

**NADD Competency-Based Clinical Certification
Certification Renewal Application**

Contact information

Name: _____

Address: _____

City/State(Province)/Zipcode _____

Daytime phone: _____ Cell phone: _____

Home phone: _____ e-mail: _____

NADD Membership

Are you a member of NADD? Yes No NADD Membership Number: _____

Do you work for an organization with a NADD Organizational Membership? Yes No

If so, name of organization _____

Ongoing Training and Education

All certified clinicians shall obtain 10 hours of ongoing education and training every 2 years in areas related to Mental Wellness and Mental Health for persons with IDD. The competency areas are potential content areas for this ongoing education, but similar areas are acceptable as well, such as wellness, behavior support, or educational strategies. In-house training is acceptable for ongoing education and training. Attending conferences, special training sessions, teleconferences, or web based learning are all acceptable. Providing training on this topic to others or publishing on this topic is also acceptable for this purpose.

One hour of ongoing education and training is equivalent to 60 minutes of instructional time, exclusive of breaks, lunches, or homework time. Providing training on appropriate topics will earn ongoing education and training hours for the purpose of continuing certification at a rate of twice the clock hours involved in presenting the training. For example, the clinician providing a 60 minute acceptable training would earn two hours of ongoing education and training credit. An article in a professional journal or a chapter in a published book that is on an appropriate topic may count as 10 hours of training. The article or chapter must have been published within the last two years (i.e., since either the applicant originally received or most recently renewed his or her NADD Competency-Based Clinical Certification).

Training Received by NADD-CC

Training 1

Topic: _____

Provider/Sponsor: _____

Hours of Training _____ Date(s) of Training _____

Did you receive a Certificate of Attendance? Yes No If yes, please submit a copy.

Training 2

Topic: _____

Provider/Sponsor: _____

Hours of Training _____ Date(s) of Training _____

Did you receive a Certificate of Attendance? Yes No If yes, please submit a copy.

Training 3

Topic: _____

Provider/Sponsor: _____

Hours of Training _____ Date(s) of Training _____

Did you receive a Certificate of Attendance? Yes No If yes, please submit a copy.

Use additional sheets as necessary.

Training Provided by NADD-CC

Training You Provided - 1

Topic: _____

Provider/Sponsor: _____

Hours of Training _____ Date(s) of Training _____

Training You Provided - 2

Topic: _____

Provider/Sponsor: _____

Hours of Training _____ Date(s) of Training _____

Training You Provided - 3

Topic: _____

Provider/Sponsor: _____

Hours of Training _____ Date(s) of Training _____

Training You Provided - 4

Topic: _____

Provider/Sponsor: _____

Hours of Training _____ Date(s) of Training _____

Use additional sheets as necessary.

Publication by NADD-CC

Title _____

Journal or Book Title _____

Publisher _____ Publication Date _____

Please submit a copy of the article or chapter.

Application should be mailed to:

NADD Accreditation & Certification Programs
132 Fair Street
Kingston, NY 12401-4802

Renewal Cost: \$100.00

Payment method:

Check enclosed (Please make checks payable to: NADD.)

Please charge my credit card MasterCard VISA Discover

Card Number: _ _ _ _ _ _ _ _ _ _

Exp. Date: _ _ / _ _ Signature: _____