

Form 12-AS: APPLICATION FOR RECERTIFICATION

Name (as you want it typed on your certificate) _____

Certificate Number _____ Certificate Expiration _____

Home Address _____

City, State, Zip Code _____

Telephone Number (____) _____

E-Mail _____

Current Place of Employment _____

Address _____

City, State, Zip Code _____

Telephone Number (____) _____

E-Mail _____

PROFESSIONAL DEVELOPMENT DOCUMENTATION

Approved Form 11's with attached certificates of completion for at least 40 clock hours of Professional Development are submitted as follows:

| | <u>Number of Hours</u> |
|---|------------------------|
| 6 clock hours Alcohol & Drug Specific/Special Populations | _____ |
| 3 clock hours Counseling Ethics | _____ |
| Generic clock hours | _____ |
| Total Hours | _____ |

FEES TO BE ENCLOSED

| | | |
|--|----------------------------------|-------|
| Recertification Fee: | \$200.00 | _____ |
| Late Fee: | \$100.00 (1-45 days late) | _____ |
| CEU Approval Fee (if applicable) - \$10.00 per workshop (including all distance learning coursework) | | _____ |
| TOTAL ENCLOSED | | _____ |

APPLICANT SIGNATURE _____

DATE _____