

## **Criteria for Addiction Ministries Credential (AMC)** **Level II**

### **Criteria**

- Minimum of HS Diploma/HSE
- Completion of Ministry Studies Online's **Five Recovery Studies Online Class**:
  - RSO 101 Overview of Addiction
  - RSO 201 Scope of Care and Healthy Boundaries
  - RSO 221 Ethics in Recovery
  - RSO 301 Recovery Management
  - RSO 401 Practical Helping Skills
- That course can be found here: [NPCA Credentialing — MinistryStudiesOnline.com](http://NPCACredentialing—MinistryStudiesOnline.com)

## APPLICATION CHECKLIST

### 1. **Include Payment**

- Send a \$200 check or money order with your application **or** provide your credit/debit card information on page 4.
- Application is not received until a receipt is received.

### 2. **Complete the Application**

- Fill out all sections of the application form.

### 3. **Sign the Code of Ethics**

- Be sure your signature is included where required.

### 4. **Submit Education/Training Proof**

- Send documentation showing you completed the *Five Recovery Studies Online* course from MSO.

### 5. **Send Transcripts**

- Provide a copy of high school/HSE or college transcripts.

### 6. **Processing Time**

- Applications are usually reviewed within two weeks of being received at the MCB office.

### 7. **After 3-4 Weeks of Submission, Check Your Certification Status**

- Go to the MCB homepage at [www.missouricb.com](http://www.missouricb.com) and click on **Professional Search**.
- Search by your last name.
- If your certification has been issued, your information will appear, and you should also look for an email from [natproca@missouricb.com](mailto:natproca@missouricb.com) with your certification and related documents attached.
- Sometimes this email goes to a spam folder. To also check a spam folder, if you can't find it, contact the MCB office at [info@natproca.org](mailto:info@natproca.org) and it will be resent to you.

### 8. **If you haven't heard back**

- If it's been several weeks since you received your application and you have not received your credential by email, you can contact the MCB office to check your status.

## **Application Instructions:**

Please read these guidelines before you apply:

1. **Use the Most Current Application**
  - Requirements can change at any time. Make sure you have the latest version of the application packet by going to [www.missouricb.com](http://www.missouricb.com) and clicking on the Credentials tab at the top of the homepage.
  - If you're unsure, contact the MCB office.
2. **Complete the Application Clearly**
  - Type or neatly print all information.
3. **Keep Copies**
  - Save a copy of everything you send for your own records.
4. **Application Fee**
  - The total fee is **\$200.00**.
  - If mailing in your application, you may pay by check, money order, or card (see page 4 of the packet to provide credit/debit card information).
  - If using the online application, payment by credit/debit card is the only option.
  - Applications will not be reviewed until payment is received.
5. **Providing Additional Information**
  - If you are asked to provide additional details, you'll have **90 days** to provide them.
  - Do not hesitate that the application will be delayed or not evaluated.
6. **Fees Are Non-Refundable**
  - If your application is denied or expires, your payment will not be refunded.
7. **If Your Application Is Denied**
  - You can contact MCB staff for instructions on how to appeal.
8. **Submitted Materials**
  - All materials you send become the property of MCB and will not be returned.
9. **Professional Conduct**
  - If questions arise about your moral character, honesty, integrity, or professionalism, MCB may deny your application or place it on hold while an investigation is completed.
10. **Keep Your Contact Information Updated**
  - It's essential to notify MCB of any address or phone number changes.
  - If mail is sent to an old address and returned, you will need to pay a fee to have it resent.
11. **How to Submit**
  - You can either use the online application on the MCB website or mail a printed application.
  - **Do not** fax or email your application.

# APPLICATION

FOR

## Addiction Ministries Credential (AMC) Level II

Appropriate fee must be submitted with application.

Missouri Credentialing Board  
515 E. High St., Suite 202  
Jefferson City, MO 65101

TELEPHONE: (573) 616-2300

WEB SITE: [www.missouricb.com](http://www.missouricb.com)

EMAIL: [help@missouricb.com](mailto:help@missouricb.com)

Please Mark Credit Card Type:

1. Visa \_\_\_\_\_
2. MC \_\_\_\_\_
3. Discover \_\_\_\_\_

CC Expiration Date: \_\_\_\_/\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit Card 3 Digit Verification Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

**THIS APPLICATION MUST BE TYPED OR PRINTED NEATLY**

All Applications Become the Property of MCB

Applicant's name \_\_\_\_\_  
First Middle Last Name Suffix (Jr., II)

\_\_\_\_\_  
Maiden Other Names Used  
Current Home Address: \_\_\_\_\_  
Street/PO Box Apt. #

\_\_\_\_\_  
City State Zip County  
Home Telephone: \_\_\_\_\_/\_\_\_\_\_  
SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Work Telephone: \_\_\_\_\_/\_\_\_\_\_, Ext. \_\_\_\_\_ Cell Number: \_\_\_\_\_/\_\_\_\_\_

E-mail Address: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Are you currently or have you been credentialed or licensed by any other state or organization? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, which state/organization and when? \_\_\_\_\_

What is the type of credential/license held with the other state/organization?  
\_\_\_\_\_

**Your Required Demographic Information Below (Please Type or Print Very Legibly)**

Gender:  Female;  Male;  Decline to State;  Other: \_\_\_\_\_

Ethnicity:  American Indian/Native Alaskan/Native American;  Asian;  Black/African American;  
 Decline to State;  Hispanic/Latino;  Multi-Racial/Ethnic;  Native Hawaiian/Pacific  
Islander  
 White;  Other: \_\_\_\_\_

Salary:  \$0-\$14,999;  \$15,000-\$24,999;  \$25,000-\$34,999;  \$35,000-\$44,999;  \$45,000-\$54,999  
 \$55,000-Over;  Decline to State

Military Service:  Never served in the military;  
 Active duty for training in the Reserves or National Guard;  
 On Active duty in the past, but not now for the Reserves or National Guard;  
 Now on active duty;  
 On active duty in the past, but not now;  
 Veteran

Primary Language:  English;  Spanish;  Chinese;  Tagalog;  Vietnamese;  Arabic;  
 French;  
 Korean;  Russian;  German;  Other: \_\_\_\_\_

Secondary Language:  N/A;  English;  Spanish;  Chinese;  Tagalog;  Vietnamese;  Arabic;  
 French;  Korean;  Russian;  German;  Other: \_\_\_\_\_

Highest Level of Education Completed:  Associates Arts/Science Degree;  Bachelor Arts/Science Degree;  
 Doctorate;  High School Diploma or HiSET;  Some College Credit;  
 No High School Diploma or HiSET;  Vocational Certificate;  Other: \_\_\_\_\_

## Education/Degree Information

Please mark your highest level of education completed:

- |                                   |       |                       |
|-----------------------------------|-------|-----------------------|
| 1. High School Diploma/HSE:       | _____ |                       |
| 2. Addiction Certificate Program: | _____ |                       |
| 3. Associate Degree:              | _____ | Degree Program: _____ |
| 4. Bachelor Degree:               | _____ | Degree Program: _____ |
| 5. Master Degree/Higher:          | _____ | Degree Program: _____ |

***An applicant may document High School Diploma or HSE or College/University degree by:***

- 1. Submitting copy of High School Diploma/HSE***
- 2. Submitting official or unofficial College/University transcripts. Please ensure the transcript shows the degree being conferred.***

### **Where Does the Applicant Currently Work?**

Name of Employer:					
Mailing Address of Employer	Street	City	State	Zip Code	County
Name & Title of Immediate Supervisor:					
Your Business Phone: Area Code/Telephone Number		Extension	Fax #	Area Code/Telephone Number	

## Training Requirements

A. Submit documentation of the completed 5 Classes of the Recovery Studies Online Track of MSO.

Certificate included: \_\_\_\_\_ Yes

## **Applicant's Agreement to the Code of Ethical Practice and Professional Conduct**

I have read the current Addiction Ministries Certification's Ethics Code as listed on the MCB web site [www.missouricb.com](http://www.missouricb.com) and agree to abide by this code:

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Print Name

Date

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Signature

Date

### **AUTHORIZATION AND RELEASE**

I hereby certify all of the information given herein is true and complete to the best of my knowledge and belief. I also authorize any relevant investigations, or the release of personal information to the Missouri Credentialing Board, its agents, or contractors pursuant to this application/renewal procedure. I understand falsification of any portion of this application/renewal will result in my being denied credentialing, or revocation of same upon discovery.

I further agree to hold the Missouri Credentialing Board and its Board Members, officers, agents, staff, peer evaluators and examiners, free from any civil liability for damages or complaints by reason of any action that is within the scope and arise out of the performance of their duties which they, or any of them, may take in connection with this application/renewal, any examination, the grades with respect to any examination, and/or the failure of the MCB to issue me said credential or renewal.

This Authorization and Release shall also apply to personal information requested by the Board at any time following credentialing in connection with any investigation concerning allegations that could lead to disciplinary action against me.

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Print Name

Date

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Signature

Date

Be sure to print, sign and date in all places on this page!



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**FAMILY CARE SAFETY REGISTRY**  
**WORKER REGISTRATION**

**PLEASE TYPE OR PRINT CLEARLY**

**SECTION A: WORKER TYPE (CHECK ONE BOX ONLY)**

<input type="checkbox"/> CHILD CARE WORKER (\$9.00)	<input type="checkbox"/> PERSONAL CARE WORKER (\$9.00)	<input type="checkbox"/> VOLUNTARY
<input type="checkbox"/> ELDER CARE WORKER (\$9.00)	<input type="checkbox"/> RECIPIENT OF STATE OR FEDERAL FUNDS (0.00)	<input type="checkbox"/> FOSTER

**SECTION B: IDENTIFYING DATA FOR BACKGROUND SCREENING**

LAST NAME	FIRST NAME	MIDDLE NAME
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MAIDEN AND PRIOR NAMES USED

SOCIAL SECURITY NUMBER (ATTACH COPY OF SOCIAL SECURITY CARD) - -	DATE OF BIRTH / /	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE NO. (OPTIONAL) ( )
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**MAILING ADDRESS**

STREET ADDRESS OR POST OFFICE BOX	CITY	STATE	ZIP CODE	COUNTY
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**HOME ADDRESS (if different than mailing address)**

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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**SECTION C: CURRENT EMPLOYER INFORMATION (IF APPLICABLE)**

EMPLOYER NAME	CONTACT PERSON	PHONE NUMBER ( )
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ADDRESS	CITY	STATE	ZIP CODE
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**SECTION D: AUTHORIZATION TO RELEASE BACKGROUND SCREENING INFORMATION**

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorized the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requestor of the FCSR for employment purposes only, as provided in 210.921, subsection 1 subdivision (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy in the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening determination.

**NOTICE:** The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to your designated bank account. I understand that my signature below authorized my Financial Institution to deduct this payment from my account. In the event that DHSS or its subcontractor, is unable to secure funds from your account or you provide insufficient or inaccurate information regarding your account, your obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE / /
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**Submit this form with your application and a copy of your SS card. If your agency has run an FCSR check within the last 30 days, you may submit the results with this form which may speed up the applicaiton process. By doing so, you give permission for your agency to share their FCSR results.**