



Approved Clinical
SUPERVISORTM

REINSTATEMENT APPLICATION PACKET

**This application form is interactive.
Download the form to your computer to fill it out.**



CENTER FOR
**CREDENTIALING
& EDUCATION**TM

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GREENSBORO, NC 27403-3660 USA
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The Center for Credentialing & Education, Inc. (CCE) values diversity.
There are no barriers to credentialing on the basis of gender, race, creed, age, sexual orientation or national origin.

REINSTATING THE CREDENTIAL

ACS REINSTATEMENT

To reinstate your inactive or expired ACS credential, you will need to take the following steps:

- Submit a reinstatement application
- Pay the ACS reinstatement fee (currently \$50)
- Pay any past-due fees
- Document 18 hours of continuing education (if expired)
- Accept and sign the Ethics Attestation and Applicant Agreement & Release Authorization

MAINTAINING THE ACS CREDENTIAL

The ACS credential is valid for five years as long as you comply with CCE policies and procedures. As an ACS credential holder, you are required to pay annual maintenance fees and recredential at the end of five years to maintain the credential.

Payment of your annual maintenance fee means you agree to continue to adhere to the ACS *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.

Annual maintenance fee: Currently \$50

You will receive an annual maintenance fee notice approximately six weeks before the credential 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.

RECREREDENTIALING AND CONTINUING EDUCATION

To retain your credential, recredentialing is necessary every five years. The recredentialing process and its components are described below:

- ACSs must complete 18 continuing education hours specific to clinical supervision during each five-year credential period. You may submit up to nine hours of supervision of your work as a clinical supervisor. You may be required to provide copies of certificates of attendance and other documentation of continuing education.
- Recredentialing 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

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

An applicant must complete all portions of the ACS reinstatement application, including the Ethics Attestation and the Applicant Agreement & Release Authorization. Application 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 a disclosure. Application fees are nonrefundable.

The *Credential Eligibility Policy-Ethics*, the *CCE Ethics Case Procedures* and the *ACS Code of Ethics* are available at www.cce-global.org/Prof/Ethics.



Please fill out electronically or print clearly

1. First Name, MI: _____

Last Name: _____

Previous Name(s): _____

2. Street Address: _____

City, State/Province: _____

ZIP/Postal Code, Country: _____

3. Home Telephone: _____ Business Telephone: _____

Fax: _____

4. E-mail: _____

Check here if you do NOT want your contact information shared with continuing education providers.

5. I am interested in volunteering for marketing efforts standards development.

6. Ethics Attestation

Please respond to each statement below.

- a. Have you ever been or are you currently the subject of any public or private complaint, investigation or professional disciplinary action, including licensure board and membership matters? YES NO
- b. Have you ever been or are you currently charged with any criminal offense? YES NO
- c. Have you ever been or are you currently named in a civil or other legal action? YES NO

If you answered "YES" to any of the above questions, you must include a complete, detailed explanation related to the response. You must also provide copies of relevant documentation, such as copies of the complaint, pleadings and compliance with final orders. Place these materials in a sealed envelope marked "Attention: CCE Ethics Department" and return with your application. Failure to provide required information will delay the processing of your application.

FOR OFFICE USE ONLY			
REF.#: _____	AMOUNT: _____	BATCH #: _____	DATE: _____



Applicant's Name: _____ Date: _____

7. Applicant Agreement & Release Authorization

All information I provide in this reinstatement application, including supporting documentation, is accurate and complete to the best of my knowledge. If I have knowledge of any changes concerning my responses in this application, including my responses in the Ethics Attestation, I agree to report this to CCE in writing within 60 days.

I agree that CCE has the right to contact any person or organization regarding this application, and I authorize the release of any information requested by CCE to verify the accuracy. I understand that all application materials become the property of CCE and will not be returned.

I understand that credentialing through CCE depends upon my fulfillment of all required criteria and compliance with CCE policies, which include the ACS Code of Ethics and the credential mark and trademark use policy. I understand that credentialing does not create membership in CCE. I understand that CCE credentialing is personal to me and may not be transferred to another individual or group.

I understand that professional biographical and credentialing data is considered to be public information and will be made available in response to public inquiries. I agree that data related to my participation in CCE credentialing may be used for research and statistical purposes.

I recognize that any credentialing granted by CCE does not represent licensure or other authorization to practice business activities for a fee. I release CCE from all liability and claims arising from any professional activity.

8. Continuing Education Requirement

By signing this document, I certify that I have completed the 18 continuing education clock hours required for recredentialing, OR that my status is currently inactive but not expired; therefore, I agree to comply with the continuing education maintenance requirement.

Applicant's Signature

Date (mm/dd/yyyy)



REINSTATEMENT APPLICATION FEE: CURRENTLY \$50

- Please submit payment of past-due balance listed on the ACS final 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

PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY

Applicant's Name: _____

Telephone: Day: _____ 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 Card: _____

Account Number:

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Expiration Date:

--	--

 /

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Card Security Code (from back of card):

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Cardholder Signature: _____ Date (mm/dd/yyyy): _____

Submit your application and payment

- Mail: CCE; P.O. Box 77759; Greensboro, NC 27417-7759
- 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.