



MHACBO

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mhacbo@mhacbo.org
<http://www.mhacbo.org>

APPLICATION FOR PRC RECERTIFICATION

Name	Date
Address I have changed addresses in the last 2 years	Personal Email Please include me on the MHACBO Email List
City	Business email Please include me on the MHACBO Email List
State	Home Phone
Zip	Work Phone
Highest level of degree received?	Current Employer (primary)
<p>I have not used alcohol or other drugs at any time during the two years immediately preceding this application. I will abide by all current MHACBO Ethical Codes.</p> <p>Applicant Signature _____ Date _____</p>	
<p>To the best of my knowledge the above statement is true.</p> <p>Clinical or Administrative Supervisor _____ Date _____</p>	

RECERTIFICATION APPLICATION CHECK LIST *(be sure to complete all of the following):*

- _____ Application Page (demographic data, include official documentation of any name changes)
- _____ Education Log - You must attach photocopies of certificates and/or transcripts to verify all education
- _____ **\$100 Recertification Fee** - Do not mail payment separately. Payment **must** accompany recertification application.
- _____ Extension request and any applicable fees if filing after the expiration of your certification.

Check if you are paying online by 

To pay online, please visit www.mhacbo.org (you do NOT need a PayPal account)

MHACBO RECERTIFICATION CONTINUING EDUCATION LOG for PRC

Name	Date	Certification Expiration Date
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You must attach photocopies of certificates and/or transcripts to verify all education

Course / Training / Workshop / College Course	Date: month/ year	Provider Sponsor Instructor	Category I	Clock Hours
Oral Health Training List course here:				
Ethics Training (minimum 6 hours) List course here:				
TOTAL HOURS				

Confidential Release of Information

Completion of this form authorizes MHACBO to conduct a criminal search, utilizing only the "Big 6 Exclusions" (related to murder and rape) to maintain PRC certification.

Completion of this form also permits MHACBO to release this information to the Oregon Health Authority to secure your certification on the State's Registry.

Full Name: _____

Second Last Name: _____

Date of Birth: _____

Social Security Number: _____

I hereby authorize MHACBO to conduct a criminal search and allow the release of information to the Oregon Health Authority to secure my certification on the State's Registry.

Signature: _____ Date: _____

City	State	Zip Code	<i>information.</i> <input type="checkbox"/> Name <input type="checkbox"/> Mailing Address <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> NONE
Home Phone Number () —	Cell Phone Number () —		
Email			

[The following questions are **OPTIONAL** and for the sole purpose of data collection. Information provided in the following sections will have no impact on certification.]

1.3 DEMOGRAPHIC INFORMATION (OPTIONAL)

A. Race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian African American or Black <input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black Pacific Islander <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	White <input type="checkbox"/> Eastern European or Slavic <input type="checkbox"/> Middle Eastern or Northern African <input type="checkbox"/> Western European <input type="checkbox"/> Other White <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ B. Primary Race Identity (check one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Primary Race Identity	C. Ethnicity (check all that apply) <input type="checkbox"/> Not of Hispanic, Latino/a, or Spanish origin Hispanic, Latino/a, or Spanish origin: <input type="checkbox"/> Mexican, Mexican American, Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic, Latino/a, or Spanish origin <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown D. Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to Answer
E. Preferred Language(s)		

MHACBO RECERTIFICATION POLICIES

Certification is granted for a two year period. It may be renewed by Recertification, a process designed to assist the **PRC** in maintaining and expanding competence. If your certification has lapsed you must file for an extension, otherwise you will be dropped from the **PRC** roster. In order to file for an extension you must send a detailed letter explaining the cause for lapsed certification.

You will receive a recertification packet from MHACBO 30-60 days prior to the expiration date of your certificate. The packet will consist of this form, the Application for Recertification, and the Recertification Continuing Education Log form.

All PRC's must complete 6 hours of Ethics continuing education as a part of their 20 hours of continuing education, in order to renew their certification. MHACBO will accept virtually all counseling A&D/Recovery related Ethics courses.

1. The recertification applicant must demonstrate **20** clock hours of continuing education. This can be college course work, workshops, inservices, trainings, or classes specific to addiction and recovery topics.
2. The recertification applicant must complete the Record of Training Education and attach all certificates or transcripts. Only recorded training hours accompanied by a certificate will be accepted. Program schedules, syllabuses, flyers will not be accepted.
3. Hours are broken down into one category:

Category I: Specific Addiction and/or Recovery Continuing Education courses are accepted. Ethics.

Approved Oral Health Training
Currently the only approved training is the free online MAAPPS training available here:
<https://daystared.com/oralhealth/>

All 20 hours can be Addition and Recovery specific training. Continuing Education hours do not necessarily have to be MHACBO approved.

4. You must submit the Application page, Training Record, attach copies of all certificates, and recertification fee to MHACBO by the expiration date of the certificate.

5. *Once your recertification has been approved, you may view the online "registry" to check the status of your certification.*

EXTENSION POLICY

Any **PRC** wishing to acquire an extension on expiring certification, must present a request for extension to the Board in **writing** or from the form on our website. A 30 day grace period will be allowed under request. An additional 90 days (120 day extension from expiration of the certificate) may be granted at a cost of \$50.