
MAINTAINING YOUR CERTIFICATION

CERTIFIED ASSESSMENT/ REFERRAL SPECIALIST

Certified Assessment/Referral Specialists (CARS) will follow the guidelines set forth in the Illinois Model for Certification of the Assessment/Referral Specialist. They are required to pay a biennial certification fee and submit continuing education units (CEUs).

Each CARS will be notified that his or her certification 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 IAODAPCA by their expiration date. Forms for the documentation of CEUs will accompany the notification and must be completed, signed, and submitted with proof of attendance. CEUs should not be submitted until notification of expiration. **CEUS will not be accepted by fax.**

A. **Continuing Education Policy**

1. Forty (40) continuing education units (CEUs) are required to maintain certification and must be earned within the two-year certification period. An average of 20 CEUs should be obtained each year. CEUs are not transferable to any other certification period. CEUs obtained prior to the CARS' initial date of certification are not eligible to be used for maintaining certification. A CARS may receive CEU credit only once for a training event, even if the event is repeated during different certification 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.

2. All 40 CEUs required to maintain certification **must** be recognized or petitioned for IAODAPCA CEUs. Continuing education is broken down into two categories. Some continuing education may be recognized by IAODAPCA for both categories.

- **CATEGORY I** - Minimum 15 CEUs of education specific to alcohol and other drug abuse/dependency.

Examples of Category I education are pharmacology, the effects of alcohol or drugs on the human body, signs and symptoms of AODA abuse and dependence, dynamics of the addiction process, evaluation theory and procedure, medical treatment issues, detoxification/withdrawal, relapse, AODA rules and regulations, AODA special populations, history of AODA, theories of addiction, historical perspectives.

- **CATEGORY II** - Minimum 25 CEUs of education specific to knowledge and skills related to the Assessment and Referral Domains and Knowledge Areas (refer to the Illinois Model for a list of domains and knowledge areas), but does not have to be AODA specific. This education covers Assessment and Referral skills and competencies.

Examples of Category II education are theory/techniques of therapeutic approaches, dysfunctional behavior, family dynamics, domestic violence, intervention/prevention strategies, health/safety, professional relationship dynamics, crisis intervention, human behavior and development, screening, assessment, recommendations, case management, outcome evaluation, professional responsibility, professional ethics, rules and regulations, cultural diversity issues, social services, confidentiality, legal systems, special populations.

B. **Sources of Continuing Education Units**

1. Recognized programs are training/education programs IAODAPCA has identified as fulfilling the criteria for CEU credit and have been awarded CEUs by IAODAPCA or are pre-recognized sources. The certificate of completion will contain the name of the participant, name of the program, date of program, program number assigned by IAODAPCA, number of CEUs, and the category.

2. Structured individual continuing education, such as IAODAPCA Bibliocredit Reading Program and other self-study programs, is available to Certified Assessment and Referral Specialists with a maximum of 15 CEUs every two (2) years.

3. A CARS may receive up to 12 Category II CEUs every two years for volunteer time serving as a member of the Board of Directors, a member of a Board committee, or a member of an IAODAPCA committee.

4. Teaching and training other ATODA Professionals in the Assessment and Referral Knowledge or Competency Areas qualifies for up to a maximum of 15 CEUs in a two-year certification 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. Presentations for which the CARS has previously received credit are also not eligible. Petitions must be submitted for any presentations that have not been awarded IAODAPCA CEUs.

5. Research papers accepted for publication, reading, or discussion at a professional meeting or conference, and professional publications in the AODA field qualifies for up to a maximum of 15 CEUs in a two-year certification period. The topic must pertain to alcohol and other drug abuse and address one of the domains or knowledge or skill areas. 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 IAODAPCA may be petitioned for CEUs

D. Validation of Continuing Education

Certified Assessment and Referral Specialists must document they have obtained CEUs and submit the appropriate validation for each educational experience.

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

E. Procedures for CARS to Petition for CEUs

Not all educational experiences available to the CARS will have been awarded CEUs by IAODAPCA, requiring the CARS to petition for such education/training for CEU credit. Requests are to be submitted to IAODAPCA on the petition form upon completion of the training event, 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 AODA specific content and/or assessment/referral domain or knowledge area
- Non-refundable petition fee (\$10.00)

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

F. Extension of Continuing Education Requirements

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

NOTE: The CARS should remember this process leaves him or her only 18 months to obtain CEU credit for the current certification period.

G. Inactive Status

A CARS in good standing unable to meet the continuing education requirements for re-certification maintenance due to health or extenuating personal reasons may place their certificate on inactive status if they meet the requirements. The process for reactivation from inactive status will then be followed when the counselor wishes to activate his/her certification.

For detailed information refer to the Illinois Model for Certification of Assessment and Referral Specialists.

PLEASE PHOTOCOPY THIS FORM

ATTACH PROOF OF ATTENDANCE

PAGE _____ OF _____

CERTIFIED ASSESSMENT/REFERRAL SPECIALIST

NAME: _____

CREDENTIAL NUMBER: _____

SIGNATURE: _____

DATE: _____

**CEUS WILL NOT BE
ACCEPTED BY FAX**

CATEGORY	TITLE OF TRAINING	CLOCK HOURS	LOCATION AND DATE OF TRAINING	SPONSOR AND/OR IAODAPCA NUMBER

ILLINOIS ALCOHOL AND OTHER DRUG ABUSE PROFESSIONAL CERTIFICATION ASSOCIATION, INC.

PETITION FOR CONTINUING EDUCATION UNITS (CEUs)

Check if new address _____ You may photocopy this form.

Name _____
First MI Last

Certification Number _____

Address _____

Certification Level _____

City State Zip Code

Board Registration Number _____

Birth Date _____

Board Registration Level _____

CEU Category Requested (mark all categories needed)

AODA Counselor ___ I ___ II ___ I or II

Prevention ___ I ___ II ___ I or II

CARS ___ I ___ II ___ I or II

MISA ___ I ___ II ___ III

PCGC ___ I ___ II ___ I or II

CCJP ___ I ___ II ___ I or II

CAAP ___ I ___ II ___ I or II

BRI ___ I ___ II ___ I or II

CRSS ___ I ___ II ___ I or II

(for AIS Approval)
MAATP ___ I ___ II ___ I or II

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 IAODAPCA?

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 IAODAPCA, Inc. **Mail petition and payment to:** IAODAPCA, Inc.
401 East Sangamon Avenue
Springfield, IL 62702

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

Expiration Date _____

(Please include the three-digit number listed near the signature line on the back of the credit card) VIN: _____

Name on Card _____

Telephone Number () _____ - _____

Billing Address: City _____

State _____ Zip Code _____