

## ADOLESCENT TREATMENT ENDORSEMENT MAINTENANCE AND RENEWAL

Professionals with the Adolescent Treatment Endorsement (ATE) will follow the guidelines set forth in the Illinois Model for the Adolescent Treatment Endorsement. They are required to pay a biennial endorsement fee and submit continuing education units (CEUs). No biennial endorsement fee will be assessed for ICB certified AOD counselors. They will be notified that their endorsement is about to expire no fewer than 30 days prior to the expiration date. ***Continuing education requirements are in addition to those needed to maintain the counselor credential. The Illinois Certification Board (ICB) will allow use of the Adolescent Specific hours to be counted as Counselor Category II continuing education hours. CEUs may be uploaded at time of payment.***

Non-responsiveness to credential renewal notices will result in termination of the endorsement status. Address changes must be submitted to ICB in writing

### **A. Continuing Education Policy**

1. Ten (10) CEUs are required to maintain the ATE and must be earned within the two-year endorsement period. CEUs are not transferable to any other endorsement period. CEUs obtained prior to the initial endorsement date are not eligible for maintaining the endorsement. Credit may be received once for a training event, even if it is repeated during different endorsement 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. The 10 CEUs that are required to maintain the ATE must be education in adolescent specific substance use disorder treatment performance domains, and **must** be recognized or petitioned for ICB CEUs.

Examples – Understanding Adolescent Addiction, Adolescent Treatment Knowledge, Application of Knowledge to Practice, and Professional Readiness to Treat Adolescents.

3. Renewal for Professionals with ATE who are Certified AOD Counselors will be contingent on continued good standing of their certification; therefore, proof of current certification will be required and submitted with their biennial ATE renewal.
4. **Renewal for Professionals with ATE who are Licensed Private Practitioners will be contingent on continued good standing of their Illinois Department of Financial and Professional Regulation (IDFPR) license; therefore, proof of a current license will be required and submitted with their biennial ATE renewal.**

### **B. Sources of Continuing Education Units**

1. Recognized programs are training and education programs that 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 program number assigned by ICB, the number of CEUs and the category.
2. Structured individual continuing education, such as the ICB Bibliocredit Reading Program and other self-study programs, is available.

### **C. Agency In-service Education and Training Programs**

Agency in-service training programs may be counted for all CEUs required for endorsement renewal.

- The training must be adolescent specific topics related to the four performance domains
- The training must be documented on agency letterhead with a qualified supervisor's signature.
- In-services not awarded CEU recognition by ICB may be petitioned for CEUs.

### **D. Validation of Continuing Education**

Professionals with ATE must document they have obtained CEUs and submit certificates or other proof of completion such as transcripts or official grade reports for college or university courses.

### **E. Procedures for Counselors to Petition for CEUs**

Not all educational experiences available have been awarded CEUs by ICB, requiring the need to petition 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 describing program content
- Sponsor, location, instructor and target population
- Definition of the training type (publication, workshop, seminar)
- Identification of the specific performance domain content
- Non-refundable petition fee

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

### **F. Extension of Continuing Education Requirements**

Professionals with ATE unable to meet the continuing education requirements for renewal of their endorsement may request an extension for up to six months past their expiration date. Extensions are \$10.00 per month for professionals who are not ICB certified AOD counselors for up to six months from the expiration date. No fees will be assessed for extensions for ICB certified AOD counselors. Professionals with ATE not meeting the CEU requirement after the six-month extension will be terminated. Reinstatement shall be through completion of the full endorsement requirement.

**NOTE:** The extension process leaves only 18 months to obtain CEUs for the current endorsement period.

### **G. Inactive Status**

Professionals with ATE, in good standing, unable to meet the continuing education requirements for endorsement renewal due to health or extenuating personal circumstances, may place their endorsement on inactive status. The process for reactivation from inactive status will then be followed when they wish to activate the endorsement.

PLEASE PHOTOCOPY THIS FORM

ATTACH PROOF OF ATTENDANCE

PAGE \_\_\_\_\_ OF \_\_\_\_\_

# ADOLESCENT TREATMENT ENDORSEMENT

NAME: \_\_\_\_\_

CREDENTIAL NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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 \_\_\_\_\_