Indian Alcoholism Commission of California, Inc. [IACC]

RENEWAL OF CERTIFICATION APPLICATION

Date: _____ SS#: _____

Date Certified: _____ Current Certificate Expires: _____

Name: _____
Last First Middle

Mailing Address: _____

_____
City State Zip Code

Home Phone #: _____ Cell #: _____

E-Mail Address: _____

Employed by: _____

Address: _____

City/State/Zip: _____/_____/_____

IACC Certification Number: _____ ICRC Number: _____

Submit copies of training certificates, or documentation.
Requirement: 60 contact hours per 2 years (30) hours per year.

Total Hours: _____

Attach Fees with Application: IACC Certificate - $1,200.00
ICRC Certificate - $ 48.00 (optional)

Make Checks/Money orders payable to:

IACC
2755 Cottage Way, Suite 17
Sacramento, Ca. 95825
Phone (916) 488-0788 * FAX (916) 488-0788

Late Fees (effective 30 days after expiration date)