

Upper Midwest Indian Council on Addictive Disorders (UMICAD)
P.O. Box 69
L'Anse, Michigan
ph. (906)524-4411
fax. (906)524-4415

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.

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

I am applying for: _____ CADC I _____ CPS I
 _____ CADC II _____ CPS II
 _____ CADC III

Section II : Demographics (please print or type)

Name	Home phone
Address	County
City/State/Zip code	
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 62 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 preceding 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, CADC II, CADC 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, CADC II, CADC III (biennial)

\$100.00 CPS II (Biennial)

\$50.00 CPS I (biennial)

Mail completed application and fee to:

UMICAD
P.O. Box 69
L'Anse, Michigan 49946

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.)

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

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