



Making A Difference In Opioid Dependency Treatment

Dear Opioid Treatment Professional:

Please find attached the Recertification Packet which includes the Application for Recertification along with the requirements for continuing education hours.

It is recommended that you use the following checklist to assure that your recertification application is complete:

1. Completed application and biographical data sheet, as well as NOTCA certificate application, if desired.
2. The ethic statement must be signed and returned.
3. Complete the record training sheet: Attach copies of your certificates signed by an approved trainer or agency.
4. Attached certificates of attendance, transcripts, or in-service verifications.
5. Included recertification and processing fee of \$125 for COTC, COTCII, and COTN. The recertification fee for COTCS and CMOTC is \$150.00. An additional \$25.00 late processing fee if after expiration is required.
6. You may mail your package to

NOTCA, Inc
P.O. Box 508
Conley, Georgia 30288

Fed-ex or packages other than U.S. Postal Service should be sent to

4038 Boulder Vista Drive
Conley, Georgia 30288

RECERTIFICATION

Continuing Education must be an ongoing process to assure competence in the evolving field of opioid and other drug dependency counseling and supervision of counselors. To maintain your certified status as a COTC; COTC II; COTN; CMOTC recertification is required every two (2) years and every four (4) years for COTCS on the anniversary date of your original certification. An application and notification will be mailed to you about a month prior to the expiration date of your certification.

Although the NOTCA will distribute recertification materials to eligible counselors and supervisors, it is the responsibility of the counselor to make timely application for recertification. The application will be available online or you may contact the NOTCA office to have one mailed to you.

The NOTCA does not have a policy for renewing certifications that have expired, once the 30 day grace period is over. In order to be sure your certification remains current, please notify the board in writing of any change in address.

EDUCATION

Education is defined as formal didactic or experiential methods of obtaining information and skills in the practice of addiction counseling and treatment. One clock hour of education is equal to 50 minutes of continuous instruction, and may include workshops, seminars, institutes, in-services, and college/university work. Education must be specifically related to the knowledge and skills necessary to perform the tasks within each performance domain. All education must be documented.

Recertification requires documentation of completion of at least sixty (60) clock hours of continuing education in the two year period of your certification for COTC and COTCII professionals and (50) clock hours of continuing education for COTN and CMOTC professionals. Recertification requirements for COTCS will be (20) clock hours of Clinical Supervision Specific training and attendance at a (4) hour Clinical Supervision Forum. Of these hours, 5 hours must be in professional ethics. Counselors may select trainings from a wide variety of approved opportunities, as long as the training and education pertains to alcohol and other drug addiction counseling performance domains. Opioid specific training should be sought through NOTCA training opportunities. If you are a CMOTC or COTCS, 6 of your 60 hours of recertification must pertain to the performance domains of clinical supervision.

A listing of local courses that are acceptable for Opioid Treatment Professionals as well as other AOD professionals is maintained on the NOTCA website and is available upon request from the NOTCA office. Should you desire credit for a course outside of the NOTCA listed field, contact the office to ensure credit will be given.

**THE NATIONAL OPIOID TREATMENT CLINICIANS ASSOCIATION
(NOTCA)**

RECERTIFICATION APPLICATION & BIOGRAPHICAL DATA

Please type or print legibly:

Name: _____

Address: _____

City, State, Zip: _____

Work Site and address: _____

Phone: Home (____) _____ Work (____) _____ Cell: (____) _____

e-mail address(s): _____

Date of Birth: _____ Social Security no. _____

Ethnic Affiliation: (*For Statistical purposes only*)

Caucasion___Black___Asian___Hispanic___Native American___Other___

Highest Education level: High School Diploma___ GED___Some

College___Associate___Bachelor___Masters___Doctorate___

List any other boards by which you are certified or licensed:

Has certification or license been denied or revoked by any other board: No___Yes___

If yes, please explain on a separate sheet.

Certifications applied for:

___COTC

___CMOTC

___COTCII

___COTCS

___COTN

ASSURANCE AND RELEASE
ETHICS STATEMENT

I hereby attest that all the information given herein is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification, or revocation of same, upon discovery.

I have read, understand, and agree to act in accordance with the code of ethics recognized by my profession and in compliance with any and all codes of professional conduct in effect in the State in which I reside and/or work.

I acknowledge the right of NOTCA to verify the information in this application or to seek further information from employers, schools or persons mentioned herein.

I will hold NOTCA., its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they, or any of them, may take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to bestow upon me certification as an Opioid Addiction Counselor, Opioid Treatment Nurse, or Supervisor.

I further understand that NOTCA may provide to another Certification Board my contact information for their data base, along with my certification number, level, expiration date and original certification date only upon my request to do so.

Signature _____
Date

Printed name

Name: _____

CONTINUING EDUCATION

No.	Title	Dates	Topic	Hours

PLEASE ATTACH CERTIFICATES, TRANSCRIPTS, OR REPORTS OF INSERVICE HOURS TO THIS COVER SHEET.