

Missouri Credentialing Board

428 E. Capitol, 2nd Floor, Jefferson City, MO 65101

Phone: (573) 616-2300

Medication Assisted Recovery Specialist (MARS) Certificate Renewal Forms and Instructions

- Complete the demographic and payment information below.
List six (6) contact hours of Medication Assisted Recovery education on page two. Education hours should have been after you obtained your MARS Certificate if this is your first renewal or after April 30, 2015 if you have renewed before. Only list your trainings on forms; do not send copies of your training certificates unless your last name begins with the letters Y, Z, A or B. If your last name begins with Y, Z, A or B your renewal materials will be reviewed for quality assurance and copies of your training certificates are required.
If your renewal materials and payment are postmarked by April 30, 2017, and you do not hold another MCB credential, your MARS renewal fee is \$30.00. For renewals postmarked between May 1, 2017 and May 31, 2017, the renewal fee is \$50.00.
Renewal materials postmarked after May 31, 2017 will not be accepted and your Medication Assisted Recovery Specialist Certificate will be considered expired. In cases of disputes on when the renewal materials were mailed, the MCB will accept only U.S. Postal Service marks as outlined in the MCB Policies and Procedures.

Provide Your Required Demographic Information Below

PLEASE TYPE OR PRINT NEATLY

Name First Middle Last Sir Name

Current Home Address: Street/PO Box Apt. #

City State Zip County

Home Telephone: SSN:

Work Telephone: Ext. Cell Number:

Place of Employment:

E-mail Address:

Your email address listed above will be used by MCB staff to correspond with you if there is a problem with your renewal materials when they are reviewed. Check your SPAM folder for email from MCB staff.

Within the last renewal period have you been charged, found guilty, or entered a pleas of nolo contendere, in a criminal prosecution under the laws of any state or the United States for any offense, whether or not sentence was imposed or executed? If yes, please attach a written explanation. YES NO

List Other Professional Counseling Credentials You Hold

RENEWAL FEE PAYMENT METHOD: Make check payable to MCB

Check One: Check Money Order Agency Paying Visa Master Card Discover Card

Credit Card Account Number 3 Digit Verification Code Credit Card Expiration Date (mm/yy)

Credit Card Authorized Signature:

Certificate Number and Renewal fee for Your MARS Certificate

MARS # \$30.00 MARS Certificate Only \$50.00 MARS Certificate Only With Late Fee

List Your Education Hours on the Back of this Form -> -> -> ->

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EDUCATION PAGE

List six (6) contact hours of Pharmacology and/or Medication Assisted Recovery education below. **Only list your trainings on forms; do not send copies of your training certificates unless your last name begins with the letters Y, Z, A or B. If your last name begins with Y, Z, A or B your renewal materials will be reviewed for quality assurance and copies of your training certificates are required.**

DATE	TITLE OF TRAINING	NUMBER OF CONTACT HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MARS HOURS _____ at least 6 hours of Medication Assisted Recovery Education