

DEFINITIONS

The **National Certification Board for Behavioral Health Professionals (NCBBHP)** has implemented an updated and expanded policy for credential holders who wish to reactivate credentials in an Inactive status or reinstate credentials that are Expired. Requirements are determined based on the length of time the credential has lapsed.

1. **Inactive – First Quarter:** A credential that has not been renewed and is in Inactive status for three (3) months or less from the end of the renewal period (March 31st, June 30th, or October 31st).
2. **Inactive:** A credential that has not been renewed and remains in Inactive status for more than three (3) months but less than 36 months from the original credential expiration date.
3. **Expired:** A credential that has not been reactivated during the 36-month Inactive period and is less than 48 months from the original credential expiration date. If a credential remains expired beyond 48 months, a new certification application and exam are required.

Note: Provisional credentials **cannot** be reactivated or reinstated.

MINIMUM REQUIREMENTS

This application must be completed and submitted to NCBBHP. Upon receipt, NCBBHP will determine the exact requirements for reactivation or reinstatement. These requirements may vary depending on the time elapsed in Inactive or Expired status, and how the credential was originally earned. At a minimum, applicants must:

- Submit the **Certification Reactivation and Reinstatement Application**.
- **Verify eligibility to work** with vulnerable populations (background check). If verification cannot be obtained, a new Level 2 Background Screening will be required.
- **Pay the applicable fees** (per credential), including the renewal fee, late fee, and reactivation or reinstatement fee. Fees are assessed following review of the application.
- Submit required **continuing education (CE) hours** for the specific credential(s). CE hours must be dated between the original credential expiration date and the date the Certification Reactivation and Reinstatement Application is submitted.



National Certification Board for Behavioral Health Professionals (NCBBHP) Certification Reactivation and Reinstatement Application

REQUIREMENTS FOR REACTIVATION

Reactivation is the process used for credentials that are in Inactive status. This includes credentials in Voluntary Inactive or Retired sub-statuses.

- **Inactive – First Quarter to Certified Status:** Applicants must pay a \$75 Reactivation Fee, the annual or biennial renewal fee for the credential, and submit CE documentation.
- **Inactive, Voluntary Inactive, or Retired Credential to Certified Status:** Applicants must pay a \$75 Reactivation Fee, a \$50 Late Fee, the annual or biennial renewal fee for the credential, and submit CE documentation.

If required, applicants must also pay the current exam and exam proctoring fees to take the certification exam.

REQUIREMENTS FOR REINSTATEMENT

Reinstatement applies to credentials that are Expired, Suspended, or Revoked. Reinstatement can only occur within a one-year period—specifically, between 36 and 48 months following the original credential expiration date.

- **Expired to Certified Status:** Applicants must pay a \$200 Reinstatement Fee, the annual or biennial renewal fee, and submit CE documentation.
- **Revoked or Suspended to Certified Status:** Applicants must pay the \$200 Reinstatement Fee, the annual or biennial renewal fee, any applicable disciplinary fees, and submit documentation showing compliance with disciplinary sanctions.

If required, applicants must also pay the current exam and exam proctoring fees to take the certification exam.

SUBMISSION

Upon completion, please submit the form directly to the **NCBBHP**.

Mail: National Certification Board for Behavioral Health Professionals
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee FL 32301

Email: support@nationalcertificationboard.com

Subject Line: Reactivation and Reinstatement Application



National Certification Board for Behavioral Health Professionals (NCBBHP)

Certification Reactivation and Reinstatement Application

All information must be typed. Handwritten forms will be denied.

Section 1 – Demographic Data. Please provide the most current information.		
Last Name:		First Name:
Phone Number:		Email Address:
Mailing Address:		
City:	State:	Zip Code:
Section 2 – Please indicate the type of application being submitted.		
Inactive or Expired Credentials:	<input type="checkbox"/> Reactivate	<input type="checkbox"/> Reinstatement
Suspended or Revoked Credentials:	<input type="checkbox"/> Reinstatement	
Section 3 – Please indicate each credential you are reactivating or reinstating.		
Credential Name		Credential Number
Section 4 – Disclosure, Release and Applicant's Signature		
<p>1. Have you been convicted, plead nolo contendere or had an adjudication of guilt withheld for any crime which is a felony or a 1st degree misdemeanor since your last background screening? Yes No</p> <p>By my signature, I acknowledge that all provided information is accurate. I give my permission for the NCBBHP to verify or initiate a Level 2 Background Screening as it relates to this application. I understand that intentionally false or misleading statements or omissions may be grounds for denial or revocation of my certification. I consent to the release of information contained in my reactivation/reinstatement application, certification file, or other pertinent data submitted to or collected by the NCBBHP to its officers and staff.</p>		
Signature <i>(NCBBHP accepts manual and electronic signatures)</i>		Date