
MAINTAINING YOUR MEDICATION ASSISTED ADDICTION TREATMENT PROFESSIONAL BOARD REGISTRATION

Board Registered MAATP

Board registered Medication Assisted Addiction Treatment Professionals (MAATPs) will follow the guidelines set forth in the Illinois Standard for Medication Assisted Addiction Treatment Professionals. They are required to pay a biennial registration fee, and submit 40 continuing education units (CEUs).

MAATPs will be notified that their registration is about to expire no fewer than 30 days prior to the expiration date. They will submit their biennial certification fee and CEUs to the Illinois Certification Board by their expiration date. Forms for the documentation of CEUs are available on the Illinois Certification Board's (ICB) website, www.iaodapca.org, under Credentialing/Credentialing Forms. The form must be completed, signed, and submitted with proof of attendance. CEUs should not be submitted until notification of expiration. **CEUs may be uploaded at time of payment. CEUs will not be accepted by email.**

A. Continuing Education Policy

- Forty (40) continuing education units (CEUs) are required to maintain board registration, and must be earned within the two-year registration period. An average of 20 CEUs should be obtained each year. CEUs are not transferable to any other board registration period. CEUs earned prior to initial board registration are not eligible to be used for maintaining registration. A MAATP may receive CEU credit only once for a training event, even if repeated during different board registration periods. A CEU is equivalent to one clock hour. (Excluded is non-program time such as breaks, social hours, registration time, meal times) One college semester hour of credit is equivalent to 15 CEUs, one college trimester hour of credit is equivalent to 12 CEUs, and one college quarter hour of credit is equivalent to 10 CEUs.
- All 40 CEUs required to maintain registration **must** be recognized or petitioned for ICB CEUs. Continuing education is broken down into two categories. Some continuing education may be recognized by ICB for both categories.

- CATEGORY I** - Minimum 15 CEUs of education specific to alcohol and other drugs or MAAT.

Examples - pharmacology, effects of alcohol or drugs on the human body, signs and symptoms of substance use disorder, dynamics of the substance use disorder process, medical treatment issues, detoxification/withdrawal, relapse, MAAT and/or alcohol and other drug rules and regulations, history of alcohol and other drugs, biomedical issues in MAAT, MAAT treatment approaches, stigma reduction for MAAT patients.

- CATEGORY II** - Minimum 25 CEUs of education specific to knowledge and skills related to the Core Functions of MAATPs, but does not have to be alcohol and other drug or MAAT specific.

Examples – theory/techniques of therapeutic approaches, human behavior/development, dysfunctional behavior, family dynamics, domestic violence, cultural issues, special populations, social services, confidentiality, legal systems, health and safety, professional relationship dynamics, crisis intervention.

Board Registered MAATPs who are also a licensed physician, LCPC, LCSW, or licensed psychologist need only submit 10 Category I MAAT specific CEUs and proof of current licensure. Board Registered MAATPs who are also ICB certified alcohol and other drug use counselors, need only submit 10 Category I MAAT specific CEUs and proof of current ICB certification. Category II CEUs are not required.

B. Sources of Continuing Education Units

- Recognized programs are training/education programs ICB has identified as fulfilling the criteria for CEU credit and have been awarded CEUs by ICB or are pre-recognized sources. The certificate of completion will contain the name of the participant, name of program, date of program, program number assigned by ICB, number of CEUs, and the category.
- Structured individual continuing education, such as the ICB Bibliocredit Reading Program and other self-study programs, is available to MAATPs with a maximum of 15 CEUs every two (2) years.
- Teaching and training other MAATPs in MAAT knowledge or competency areas qualifies for up to a maximum of 15 CEUs in a two-year registration period. The number of CEUs awarded will be equal to the number of hours spent in actual training time. Patient education and public education lectures are not eligible for CEUs. Presentations for which the MAATP has previously received credit are also not eligible. Petitions must be submitted for any presentations that have not been awarded ICB CEUs.
- Research papers accepted for publication, reading or discussion at a professional meeting or conference, and professional publications in the alcohol and other drug and/or MAAT field qualifies for up to a maximum of 15 CEUs in a two-year registration period. The topic must pertain to issues relating to alcohol and other drugs or MAAT specific and address one of the knowledge or skill areas or core functions. The work can be counted only once, even though presented in more than one format or location. Petitions must be submitted for CEUs.

C. Agency In-service Education and Training Programs

Of the 40 CEUs required biennially, 20 CEUs may be agency in-service training programs. Inservices not previously awarded CEU recognition by ICB may be petitioned for CEUs

D. Validation of Continuing Education

MAATPs must document that they have obtained CEUs and submit the appropriate validation for each educational experience.

1. Certificates or other proof of completion for ICB recognized or petitioned trainings.
2. Transcripts or other official grade reports for college or university courses.

E. Procedures for MAATPs to Petition for CEUs

Not all educational experiences available to the board registered MAATP will have been awarded CEUs by ICB, requiring the MAATP to petition such education/training for CEU credit. Requests are to be submitted to ICB on the petition form with the following information:

- Documentation of attendance
- Goals and objectives of the program
- Date/length of program in clock hours
- Brochure or other document describing program content
- Sponsor, location, instructor, and target population
- Definition of the training type (publication, workshop, seminar)
- Identification of the MAAT specific content and/or knowledge/skill related to the Core Functions
- Non-refundable petition fee (\$10.00)

Requests will be reviewed within 30 days, and the MAATP will be notified of the results. If recognized, the MAATP will be informed of the number of CEUs awarded.

F. Extension of Continuing Education Requirements

A MAATP unable to meet the continuing education requirements for board registration maintenance may request an extension, in writing. Extensions are \$10.00 per month for up to six months from his or her expiration date. A MAATP not meeting the CEU requirement after the six-month extension shall not be permitted to place his or her board registration on inactive status and shall be terminated. Reinstatement shall be through completing the full board registration requirement.

NOTE: The MAATP should remember this process leaves only 18 months to obtain CEU credit for the current registration period.

G. Inactive Status

A MAATP in good standing unable to meet the continuing education requirements for registration maintenance due to health or extenuating personal reasons may place his or her board registration on inactive status if they meet the requirements. The process for reactivation from inactive status will then be followed when the MAATP wishes to activate his or her board registration.

For detailed information refer to the Illinois Standard for Board Registered Medication Assisted Addiction Treatment Professionals.

PLEASE PHOTOCOPY THIS FORM

ATTACH PROOF OF ATTENDANCE

PAGE _____ OF _____

BOARD REGISTERED MAATP

NAME: _____

CREDENTIAL NUMBER: _____

SIGNATURE: _____

DATE: _____

**CEUS WILL NOT BE
ACCEPTED BY EMAIL**

CATEGORY	TITLE OF TRAINING	CLOCK HOURS	LOCATION AND DATE OF TRAINING	SPONSOR AND/OR ICB PROGRAM No.

ILLINOIS CERTIFICATION BOARD
d/b/a IAODAPCA, Inc.

PETITION FOR CONTINUING EDUCATION UNITS (CEUs)

Check if new address _____ You may photocopy this form.

Name _____
First MI Last

Credential Number _____

Address _____

Credential Level _____

City State Zip Code

Board Registration Number _____

Birth Date _____

Board Registration Level _____

CEU Category Requested:

Please identify credential (and/or endorsement) and the CEU categories (if applicable) being requested below.

Credential Type _____

Categories Needed _____

If requesting CEUs for more than one credential, please utilize the section below. If not, please proceed to Name of Training Program section.

Credential Type _____

Categories Needed _____

Credential Type _____

Categories Needed _____

Name of Training Program _____

Number of CEUs Requested _____ Date of Training Program _____

Brief Summary of Training Program Content and Goals:

Rationale: Why should this training program be recognized by ICB?

Attach documentation of program description, schedule, (may attach brochure)

Attach documentation of attendance (certificate, letter of verification, roster or sign in sheet) if applying for CEUs after attending the training program.

Signature _____

Date _____

One training program per petition. Petitions must be submitted at least 90 days prior to your certification expiration date, or with a completed recertification packet. Petitions received at least 90 days before the expiration date will be reviewed within 30 days of receipt and, you will be sent a letter regarding the results of the review.

Petition Fee \$10.00 - please send payment, with petition, in the form of a check, money order, or credit card. Make checks payable to ICB, Inc. The petition fee is non-refundable. Mail petition and payment to:

ICB, Inc.
401 East Sangamon Avenue
Springfield, IL 62702

Please note, a 3.75% service charge will be added to all credit/debit card transactions.

Amount to be charged _____

Credit Card Number _____ - _____ - _____ - _____
(VISA or MasterCard only)

Expiration Date _____

(Three digit code listed near the signature line on the back of the credit card) Security Code: _____

Name on Card _____

Telephone Number () _____ - _____

Billing Address _____

City _____ State _____ Zip Code _____