

REINSTATEMENT APPLICATION

This application form is interactive.

Download the form to your computer to fill it out.



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REINSTATING THE CERTIFICATION

HS-BCP REINSTATEMENT

To reinstate your inactive or expired HS-BCP certification, you will need to take the following steps:

- Submit a reinstatement application
- Pay the HS-BCP reinstatement fee (currently \$50)
- Pay any past-due fees
- Document 60 hours of continuing education (if expired)
- Accept and sign the Ethics Attestation and Applicant Agreement & Release Authorization

MAINTAINING THE HS-BCP CERTIFICATION

The HS-BCP certification is valid for five years as long as you comply with CCE policies and procedures. HS-BCP certificants must pay annual maintenance fees and recertify at the end of five years to maintain the certification.

Annual maintenance fee: Currently \$40

You will receive an annual maintenance fee notice approximately six weeks before the certification anniversary date. If you have any concerns about your invoice, please contact CCE. Please be sure to pay the annual maintenance fee by the due date in order to maintain active status.

Payment means you agree to continue to adhere to the HS-BCP *Code of Ethics* and report any charge or complaint about a criminal, civil, state board or other professional disciplinary matter(s) within 60 days of your knowledge of the complaint or charge.

RECERTIFICATION AND CONTINUING EDUCATION

Recertification is necessary every five years to retain your certification. The recertification process and its components are described below:

- HS-BCPs must complete 60 continuing education hours specific to the HS-BCP competency areas, including a minimum of six clock hours specific to ethics, during each five-year certification period. You may be required to provide copies of certificates of attendance and other documentation of continuing education.
- Recertification notices and instructions are mailed in conjunction with the annual maintenance fee. Please see the annual maintenance fee information above for details.
- You must accept and sign the Ethics Attestation and Applicant Agreement & Release Authorization.

CCE ETHICS POLICIES AND PROCEDURES

HS-BCP applicants and credential holders are responsible for ensuring that their behavior adheres to the standards identified in the HS-BCP *Code of Ethics*.

Whether you are an applicant or credential holder, you are required to disclose any of the following types of matters:

- Criminal charge (Note: You do not need to disclose traffic charges unless they involve drugs or alcohol or injury to person or property.)
- Legal action related to business or occupational activities in which you are named as a defendant
- Grievance by any government entity or professional organization
- Employment termination due to conduct
- Probation or removal from any graduate program for reasons unrelated to grades

Written disclosures must be received within 60 days of you becoming aware of the required disclosure, unless you are an applicant and are disclosing a previously concluded matter. In such cases, the disclosure and required documentation must be submitted with your application

An applicant must complete all portions of the HS-BCP application, including the ethics attestation and the Applicant Agreement & Release Authorization. Disclosures and other ethics matters are reviewed in accordance with CCE procedures. Disclosures do not automatically render an individual ineligible for credentialing. CCE reserves the right to deny eligibility based on an ethics review. Application fees are not refundable when an application is rejected.

Your disclosure must be submitted in writing with your application. Please seal your written statement and supporting documentation in an envelope marked "CCE Ethics Department."

Your written submission must include relevant documentation, including copies of the charges, outcomes and paperwork indicating that required actions have been completed. Documentation regarding this varies depending on the type of matter. Please refer to www.cce-global.org/Prof/Ethics for samples, answers to frequently asked questions, and policies.



REINSTATEMENT APPLICATION FORM

PAGE 1

Please fill out electronically or print clearly.

1.	First Name,	, MI:							
	Last Name:								
	Previous Name(s):								
2.	Street Address:								
	City, State/Pr	rovince:							
	ZIP/Postal (Code, Country:							
3.	Home Telep	ohone:		Business Telephone:					
4 .				Please check here if you do NOT shared with continuing education	want your coproviders.	ontact information			
		interested in volunteering for \square marketing efforts \square examination development \square standards development.							
6.	Ethics Attes	station							
		ond to each stat ou ever been or		d with a criminal offense?	☐ YES	\square NO			
			are you currently a defers or occupational activition	ndant in any type of legal action es?	☐ YES	\square NO			
				oject of any complaint matter or r professional organization?	☐ YES	□ NO			
	4. Have y	ou ever been te	rminated or discharged fr	om employment for conduct reasons	? ☐ YES	\square NO			
			aced on probation or rem olled for reasons unrelate	oved from any graduate program d to grades?	☐ YES	\square NO			
th	e response. Y			you must include a complete, detaile documentation, such as copies of the					
			-	ention: Ethics Department" and return rocessing of your application.	n with your a	application.			
			FOR OF	FICE USE ONLY					
		DEE#-	AMOUNT:	DATCH #· DATE·					

REINSTATEMENT APPLICATION FORM

PAGE 2

			IAGE
	Applicant's Name:	Date:	
All CCE applicants a	are required to submit written disclosures of	any:	
	ense. (Note: You do not need to disclose traftson or property.)	ic charges unless they involve drugs, alco	ohol, or
 Legal action 	related to business or occupational activities	in which he or she is named as a defenda	ınt.
Complaint m	natter or disciplinary review by any governm	ent entity or professional organization.	
• Employment	terminations due to conduct.		
• Probation or	removal from any graduate program for reas	ons unrelated to grades.	
I have read the remin	nder of the required disclosures (above) and	nave submitted the required written disclo	sures to CCE.
☐ YES [□ NO		
7. Applicant Agree	ement & Release Authorization		
best of my know	I provide in this application, including supp vledge. If I have knowledge of any changes c e Ethics Attestation, I agree to report this to	oncerning my responses in this application	
the release of a	E has the right to contact any person or orgony information requested by CCE to verify the perty of CCE and will not be returned.		
with CCE polic understand that	at certification through CCE depends upon naies, which include the HS-BCP Code of Ething tertification does not create membership in the transferred to another individual or grounds.	es and the certification mark and tradema CCE. I understand that CCE certification	rk use policy. I
made available	at professional biographical and certification in response to public inquiries. I agree that earch and statistical purposes.		
_	any certification granted by CCE does not ries for a fee. I release CCE from all liability	-	•
8. Continuing Educ	cation Requirement		
recertification,	document, I certify that I have completed the OR that my status is currently inactive but no cation maintenance requirement.	-	
Applicar	nt's Signature	Date (mm/dd/yyyy)	



PAYMENT VOUCHER

REINSTATEMENT APPLICATION FEE: CURRENTLY \$50

- Please submit payment of past-due balance listed on the HS-BCP recertification/late notice in addition to the \$50 Reinstatement Application fee.
- All fees must be paid in U.S. dollars.
- CCE will review your application packet within six weeks of receipt.
- You will be notified of your status and informed if further information is needed.

METHOD OF PAYMENT

Applio	cant's Name:	:								
ГеІер	hone: Da	ay: Evening:	_							
	Enclosed is a check or money order payable to CCE in the amount of \$ (U.S. dollars).									
	Please charge the credit card listed below in the amount of \$ (U.S. dollars).									
	Card Type:	☐ VISA ☐ MasterCard ☐ American Express								
	Name on Ca	ırd:	_							
	Account Number:									
		Card Security Code (from back of card):								
	Expiration Date:									
	Cardholder	Signature: Date (mm/dd/yyyy):								

Submit your application and payment

- By mail: CCE; P.O. Box 63223; Charlotte, NC 28263-3223
- By fax: 336-482-2852

If you are mailing your application, be sure to make copies of all your application materials before submitting the originals. CCE cannot return any forms or documents to you or to a third party.