**PLEASE FILL OUT FORM COMPLETELY INCLUDING ATTACHED PAGE**
**INCOMPLETE FORMS WILL BE RETURNED**

Mailing Address:
PO Box 408,
Carp, ON,
K0A 1L0

Phone: 613-839-0020
Toll Free: 866-624-1911
Fax: 613-839-0050
Email: info@caccf.ca
Web www.caccf.ca



# APPLICATION FOR RECERTIFICATION

Please fill in this form before printing your application (use the tab key to navigate through document). Enter in “none” “no” or "n/a" in empty fields if not applicable. If filling in by hand PLEASE PRINT, Incomplete forms or forms with illegible hand writing will be returned to you for completion and re-submission. The CACCF will not be responsible for late submissions if this form is not submitted correctly.

Check the box(s) that apply to your recertification: Inactive Status ☐ (specify) _____

***150.00+tax fee if you hold both a Canadian & International Credential**

CCAC ☐ ICADC ☐ ICCDP ☐ ICCDPD ☐ ICCAC ☐ ICCS ☐ CCS-AC ☐ ICPS ☐

Recertification Date (expiry date on your certificate) _____ **NOTE: late fees will apply to late submissions**

NAME: Miss / Mrs. /Ms. /Mr./ Dr.

_____

HOME ADDRESS:

_____
*Street* *City* *Province*

_____
*Postal Code*

Telephone:_____ E-mail:_____

BUSINESS ADDRESS:

_____
*Street* *City* *Province*

_____
*Postal Code*

Telephone:_____ E-mail:_____

AMOUNT ENCLOSED: _____ ** See table below for applicable taxes by province

PAYMENT METHOD: CHEQUE ◯ MONEY ◉ VISA ◯ MASTERCARD ◯

Credit Card # _____ Expiry Date _____

Signature of Cardholder _____

Please send your payment with your application directly to:

**CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION (CACCF)**
**PO Box 408, Carp, Ontario, KOA 1L0**

| Province | Fee | Tax | | Total | Province | Fee | Tax | | Total |
|---|---|---|---|---|---|---|---|---|---|
| **QC** | 75.00 | 14.975% | 11.23 | $86.23 | **NS, NB, NL, PEI** | $75.00 | 15% | $11.25 | $86.25 |
| **ON** | 75.00 | 13% | 9.75 | $84.75 | **(others)** | 75.00 | 5% | 3.75 | $78.75 |

## CONTINUING EDUCATION

***For each course listed below a copy of the CACCF or IC&RC approval letter AND certificate(s) of attendance MUST be included.***

Please be advised that 40 of the CEU hours must be in the 12 Core Functions or must pertain to the knowledge and skills area, as per the Standards and Certification Manual and be approved through the CACCF office.

| COURSE TITLE | HOURS | DATES ATTENDED | LOCATION | SPRONSORING INSTITUTION OR ORGANIZATION |
|---|---|---|---|---|
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| **Total Hours** | | | | |

I have obtained a total of _____ CACCF or IC&RC approved Continuing Education hours within the past 24 months.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____