



# ACCBO

2054 N Vancouver Ave, Portland OR 97227-1917  
(503) 231-8164 accbo@accbo.com

## RECIPROCITY

Counselors with credentials bearing "CADC" from other state certifying bodies may not use that title in Oregon.

To apply for reciprocal certification a certified counselor must complete and submit to ACCBO:

- 1) The enclosed consent form to allow the original certifying body to provide information to ACCBO to verify your eligibility for certification.
- 2) The enclosed application form.
- 3) Proof of an active drug (substance abuse) endorsement from the originating certifying body.
- 4) An enrollment fee based upon the current ACCBO application and recertification fees.

ACCBO grants automatic reciprocal certification to all counselors currently certified by an originating certification body that is affiliated with NAADAC.

Counselors with credentials from other certifying bodies not belonging to NAADAC should provide ACCBO with details of the original certifying body's process. Review of this process will determine whether or not full reciprocity is possible.

---

### Fee Schedule:

Application review	\$ 50.00
Certification fee (good for two years)	\$100.00
<b>TOTAL</b>	<b>\$150.00</b>

---



# ACCBO

2054 N Vancouver Ave, Portland OR 97227-1917  
(503) 231-8164 accbo@accbo.com

## APPLICATION FOR RECIPROCAL OREGON CERTIFICATION (Please print or type)

\_\_\_\_\_

Last Name	First	M.I.	Date
-----------	-------	------	------

Home Mailing Address \_\_\_\_\_  
Street or box number

\_\_\_\_\_

City	State	Zip code
------	-------	----------

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Current employer: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street or box number

\_\_\_\_\_

City	State	Zip code
------	-------	----------

Please list all states in which you hold CURRENT CERTIFICATION:

State	Date first certified	Expiration date
_____	_____	_____
_____	_____	_____
_____	_____	_____

### INSTRUCTIONS:

1. Complete this form and mail it with the following items to the address above.
2. Enclose an official description of the certification process you experienced for each state listed above.
3. Enclose copies of all current certificates.
4. Complete and enclose the consent for the release of information.
5. Enclose the \$50.00 non-refundable application fee.

If you are granted certification, you will be required to pay an additional \$100 registration fee. Upon receipt of this fee, you will be certified for two years and you will receive your Oregon certificate. Once certified in Oregon, you will need to follow the usual Oregon procedures for recertification. You will receive a current copy of the recertification procedures with your certificate.



# ACCBO

2054 N Vancouver Ave, Portland OR 97227-1917  
(503) 231-8164 accbo@accbo.com

## CONSENT FOR THE RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize

\_\_\_\_\_  
(name of certifying body)

of \_\_\_\_\_  
(complete mailing address)

\_\_\_\_\_  
(telephone number if known)

to disclose to the Addiction Counselor Certification Board of Oregon my original date of certification, my current status, and any history of ethical violations contained therein.

I understand that the purpose of this disclosure is to verify my eligibility for certification in Oregon based upon reciprocity.

This consent expires automatically six months after the date this form is signed by me.

### INSTRUCTIONS:

Complete and return this form to the ACCBO office. ACCBO will make the actual contact with the certifying body.

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(typed or printed name of applicant)

\_\_\_\_\_  
(date signed)