

JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII




KENNETH S. FINK, MD, MGA, MPH  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
ALCOHOL AND DRUG ABUSE DIVISION  
KAKUHIHEWA BUILDING  
601 Kamokila Boulevard, Room 360  
Kapolei, Hawaii 96707  
PH: (808) 692-7506  
FAX: (808) 692-7521

In reply, please refer to:  
File: DOH/ADAD

March 4, 2025

TO: All Credentialed Substance Use Professionals and Applicants

FROM: John Valera, AICP  
Administrator   
Alcohol and Drug Abuse Division

SUBJECT: APPLICATION FOR CERTIFICATION RENEWAL REVISION (March 2025)

It has come to my attention that the October 2024 Application for Certification Renewal has caused some confusion on whether recent cultural awareness trainings offered were required or not.

We are updating the training requirements in our credentialing rules (Hawaii Administrative Rules 11-177.1). Until those rules are approved by the Governor, any cultural awareness training we offer is not required.

Therefore, attached to this memo is the revised March 2025 Application for Certification Renewal which supersedes the October 2024 version.

There is no need to resend your application if you recently sent in an application renewal using the October 2024 version. Our Quality Assurance and Improvement Office will continue to review. Please note that any renewals that are returned to you will be because of incomplete attachments such as certificates of completion and transcripts.

Please forward this notice to your current clinical staff as well as staff who are working towards their certification. Thank you for your patience and understanding.

Attachment



# APPLICATION FOR CERTIFICATION RENEWAL

## INSTRUCTIONS:

- 1) Renewal applications can be submitted at least sixty (60) days prior to expiration.
- 2) Complete the two-page application for *each* certification renewing (*One application for ALL certifications*). Check the box of the certification you are renewing.
- 3) Attach copies of Certificates of Completion and/ or request an official transcript be sent to ADAD.
- 4) Attach a copy of your current professional license (if applicable).
- 5) Attach a copy of your valid government-issued photo ID.
- 6) \$25.00 Fee Payment for each certification. The only acceptable forms of payment are Cashier's Check and Money Order, payable to the **State Director of Finance**. **Personal checks are NOT accepted. If paying with a money order, it must be purchased within 30-days of submission. There is a \$25.00 service fee for returned checks or money orders.**
- 7) Send to: **The Alcohol and Drug Abuse Division**  
**Attention: Quality Assurance and Improvement Office**  
**601 Kamokila Blvd., Room 360, Kapolei, Hawaii 96707**

**Certified Substance Abuse Counselor (CSAC)**

Forty (40) ADAD Approved Continuing Education Hours, six (6) of which are required to be in SUD Ethics.

**Certified Substance Abuse Counselor with License**

[LCSW, LMHC, LMFT, APRN, Physician/Psychologist (Specialty)]  
Sixteen (16) ADAD Approved Continuing Education Hours, six (6) of which are required to be in SUD Ethics.

- ◆ *Include a copy of current professional license.*
- ◆ *Not eligible for reciprocity or to supervise candidate working on 12 Core Functions.*

**Certified Clinical Supervisor (CCS)**

Forty (40) ADAD Approved Continuing Education Hours, six (6) of which are required to be in SUD Ethics.  
*Hours can be combined with CSAC CE's.*  
*Must be an active CSAC.*

**Certified Prevention Specialist (CPS)**

Forty (40) ADAD Approved Continuing Education Hours, six (6) of which are required to be in Prevention Ethics,

**Certified Substance Abuse Program Administrator (CSAPA)**

Forty (40) ADAD Approved Continuing Education Hours, six (6) of which are required to be in SUD Ethics.  
*Hours can be combined with CSAC CE's.*

**Certified Criminal Justice Addictions Professional (CCJP)**

Forty (40) ADAD Approved Continuing Education Hours, six (6) of which are required to be in SUD Ethics.  
*Hours can be combined with CSAC CE's.*  
*Must be an active CSAC.*

PLEASE PRINT

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Street Address/ P.O. Box*

\_\_\_\_\_  
*City, State, ZIP Code*

Phone Number: \_\_\_\_\_

*(Area Code) Number*

Email Address: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Fee Amount: _____	Valid ID Received: _____	Certificate Number: _____
Date Received: _____	Trans/ Certs for CE's Received: _____	Effective Date: _____
	Database Number: _____	Expiration Date: _____

# APPLICATION FOR CERTIFICATION RENEWAL (*Continued*)

PLEASE PRINT

Current Employer: \_\_\_\_\_  
*Organization or Business Name*

Employer Address: \_\_\_\_\_  
*Street Address/ P.O. Box*

\_\_\_\_\_  
*City, State, ZIP Code*

Business Phone: \_\_\_\_\_  
*(Area Code) Number*

Your Job Title: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

- Are you able to speak, write, or read in another language, other than English? Yes      No

If so, please indicate in what dialect form: \_\_\_\_\_

- Have you been or are you certified as a substance abuse counselor in another state? Yes      No

If you answered *yes*, indicate which state: \_\_\_\_\_

- During your current period of certification, have you been the subject of a finding of unethical, unprofessional, or illegal conduct made as a 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 you answered *yes*, attach an explanation and copies of official documents.

PLEASE PRINT

**The legal name that will be printed 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 the Certification in which you are Certified’ as found in HAR 11-177.1, Subchapter 11-177.1-33. I understand that the falsification of any information may result in the revocation of this application.”**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date