



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
Phone (502) 782-8814 ~ <http://adc.ky.gov>

RENEWAL APPLICATION INFORMATION SHEET / CHECKLIST

In accordance with KRS 309.085 and regulations (201 KAR 35:020) governing this profession, you are required to renew your credential every three (3) years with the transmittal of this form and a renewal fee (check or money order), made payable to the **Kentucky State Treasurer**. The Board shall cancel any license, certificate, or registration not renewed within ninety (90) days after the renewal date and you must **Cease and Desist** in the Commonwealth of Kentucky. No exceptions shall be made.

- 1. Completed and signed application for renewal
- 2. Continuing Education hours documented
 - Alcohol and Drug Peer Support Specialist (PSS)**
 - A minimum of 10 hours accrued each year during the 3 year registration period
 - Certified Alcohol and Drug Counselor (CADC)**
 - A minimum of 60 hours accrued during the 3 year certification period for renewal, w/ 3 hours in Ethics
 - Licensed Clinical Alcohol and Drug Counselor (LCADC)**
 - A minimum of 60 hours accrued during the 3 year licensure period for renewal, w/ 3 hours in Ethics
 - Licensed Clinical Alcohol and Drug Counselor Associate (LCADCA)**
 - A minimum of 20 hours accrued each year, w/ 3 hours in Ethics during the 3 year licensure period for renewal

- 3. Check or money order made payable to: Kentucky State Treasurer (DO NOT SEND CASH)

Alcohol and Drug Peer Support Specialist (PSS) Renewal Fee	\$100.00
Late Renewal Fee during ninety (90) day grace period	\$150.00
Certified Alcohol and Drug Counselor (CADC) Renewal Fee	\$200.00
Late Renewal Fee during ninety (90) day grace period	\$250.00
Licensed Clinical Alcohol and Drug Counselor (LCADC) Renewal Fee	\$300.00
Late Renewal Fee during ninety (90) day grace period	\$350.00
Licensed Clinical Alcohol and Drug Counselor Associate (LCADCA) Renewal Fee	\$300.00
Late Renewal Fee during ninety (90) day grace period	\$350.00

Completed application may be submitted to the Kentucky Board of Alcohol and Drug Counselors by mail to: P.O. Box 1360, Frankfort, KY 40602 or delivered to 911 Leawood Drive, Frankfort, KY 40601. For questions not answered on the website, please email Kelly.Walls@ky.gov for further assistance.



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APPLICATION FOR RENEWAL

1. _____

Name: First	Middle	Last	Maiden
_____	_____	_____	_____
Social Security Number	Date of Birth	Home Phone	Cell Phone
_____	_____	_____	_____
Mailing Address: Street	City	State	Zip Code
_____	_____	_____	_____
Employer	Business Phone		
_____	_____		
Employer's Address: Street	City	State	Zip Code
_____	_____	_____	_____
Home Email	Business Email		
_____	_____		
Type of Credential and Credential Number			

2. Have you been convicted of a felony since your application or renewal? (Conviction including all instances in which a plea of no contest is the basis of conviction.) YES NO
If yes, list offense and provide details on a separate sheet of paper.
3. Have you been subject to disciplinary action by a credentialing board or professional organization?
 YES NO If yes, give details on a separate sheet of paper.
4. List any state in which you have become credentialed since your last renewal, the type of credential and the credential number: _____
5. Are you currently serving in the military? YES NO
6. Did you apply through reciprocity? YES NO

AFFIDAVIT

I do hereby certify under penalty of law, that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

Applicant's Signature (Do not type or print)

Date

Applicant Name _____

CONTINUING EDUCATION HOURS

(Make as many copies of this page as needed. Number each page.)

PRINT OR TYPE

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours
List training hours in Ethics. A minimum of 3 hours is required.			
List training program in suicide assessment, treatment and management (By July 2016, 6 hours required every 6 years)			

Total Number of Hours on This Page: _____

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