



# ACCBO

2054 N Vancouver Ave, Portland, OR 97227  
(503) 231-8164

## INACTIVE SABBATICAL RENEWAL

The purpose of Inactive-Sabbatical Status is to allow CADC's who have changed their field of employment, or are unemployed, attending school, disabled, etc., an opportunity to have their certification status placed "on hold." The ACCBO Inactive-Sabbatical Status is based upon NAADAC's inactive status. Additionally, certified counselors that are also NCAC's may acquire inactive status through NAADAC.

To renew Inactive-Sabbatical Status you must take the following steps:

1. Complete the application below so we can compare it to our last data entry records and insure that all numbers, address, etc. are correct.
2. Complete the Rationale Statement for continued sabbatical
3. Mail your application for Inactive-Sabbatical Status and annual fee of \$25 to ACCBO.

### INACTIVE-SABBATICAL STATUS RENEWAL APPLICATION

|  |             |  |                  |
|--|-------------|--|------------------|
| Name:  |             | Sabbatical Start Date:   | Expiration Date: |
| Current Address:   |             |  |                  |
| Cell Phone:  | Home Phone: | Work Phone:  |                  |
| Personal email:  |             | Business email"  |                  |
| <input type="checkbox"/> Please include me on the ACCBO Email List |             | <input type="checkbox"/> Please include me on the ACCBO Email List |                  |
| How Many years have you been on Sabbatical Status now?             | 1           | 2  | 3 4              |
| Have you been receiving the newsletter?                            | YES         | NO   |                  |
| Please explain why you are requesting Inactive-Sabbatical Status?  |             |  |                  |

*I understand that I may not use the CADC title while I am on Inactive-Sabbatical Status. I will renew my Inactive-Sabbatical Status annually by making application for additional years as needed (not to exceed five). If I fail to renew my Inactive-Sabbatical Status I understand that I will be decertified completely and will need to re-apply for certification as a new candidate. I understand that I will still be held ethically accountable and that the ethics commission will process any complaints that are received during my Inactive-Sabbatical Status.*

|  |                                      |  |   |
|--|--------------------------------------|--|---|
| Be sure the following items are enclosed | <input type="checkbox"/> Application | <input type="checkbox"/> Check or money order for \$50 | <input type="checkbox"/> Your Certificate |
| Signature:                               |                                      | Date:  |   |