, MN 56619  
ph. (218)368-8667  
fax. (218)444-7105

## Continuing Education Form

List each training course, seminar, workshop, etc., date(s), contact hours, substance abuse specific or related using this format.

**DO NOT ATTACH DOCUMENTATION** (make copies of this form if additional space is required.)

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Applicant Name

Date

---

Title of Training

---

Contact Hours

---

Specific/Related

---

Endorsed by

---

Date(s) of training

---

Title of Training

---

Contact Hours

---

Specific/Related

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Endorsed by

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Date(s) of training

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Date(s) of training

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Title of Training

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Contact Hours

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Specific/Related

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Endorsed by

---

Date(s) of training

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**DO NOT ATTACH DOCUMENTATION** (make copies of this form if additional space is required.)

|                   |                     |                  |
|-------------------|---------------------|------------------|
| Applicant Name    | Date                |                  |
| Title of Training | Contact Hours       | Specific/Related |
| Endorsed by       | Date(s) of training |                  |
| Title of Training | Contact Hours       | Specific/Related |
| Endorsed by       | Date(s) of training |                  |
| Title of Training | Contact Hours       | Specific/Related |
| Endorsed by       | Date(s) of training |                  |
| Title of Training | Contact Hours       | Specific/Related |
| Endorsed by       | Date(s) of training |                  |
| Title of Training | Contact Hours       | Specific/Related |
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