



**Alcohol & Drug Abuse Certification
Board of Georgia**

777 Cleveland Ave SW
Suite 605
Atlanta, GA 30315

(770) 825-0481 FAX (770) 790-0018

www.adacbga.org

info@adacbga.org

Dear ADACBGA credential holder:

Individuals holding ADACBGA credentials who

1. No longer work in the addictions treatment or recovery field(s),
2. Have moved to another state, and/or
3. Who have retired from direct patient care

are eligible to apply and be considered for inactive status by making application to the ADACBGA **not less than sixty (60) days prior** to the credential's expiration date.

The fee for a certified professional to place their credential(s) in an inactive status shall be **\$150 per credential**.

A credential is not considered inactive until an Inactive Status Application as been received, a \$150 application fee processed, and the President of the Board of Directors grants Inactive Status approval.

Upon initiation of inactive status for a credential, an individual shall cease to identify with the certification acronym.

An individual may re-activate any credential(s) placed in an inactive status by written request, **including the submission of recertification continuing education and/or clinical supervision requirements applicable to the credential(s)**, and the payment of a **\$150 reactivation fee per credential**.

FEE SCHEDULE

APPLICATION FEE (non-refundable)	\$150.00 to make inactive
RE-STATEMENT FEE	\$150.00 to re-instate from inactive status

INACTIVE STATUS APPLICATION

Alcohol & Drug Abuse Certification Board of Georgia, Inc.
777 Cleveland Ave SW | Suite 605 | Atlanta, GA 30315
Phone: (770) 825-0481 Fax: (770) 790-0018

Name: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Email: _____ Gender: _____

To keep you better informed about ADACBGA, we automatically include you in our electronic mailing list. If you do not wish to receive news and updates you will be asked to opt out. If you would like to unsubscribe, please check here: Unsubscribe

Phone Number: _____

Date of Birth: _____ Social Security no. XXX-XX-_____

Ethnic Affiliation: _____ (For statistical purposes only)

Credential(s) for which inactive status is being requested:

_____ CADC-I	_____ CCS	_____ CGAC
_____ CADC- II	_____ CCJP	_____ CRRA
_____ CAADC	_____ CPRC	_____ GCADC-I, II or Advanced
_____ CCDP	_____ CCDP-D	

**** Please contact the ADACBGA offices by email at info@adacbga.org to have an invoice generated to pay the \$150 application fee by credit card OR you may mail in your application and include a check payable to the ADACBGA. ****

Certificant Signature

Date

President of the Board of Directors

Date