

ADVISORY

DUE to the state of emergency caused by COVID-19, MBSACC has lifted the CEU restriction pertaining to Distance Learning (Online; Home Study; Webinars). During this time, you can obtain all required 40 CEUS through Distance Learning if you wish.

Please note this is not a change in our basic policy but rather a temporary measure taken during difficult and unprecedented times. Persons still must obtain 40 CEUS over the two-year Recertification period and the renewal application is due on or before the Certification expiration date.

Training in order to be accepted must still conform to the Recertification training content areas and persons are still required to furnish proper documentation of completion of training.

ADVISORY

MEMORANDUM FOR THE RECORD

SUBJECT: ADVISORY: COVID-19
DATE: 11/11/2020
BY: [Redacted]

DUE to the state of emergency caused by COVID-19, MB2AOC has lifted the CBU restriction pertaining to Distance Learning (Online, Home Study, Webinars). During this time, you can obtain all required 40 CBU's through Distance Learning if you wish.

Please note this is not a change in our basic policy but rather a temporary measure taken during difficult and unprecedented times. Persons still must obtain 40 CBU's over the two-year Recertification period and the renewal application is due on or before the Certification expiration date.

Training in order to be accepted must still conform to the Recertification training content areas and persons are still required to furnish proper documentation of completion of training.

APPROVED: [Redacted]
DATE: 11/11/2020

COPIES: 3
DISTRIBUTION: [Redacted]

**THE MASSACHUSETTS BOARD OF SUBSTANCE ABUSE
COUNSELOR CERTIFICATION, INC.**

P.O. Box 7070
Worcester, MA 01605
(508) 842-8707

RECERTIFICATION REMINDER

- Your Prevention Certification will expire on November 30, 2020. If you do not renew this credential, you will no longer have the privilege of using the MBSACC acronym after your name on any written document, or inferring in any manner (spoken or otherwise) that you are an MBSACC Certified Prevention Specialist in the state of Massachusetts.
 - You must list 40 CEU's of continuing education of which 5 hours must be Prevention Ethics; 5 hours must be Cultural Competence; 10 hours must be specific to ATOD categories; 10 hours must be Prevention Practice and Theory categories and 10 hours in electives can be in the above mentioned categories or other prevention topics. Make certain to attach **proper** verifying documentation.* CEU's must have been completed between the dates of 12/01/2018 to 11/30/2020. MBSACC does not return Certificates, so send copies of Certificates, not the originals.
- * Participants may not fill in their own names on Certificates of Attendance; these will not be accepted. An agent of the sponsoring agency must **print** his/her own name and date in parentheses after the participant's name if that name is **handwritten** in on the certificate. Brochures, flyers, registration forms and the like DO NOT constitute **proper** documentation.

IMPORTANT: IF YOU SUBMIT IMPROPER DOCUMENTATION, YOU WILL BE ASSESSED A \$25.00 RESUBMITTAL FEE. REFER TO THE ACCOMPANYING "DOCUMENTATION NOTICE" WHICH DESCRIBES "PROPER" DOCUMENTATION.

- The \$150.00 Recertification fee must be enclosed (check made payable to **MCVCAC**). * The Recertification fee for colleagues 65 or over is \$100.00.
- In-service hours (properly documented by either Program Director or Clinical Supervisor) are limited to 14 hours. Hours must be listed in the **In-Service Training** section of the Filing Form.
- MBSACC is under no obligation to accept training hours not specifically approved by us. For trainings not specifically approved by MBSACC, we will accept the **number of CEUs** that are determined by the Social Workers if the content of the training is admissible.
- MBSACC allows 15 hours (CEU's) per academic credit (i.e., a 3-credit course is equivalent to 45 hours (CEU's). Your transcript must be **official** (we do not accept transcripts downloaded from the internet).
- Your submittal must be **postmarked** to the letterhead address on or before your current expiration date. Please keep in mind that it could conceivably take up to six to eight weeks **after** your submittal has been received, reviewed, and approved for your renewal certificate to be mailed to you.

IMPORTANT

DOCUMENTATION POLICY

The following items **must** appear on every Certificate of Attendance or Letter of Verification submitted to us in order to be considered:

1. The attendee's name - officially recorded on the certificate by an agent of the sponsoring agency/ organization of the training. The attendee should never accept a certificate that is handed out without his/ her name officially recorded on it. The attendee's name may be hand-printed/ -written on the certificate, but **only** by an agent of the sponsoring agency, and the agent **must** print his/ her name (initials will **not** suffice) and the date in parentheses beside the attendee's name. **Never** submit a certificate on which you have recorded your own name (see requirement above for handwritten/ hand-printed certificates). **Never** submit improper documentation, even if you think they are extra trainings that you don't need for Recertification, but you just want to show that you attended.
2. The name of the sponsoring agency.
3. The title of the training.
4. The date(s) that the training took place.
5. The location at which the training took place.
6. The number of MBSACC approved CEUs/ contact hours (or, if not MBSACC approved, then the number of CEUs/ contact hours recognized by other CEU approving organizations such as NASW, LMHC).
7. An authorized signature as designated by the sponsoring agency.

Certificates of Attendance/Letters of Verification which do not comply will not be considered, and may leave one short of meeting the requirement for Recertification.

**IMPORTANT: IF YOU SUBMIT IMPROPER DOCUMENTATION,
YOU WILL BE ASSESSED A \$25.00 RESUBMITTAL FEE.**

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

REPORT ON THE RESULTS OF THE INVESTIGATION OF THE
EFFECTS OF THE APPLICATION OF FERTILIZERS TO
THE GROWTH OF THE SUGAR BEET

BY H. J. HARRIS, JR., ASSISTANT CHIEF OF BUREAU

WASHINGTON, D. C., 1914
PUBLISHED BY THE GOVERNMENT PRINTING OFFICE
1914

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

REPORT ON THE RESULTS OF THE INVESTIGATION OF THE
EFFECTS OF THE APPLICATION OF FERTILIZERS TO
THE GROWTH OF THE SUGAR BEET

BY H. J. HARRIS, JR., ASSISTANT CHIEF OF BUREAU
WASHINGTON, D. C., 1914
PUBLISHED BY THE GOVERNMENT PRINTING OFFICE
1914

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE

| | | |
|--------|---------|---------|
| DATE: | EXPIRE: | CERT.#: |
| GRP.#: | PD.?: | INIT.: |

OFFICE USE ONLY - DO NOT WRITE IN SPACE ABOVE

PREVENTION RECERTIFICATION CERTIFICATE FORM

PLEASE FILL IN **THIS** FORM AND RETURN IT TO THE LETTERHEAD ADDRESS FOR OUR PRINTER. PLEASE PRINT CLEARLY TO AVOID ANY ERRORS BY OUR PRINTER. **BE SURE TO COMPLETE BOTH SIDES.**

IT IS MBSACC POLICY TO PRINT AFTER YOUR NAME THE APPROPRIATE ACRONYM THAT APPLIES TO YOUR CERTIFICATION. HOWEVER, WE **CANNOT** PRINT ANY TITLES, DEGREES, OR OTHER CREDENTIALS YOU MAY HOLD (i.e., REV., DR., R.N., M.A., ETC.) THAT DO NOT SPECIFICALLY PERTAIN TO CERTIFICATION. WE WILL PRINT **ONLY** YOUR MBSACC CERTIFICATION DESIGNATION.

NAME: (ON THE LINE BELOW - **NAME ONLY** - AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE)

HOME
ADDRESS:

Street

City

State

Zip

HOME PHONE: () CELL PHONE: ()

AGENCY: _____

AGENCY
ADDRESS:

Street

City

State

Zip

WORK PHONE: ()

NOTE: Please enclose your Recertification fee with this form and mail it to the letterhead address by the deadline date. Certificates will not be released until fee is paid!

PLEASE COMPLETE THE BACK SIDE ALSO

PLEASE COMPLETE THE FOLLOWING:

HOME EMAIL: _____

WORK EMAIL: _____

:

ON THE LINE BELOW PLEASE INDICATE YOUR HIGHEST **COMPLETED** LEVEL OF EDUCATION:
(i.e., High School, Associates Degree, Bachelor Degree, etc.)

SPECIAL NOTE:

ALTHOUGH MBSACC CANNOT REQUIRE THE FOLLOWING INFORMATION, WE EARNESTLY ENCOURAGE YOU TO SUPPLY IT TO COMPLETE YOUR COMPUTER RECORD, WHEREAS WE HOLD IT IN THE STRICTEST CONFIDENCE. ALSO, WE GIVE A RECERTIFICATION DISCOUNT FOR COLLEAGUES 65 YEARS AND OLDER. NONE OF THE FOLLOWING PERSONAL INFORMATION WILL BE DISCLOSED TO ANY OUTSIDE AGENT, UNDER ANY CIRCUMSTANCES, WITHOUT YOUR EXPRESS WRITTEN PERMISSION.

DATE OF BIRTH: ____ / ____ / ____
 M D Y

SEX: M / F (PLEASE CIRCLE ONE)

S.S.# _____
 Last 4 digits only

PREVENTION RECERTIFICATION FILING FORM

I, THE UNDERSIGNED, UNDERSTAND THAT MISREPRESENTATION OF ANY OF THE INFORMATION I PROVIDE COULD RESULT IN REVOCATION OF CERTIFICATION.

Applicant's Name (Print)

Applicant's Signature

Date

Certification Number

NOTE: Of the 40 CEU's required for Recertification, a **minimum** of 20 CEU's must be in Category A (that is, trainings or academic courses, that are not in-service hours or part of any other category in the Recertification Policy). The remaining 20 CEU's may be in any combination of Categories in the Recertification Policy as long as they do not exceed the Category limit.

IN-SERVICE TRAINING (Category B - Refer to Recertification Policy for Category Limit)

| NAME OF TRAINING | LOCATION OF TRAINING | NAME OF PRESENTER(S) | DATE(S) OF TRAINING | NUMBER OF TRAINING HOURS |
|------------------|----------------------|----------------------|---------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DISTANCE LEARNING (Category D - Refer to Recertification Policy for Category Limit)

| NAME OF TRAINING | DISTANCE LEARNING ORGANIZATION | NAME OF PRESENTER(S) | DATE(S) OF TRAINING | NUMBER OF TRAINING HOURS |
|------------------|--------------------------------|----------------------|---------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

COMPLETE THIS FORM ON REVERSE SIDE

(THIS FORM MAY BE PHOTOCOPIED IF ADDITIONAL ENTRY SPACE IS REQUIRED)

SEMINARS; WORKSHOPS; OTHER TRAININGS *(Category A - Minimum of 20 CEU's Required in this Category)*

| NAME OF TRAINING, WORKSHOP, OR SEMINAR | LOCATION OF TRAINING | NAME OF INSTRUCTOR(S)/ PRESENTER(S) | DATE(S) OF TRAINING | NUMBER OF TRAINING HOURS |
|---|----------------------|--|---------------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

COLLEGES AND UNIVERSITIES - Academic Courses Attended in Person - Category A

| NAME OF COURSE | NAME OF SCHOOL & LOCATION | INSTRUCTOR | SEMESTER & YEAR | NUMBER CREDITS |
|-------------------|------------------------------|------------|--------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

OTHER CATEGORIES *(Refer to Recertification Policy for Other Categories Allowed)*

| NAME OF TRAINING | LOCATION OF TRAINING | NAME OF INSTRUCTOR(S) | DATE(S) OF TRAINING | NUMBER OF TRAINING HOURS |
|------------------|----------------------|--------------------------|---------------------|-----------------------------|
| | | | | |
| | | | | |

(THIS FORM MAY BE PHOTOCOPIED IF ADDITIONAL ENTRY SPACE IS REQUIRED)