

GLRC Foundation 97 S. Fourth Street, Suite C Ishpeming, MI 49849 Phone: (906) 523-9688 Fax: (906) 228-0505 Toll Free: 1-855-906-GLRC www.greatlakesrecovery.org

REIMBURSEMENT FOR CADC- RELATED FEES

This form is to be filled out by the individual requesting reimbursement for CADC-related fees and should be returned to <u>btharp@greatlakesrecovery.org</u> with the subject-line "CADC FEE REIMBURSEMENT". A new form needs to be completed for **every individual** requesting reimbursement.

The reimbursement amount is as follows:

_____ Development Plan: **\$75**

_____ All CEU's Unlimited One Year Membership: \$99.00

_____ 2-Year Renewal Fee: **\$145.00**

_____ 3-Year Renewal Fee: \$225.00

_____ Initial Certification Fee 2-year: \$150.00

- _____ Initial Certification Fee 3-year: \$225.00
- _____ International Certification & Reciprocity Consortium IC&RC Exams: CAADC, CADC, CPS, CPC-R, CCS: **\$175**

_____ International Certification & Reciprocity Consortium (IC&RC) Peer Recovery Exam (CPRM): **\$100**

____ Michigan Addictions Fundamentals Examination (MAFE): **\$100**

A receipt must be submitted before reimbursement is issued. Expenses are not guaranteed and will be paid out within one month of receiving receipt. All relevant documentation must be turned in with this form including proof of certification and development plan, development plan certificate, test scores, and all receipts. Use documentation checklist to indicate the documentation you've included as well as the amount you're requesting reimbursement for.

Item (ex- Development Plan):	Cost (ex- \$75.00)

Total Cost/ Request: _

Creating Healthy Communities One Person at a Time



Name:	Date:
MCBAP Credential ID: (Don't know how to find this? Go to MCBAP.com	n, Find a Professional, and type your last name in the search!)
Employer:	
Address:	
Email address:	
Please reimburse my employer (non-p	profits, agencies, etc.)
Please reimburse me (Self-pay, privat	e practitioners, etc.)
SEND CHECK TO THIS ADDRESS:	
* * * * * * GLRC FOUNDAT	TION OFFICE STAFF TO COMPLETE THE FOLLOWING * * * * * *
Date Received:	Request #
MCBAP Credential ID Verification (yes/no,	write ID #):

Documentation Check-List

Development Plan: \$75 Receipt Development Plan Certificate All CEU's Unlimited One Year Membership: \$99.00 Receipt
2-Year Renewal Fee: \$145.00 Receipt Proof of Certification Renewal
3-Year Renewal Fee: \$225.00 Receipt Proof of Certification Renewal
Initial Certification Fee 2-year: \$150.00 Receipt Proof of Certification
Initial Certification Fee 3-year: \$225.00 Receipt Proof of Certification
International Certification & Reciprocity Consortium IC&RC Exams: CAADC, CADC, CPS, CPC-R, CCS: \$175 Receipt Test Results (You will be reimbursed- pass or fail)
International Certification & Reciprocity Consortium (IC&RC) Peer Recovery Exam (CPRM): \$100 Receipt Test Results (You will be reimbursed- pass or fail)
Michigan Addictions Fundamentals Examination (MAFE): \$100 Receipt Test Results (You will be reimbursed- pass or fail)