



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
448 Red Cliff Drive, Suite 12
Redding, CA 96002
Phone (530) 221-0705 * FAX (530) 222-1710

Late Fees (effective 30 days after expiration date)