



Application for Certified Addictions-Informed Mental Health Professional (CAIMHP)

Date: _____

Name (as it appears on your license): _____

Mailing Address: _____

City/State/Zip/Country: _____

Phone: _____

Email Address: _____

I attest to the following (please initial each):

____ I am a State or Nationally licensed (or equivalent outside the U.S.) professional as outlined in Criterion 1.1 of the Certification Standards

____ My professional license is current and in good standing as outlined in Criterion 1.2 of the Certification Standards

____ I have completed the required 12 education clock hours of addictions-informed skills training as outlined in Criterion 2.1 of the Certification Standards

____ I have completed a minimum of 100 contact hours with clients who have substance use disorder as co-occurring factor presented during mental health treatment as outlined in Criterion 3.0 of the Certification Standards

Please submit the required documentation via email to info@addictionspro.com

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted.

I understand that information submitted with this application may be verified for accuracy by the Institute of Certified Addictions-Informed Professionals (ICAIP). I also agree to contact the ICAIP in the event I no longer meet the requirements to be a Certified Addictions-Informed Mental Health Professional (CAIMHP).

Signed: _____ Date: _____