

**APPLICATION FOR RECERTIFICATION AS A STUDENT ASSISTANCE  
PROFESSIONAL (SAP)**

Date of credential's expiration: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Name of School(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail address (home or school): \_\_\_\_\_

**\*Please include the \$100.00 recertification fee.** This fee is **non-refundable** and must accompany this application. Checks should be made out to the Vermont Certification Board and sent to VADACB, P.O. Box 8566, Essex, VT 05451.

SAP COUNSELOR RECERTIFICATION REQUIREMENTS

NAME: \_\_\_\_\_

\_\_\_\_\_ 24 hours total

**Of the 24 hours, 6 hours must be specific to professional ethics and responsibilities. The remaining 18 hours may be in any of the performance domains indicated below. All documentation must clearly be related to and/or address the identified domain.**

\_\_\_\_\_ 6 hours ethics

\_\_\_\_\_ brief counseling/crisis intervention/risk behavior identification: # hrs. \_\_\_\_\_

\_\_\_\_\_ screening: # hrs. \_\_\_\_\_

\_\_\_\_\_ school and legal issues: # hrs. \_\_\_\_\_

\_\_\_\_\_ prevention education and programming: # hrs. \_\_\_\_\_

\_\_\_\_\_ alcohol, tobacco, or other drug pharmacology/chemical dependency: # hrs. \_\_\_\_\_

\_\_\_\_\_ program development/recordkeeping: # hrs. \_\_\_\_\_

\_\_\_\_\_ classroom teaching/management/presentations/curriculum development: # hrs. \_\_\_\_\_

\_\_\_\_\_ distance learning does not exceed 12 hours

\_\_\_\_\_ carryover hours to use: # hrs. \_\_\_\_\_

- 50% of the total hours may be carryover hours if they were accrued in the last year of the previous recertification period and not used before.

~~~~~

(Certification Board use only)

APPROVED

DISAPPROVED

REASONS FOR DISAPPROVAL:

Signature

Date