



# MHACBO

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(503) 231-8164

[mhacbo@mhacbo.org](mailto:mhacbo@mhacbo.org)

<http://www.mhacbo.org>

## APPLICATION FOR CRM RECERTIFICATION

Name	Date
Address	Personal Email
I have changed addresses in the last 2 years	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)

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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

To the best of my knowledge the above statement is true.

Clinical or Administrative Supervisor \_\_\_\_\_ Date \_\_\_\_\_

### 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](http://www.mhacbo.org) (you do NOT need a PayPal account)

# MHACBO RECERTIFICATION CONTINUING EDUCATION LOG for CRM

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:				
<b>TOTAL HOURS</b>				



**MHACBO**

2054 N Vancouver Ave, Portland OR 97217

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[www.mhacbo.org](http://www.mhacbo.org)

## 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 CRM 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)

<b>A. Race (check all that apply)</b>  <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>B. Primary Race Identity (check one)</b>  <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	<b>C. Ethnicity (check all that apply)</b>  <input type="checkbox"/> <b>Not</b> 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  <b>D. Gender (check one)</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to Answer
<b>E. Preferred Language(s)</b>		

Certification is granted for a two year period. It may be renewed by recertification, a process designed to assist the CRM in maintaining and expanding competence. If your certification has lapsed, you must file for an extension (see Extension Policy below), otherwise your certification will expire. After the 120 day maximum extension period available, but before one year after your certificate has expired, you may reactivate your certification by submitting a completed recertification application and a \$50 reinstatement fee in addition to the \$100 recertification fee.

***All CRM'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 related Ethics courses.***

***CRM's must also complete an approved Oral Health Training.  
See below for more info.***

The recertification applicant must demonstrate 20 clock hours of continuing education. This can be college course work, workshops, in-services, trainings, or classes specific to addiction and recovery topics.

1. The recertification applicant must complete the Record of Training Education and attach all certificates or transcripts. Only training hours recorded on the log form accompanied by a certificate will be accepted. Program schedules, syllabuses, flyers will not be accepted.
2. The recertification applicant must complete the Record of Training Education and attach all certificates or transcripts. Only training hours recorded on the log form accompanied by a certificate will be accepted. Program schedules, syllabuses, flyers will not be accepted.
3. Hours are broken down into one category:

<b>Category I:</b> Specific Addiction and/or Recovery Continuing Education courses and Ethics are accepted.	<b>Approved Oral Health Training</b> Currently the only approved training is the free online MAAPPS training available here: <a href="https://daystared.com/oralhealth/">https://daystared.com/oralhealth/</a>
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4. All 20 hours can be addiction and recovery specific training. **Continuing Education hours do not necessarily have to be MHACBO approved.**
5. 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.
6. Once your recertification has been approved, you may view the online registry at [www.mhacbo.com/registry](http://www.mhacbo.com/registry) to check the status of your certification

#### **EXTENSION POLICY**

Any CRM wishing to acquire an extension on expiring certification, must present a request for extension to the Board in writing to our office, or submit a request via the online submission form on our website. A no charge 30 day extension will be granted upon request. An additional 90 days (for a total of 120 days of extension from expiration of the certificate), may be granted at a cost of \$50.