



Addiction And Prevention Services
 107 SW 6th Street Suite 200
 Topeka, KS 66603
 Fax: 785-235-0342

AAPS Credential Renewal

AAPS RENEWAL APPLICATION

11/09

Date of Application _____

_____ I am applying to be renewed as an AAPS credentialed Alcohol and Drug Abuse Counselor. I have taken the required 40 CEUs which include Ethics, Confidentiality and Infectious Disease to fulfill this current cycle's requirements.

NAME _____

HOME ADDRESS _____ HOME TEL. NO. () _____

CITY _____ STATE _____ ZIP _____ HOME E-MAIL _____

PLACE OF EMPLOYMENT _____

WORK ADDRESS _____ SUITE _____ COUNTY _____

CITY _____ STATE _____ ZIP _____ WORK FAX NO. () _____

WORK TEL. NO. () _____ EXT. _____ POSITION _____

WORK E-MAIL _____

PLEASE LIST ALL CURRENT LICENSES AND/OR CREDENTIALS YOU HAVE

HAVE YOU EVER HAD A PROFESSIONAL LICENSE/REGISTRATION/CERTIFICATION REFUSED, REVOKED, SUSPENDED, LIMITED, OR RESTRICTED FOR ANY REASON IN ANY PROFESSION? ___ YES ___ NO

IF YES PLEASE EXPLAIN, USE A SEPARATE SHEET OF PAPER IF NECESSARY

SIGNATURE OF APPLICANT _____

(There is no fee for this service)

OFFICE USE ONLY

Date Application Received _____

Date Application Approved _____