

SCAADAC RECERTIFICATION & TRAINING VERIFICATION

NOTE: Submit the Applicant Training Verification and the Recertification Application with the fee to the SCAADAC Certification Commission. Do NOT send training certificates at this time.

Name (Last, First, MI) _____ Date _____

Address _____ NAADAC Member # _____

Certification Period (date of last Certification approval to current Expiration Date) _____ to _____ Certification Level CACI CACII CCS

TRAINING DATE	CONTINUING EDUCATION / TRAINING TITLE 40 clock hours required 2 clock hours of Ethics required Training Certificates to include Trainer & Trainee names and the number of clock hours and/or Official Transcripts of undergraduate, graduate or professional studies	# CORE FUNCTION (describes training)	Check (✓) Category of Clock Hours			# CLOCK HOURS
			Max 20 hrs Applicant is trainer	Max 20 hrs Home Study	Attendance - Face to Face	
	<i>Ethics Training:</i>					

KEY: 1-Screening & Intake 2-Orientation 3-Assessment 4-Treatment Planning 5-Counseling
6-Case Management 7-Crisis Intervention 8-Client Education 9-Reports & Record Keeping
10-Case Consultation 11-Termination & Continuing Care

GRAND TOTAL CLOCK HOURS: _____

By submitting this form, I certify that all information is accurate and complete. I understand that untrue or incomplete information may result in having my certification revoked. I recognize and understand that the members of the SCAADAC Certification Commission are the sole and only judges of the qualifications required for receiving or maintaining certification. I further recognize that the SCAADAC Certification Commission reserves the right to modify or alter at any time the standards, qualifications, rules, policies, or procedures in connection with the certification process. Failure to provide proof of continuing education/training requirements may result in a hearing, suspension or revocation of certification.