

TEXAS CERTIFICATION BOARD OF
ADDICTION PROFESSIONALS

**INACTIVE STATUS APPLICATION
ALL CREDENTIALS**

*TEXAS CERTIFICATION BOARD OF
ADDICTION PROFESSIONALS*

401 Ranch Road 620 South, Ste. 310

Austin, TX 78734

Tel: (512) 708-0629 Fax: (888) 506-8123

APPLICATION FOR INACTIVE STATUS

Name: _____

Address: _____

City/State/Zip: _____

Telephone: Daytime (____) _____ Evening (____) _____

Credential Type: _____ Cert No.: _____ Exp. Date: _____

Reason for Inactive Status: _____

The fee for Inactive Status is \$25.00 per year. In order to receive Inactive Status automatically, the credential in question must be currently active. The credential may be designated Inactive for a maximum of two (2) consecutive years. After two (2) consecutive years, applicants must either recertify or apply for Inactive Status again. Subsequent applications for Inactive Status **are not** automatically approved; subsequent applications for Inactive Status **must be** individually approved by the Certification Board.

To recertify, applications must complete a recertification package and meet all of the recertification requirements. When Inactive Status expires, if the applicant does not recertify or submit another application for Inactive Status, the credential becomes null and void. The applicant will have to submit a new application in order to get the credential again.

_____ Application for one (1) year of Inactive Status
(Please enclose a check or money order in the amount of \$25.00)

_____ Application for two (2) years of Inactive Status
(Please enclose a check or money order in the amount of \$50.00)

Statement of Understanding

I hereby apply for Inactive Status on my credential through the Texas Certification Board of Addiction Professionals. I understand that my status depends on my successfully meeting the requirements and criteria established by the Certification Board. I also understand that intentional false or misleading statements on the application will result in my being declared ineligible.

I understand that while my credential is on inactive status, I may not represent myself as being certified with my credential. I also may not use my credential letters by my name.

For statistical purposes, the date on my application may be used in an unidentifiable manner. The non-refundable \$25.00 per year and the application becomes the property of the Texas Certification Board of Addiction Professionals.

Signature

Date

Return completed form to:

TCBAP
1005 Congress, Ste. 460
Austin, TX 78701

**YOU MUST RETURN YOUR ORIGINAL CERTIFICATE WITH THIS FORM.
YOU WILL RECEIVE A NEW CERTIFICATE WHEN YOU REACTIVATE
THIS CREDENTIAL. IF YOU DO NOT HAVE YOUR CERTIFICATE, YOU
MUST READ AND SIGN THE ATTACHED AFFIDAVIT.**

LOST CERTIFICATE AFFIDAVIT

Before me, the undersigned authority, personally appeared _____

who being duly sworn by me, testified as follows:

“My name is _____.

I am over the age of eighteen (18) and capable of making this affidavit. I am applying for Inactive Status for my _____ credential. It is my testimony that:

- (1) I no longer have the certificate for this credential.
- (2) I will not hold myself out as having the _____ credential.
- (3) I will not use the credential letters _____ by my name.

I understand that if I do not comply with these guidelines, the Texas Certification Board of Addiction Professionals will revoke my credentials.”

Further, affiant sayeth not.

Signature

Date

Printed Name

SUBSCRIBED and SWORN before me this _____ day of _____, _____.

Notary Public
In and for the state of _____