

Reinstatement Application Packet

This application form is interactive.

Download the form to your computer to fill it out.



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REINSTATING THE CREDENTIAL

DCC REINSTATEMENT

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

- Submit a reinstatement application
- Pay the DCC reinstatement fee (currently \$50)
- Pay any past-due fees
- Document 20 hours of continuing education (if expired)
- Accept and sign the Ethics Attestation and Applicant Agreement & Release Authorization

MAINTAINING THE DCC CREDENTIAL

The DCC credential is valid for five years as long as you comply with CCE policies and procedures. As a DCC credential holder, you are required to pay annual maintenance fees and renew your credential at the end of five years in order to maintain it.

Annual maintenance fee: Currently \$40

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.

Payment means you agree to continue to adhere to the NBCC *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.

RECREDENTIALING AND CONTINUING EDUCATION

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

- DCCs must complete 20 hours of continuing education, 15 of which should be specific to counseling or mental health. At least five hours must focus on distance counseling. 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

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

Whether you are an applicant or credential holder, you are required to disclose any of the following types of matters:

- Criminal charge (Note: You do not need to disclose traffic charges unless they involve drugs or alcohol or injury to person or property.)
- Legal action related to business or occupational activities in which you are named as a defendant
- Grievance by any government entity or professional organization
- Employment termination due to conduct
- Probation or removal from any graduate program for reasons unrelated to grades

Written disclosures must be received within 60 days of you becoming aware of the required disclosure, unless you are an applicant and are disclosing a previously concluded matter. In such cases, the disclosure and required documentation must be submitted with your application

An applicant must complete all portions of the DCC application, including the ethics attestation and the Applicant Agreement & Release Authorization. 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 an ethics review. Application fees are not refundable when an application is rejected.

Your disclosure must be submitted in writing with your application. Please seal your written statement and supporting documentation in an envelope marked "CCE Ethics Department."

Your written submission must include relevant documentation, including copies of the charges, outcomes and paperwork indicating that required actions have been completed. Documentation regarding this varies depending on the type of matter. Please refer to www.cce-global.org/Prof/Ethics for samples, answers to frequently asked questions, and policies.



DCC REINSTATEMENT APPLICATION FORM

PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY

1.	First Na	me, MI:				
	Last Naı	me:				
	Previous	s Name(s):				
2.	Street A	ddress:				
	City, Stat	e/Province:				
	•	tal Code, Country:				
3.		elephone:				
		s Telephone:				
		o Telephone.				
4						
٠.		k here if you do NOT want your contact information shared with continuing edu	cation	provid	ers.	
5.	I am into	erested in volunteering for \square marketing efforts \square standards development.				
6.	Ethics	Attestation (Please respond to each statement below.):				
	1. Ha	ve you ever been or are you currently charged with a criminal offense?		YES		NO
		we you ever been or are you currently a defendant in any type of legal action ated to your business or occupational activities?		YES		NO
		ve you ever been or are you currently the subject of any complaint matter or ciplinary review by any government entity or professional organization?		YES		NO
	4. Hav	ve you ever been terminated or discharged from employment for conduct reason	ıs? □	YES		NO
		we you ever been placed on probation or removed from any graduate program which you were enrolled for reasons unrelated to grades?		YES		NO
the	e response	ered "YES" to any of the above questions, you must include a complete, detailed. You must also provide copies of relevant documentation, such as copies of the with final orders.				
		materials in a sealed envelope marked "Attention: Ethics Department" and return rovide required information will delay the processing of your application.	n with	ı your aj	oplica	tion.
				(co	ntinu	ed)
		FOR OFFICE USE ONLY				
		REF.#: AMOUNT: BATCH #: DATE:				

All CCE applicants are required to submit written disclosures of any:

- Criminal offense. (Note: You do not need to disclose traffic charges unless they involve drugs, alcohol, or injury to person or property.)
- Legal action related to business or occupational activities in which he or she is named as a defendant.
- Complaint matter or disciplinary review by any government entity or professional organization.
- Employment terminations due to conduct.

I have read the reminder of the required disclosures (above) and have submitted the required written disclosures to CCE.							
☐ YES ☐ NO							
7. Applicant Agreement & Release Authorization:							
All information I provided in this 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 professional biographical and credentialing data is considered 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 credential 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.							
Signature: Date: (please print and sign with original ink signature)							

PAYMENT VOUCHER

THIS PAGE MUST BE INCLUDED WITH YOUR APPLICATION.

REINSTATEMENT APPLICATION FEE: CURRENTLY \$50

- Please submit payment of past-due balance listed on the DCC renewal or recredentialing notice in addition to the \$50 Reinstatement Application fee.
- All fees must be paid in U.S. dollars.
- CCE will review your reinstatement 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

elepl	hone: Day:			Evening:			
	Enclosed is a check o	ed is a check or money order payable to CCE in the amount of \$ (U.S. dollars).					
	Please charge the cred	dit card listed belo	ow in the amount of \$	(U.S. dollars).			
	Card Type:	□ VISA	☐ MasterCard	☐ American Express			
	Name on Card:						
	Account Number:	urity Code (from b	pook of cord):	Expiration Date:			
			back of card):	Date (mm/dd/yyyy):			

Submit your application and payment

- By mail: CCE; P.O. Box 63223; Charlotte, NC 28263-3223
- By 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.