



APPLICATION FOR RENEWAL CERTIFIED SUBSTANCE ABUSE COUNSELOR

INSTRUCTIONS:

1. Complete the two-page application.
2. Attach copies of certificates of completion and/or request an official transcript be sent to ADAD documenting 40 hours (20 hours face-to-face/20 hour distance learning) of ADAD-approved continuing education, including 6 hours (face-to-face) in counselor ethics
3. **Include the \$25.00 renewal fee in the form of a money order or certified check (only!) payable to "STATE DIRECTOR OF FINANCE." Personal checks are not accepted!**

4. Send to:
- Alcohol and Drug Abuse Division
Attn: Certification
Kakuhihewa Building
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

1. Name: _____
(Please Print)

2. Home Address: _____
Street/P.O. Box

City/State/Zip

3. Phone Number: _____
Area Code/Number

4. E-mail Address: _____

FOR OFFICE USE ONLY

Fee Amount: _____

Date Received: _____

Transcripts/Certificate for CEUs Received: _____

Re-Certification Approved: _____ Effective: _____

Expires: _____

Background Check: _____ Certificate Number: _____

5. Current Employer: _____
Organization or Business Name

Address: _____
Street/City/State/Zip

Business Phone: _____

6. Your Job Title: _____

7. Highest Level of Education: _____

8. Are you able to speak, write, or read in another language than English
If so, please indicate in what dialect form:

9. Have you been or are you certified as a substance abuse counselor in another state?

Yes No (If Yes, what State? _____)

10. Have you, during your current period of certification, been subject of a finding of unethical, unprofessional, or illegal conduct made as part of a final decision by a regulatory body (e.g. certification or licensing board) or by a court (civil or criminal)?

Yes _____ No _____

(If yes, attach an explanation and copies of official documents.)

11. The legal name that will be on your certificate:

It is your responsibility to promptly report all name and address changes to the Alcohol and Drug Abuse Division. Records may be destroyed after Two (2) years from the date of certification expiration or revocation.

Review and sign the following statement:

“I certify that all the information contained in this application and all attachments are accurate to the best of my knowledge.” I have received a copy, read, and agree to bind by the “Code of Ethics for Substance Abuse Counselors” as found in HAR 11-177.1 Subchapter 11-177.1-33. The falsification of any information may result in the revocation of this application.

Signature

Date