

# CAS RENEWAL DOCUMENTATION FORM



**American Academy  
of Health Care Providers**  
I N T H E  
**Addictive Disorders**

2018 FEE SCHEDULE	
Renewal Fee	\$ 85
Late Fee:	\$ 35
Extension Request:	
\$85 renewal + \$35 extension fee	\$ 120
Additional Card/ Replacement:	\$ 10
Wall Certificate Replacement	\$ 10
Emeritus/Retired	\$ 25
Payment Enclosed:	\$ _____

**NAME** \_\_\_\_\_ **CAS#** \_\_\_\_\_ **Renewal Date:** \_\_\_\_\_

The Academy recommends that the CEU's be focused on a combination of the following domains:

1. **Addiction Specific Training**
2. **Addiction Counseling Competencies**
3. **Special Populations in regard to Addictive Disorders:** Co-Occurring Disorders, PTSD, Disabilities, Diverse Populations, Culturally Diverse Populations, Aging Populations, Probation/Parole
4. **Ethics:** Law & Ethics, Confidentiality, HIPPA
5. **Communicable Diseases:** Tuberculosis, HIV and Hepatitis C
6. **Sexual Harassment Prevention**

A listing of Academy approved CEU providers is available at [AmericanAcademy.org](http://AmericanAcademy.org)

Certificate Date	Title	Approved Provider/ Sponsor	CE hours

**Total hours submitted:** \_\_\_\_\_

A maximum of 20 CEUs received in excess of the number due may be carried forward for one year.

**When submitting CEU documentation please include**

- A **certificate of attendance** for each CE event, signed by the instructor, with number of CE hours and date of instruction.
- A brief written explanation of the subject matter covered *if the course title is vague or the relevance to addiction counseling may be unclear.*

**\* 2018 Ethics Statement: \*\***

I have read and agree to be bound by and to comply with the Code of Ethics and Conduct as set forth by the American Academy of Health Care Providers in the Addictive Disorders.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name (printed)**

\_\_\_\_\_  
**Date**

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The Academy reserves the right to disallow entries if they do not meet the renewal requirements.

- Coursework must be documented by a certificate of attendance on the agency's letterhead listing the attendee, the approved CEU hours, the dates of attendance, the approval body and the signature of the presenter.
- Submitted coursework must be completed within one year of the current renewal date.
- Coursework must be approved by a state or national accrediting body. All other coursework must be reviewed for pre-approval by the American Academy. The American Academy reserves the right to disallow coursework that does not meet the Academy's requirements for continuing education.
- College level teaching/presentations will be accepted if documented on the institution's letterhead or brochure, listing the instructor, course title, course date(s) and number of credits awarded. The presenter will receive ½ of the CEUs awarded for the course (1 college credit = 15 CEUs). This applies to one presentation only.
- Coursework on clinical supervision will be accepted. Clinical supervision hours and/or hours associated with employment responsibilities will not be accepted.

**Renewal and other member documents can be downloaded at [www.americanacademy.org](http://www.americanacademy.org).**

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### PLEASE UPDATE YOUR PROFILE

**NAME:** \_\_\_\_\_ CAS No. C- \_\_\_\_\_

Best daytime contact number: (\_\_\_\_) \_\_\_\_\_ (please check) Business \_\_\_\_ Personal \_\_\_\_ Cell \_\_\_\_

**\*\* EMAIL ADDRESS :** \_\_\_\_\_ To ensure that you receive important email communications from the American Academy, please update and verify your current email address.

**PLEASE MAIL MY CORRESPONDENCE TO:** (please check) Personal \_\_\_\_ Professional address \_\_\_\_

**NEW PERSONAL ADDRESS (CHANGES ONLY)** Country (if not the USA) \_\_\_\_\_

Personal Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Personal Phone Cell Phone Fax No.

#### NEW PROFESSIONAL ADDRESS (CHANGES ONLY)

Name of Program or Practice \_\_\_\_\_

Professional Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Phone Fax No.

#### CREDENTIAL CHANGES:

\_\_\_\_\_  
(Changes/additions can be made only if documented - please attach.)

**MAIL RENEWAL TO:** American Academy: 314 West Superior Street, Suite 508; Duluth, MN 55802

**FAX RENEWAL:** 218-722-0346 or **E-MAIL** to: [shursh@americanacademy.org](mailto:shursh@americanacademy.org)

If you have questions, please call us at 218-727-3940 Office hours: Monday – Thursday, 9:30 – 4:30 CST