



**IC&RC**  
Leading the World in Credentialing

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(573) 644-1710

[www.natproca.org](http://www.natproca.org)  
email: [icandrhrs@gmail.com](mailto:icandrhrs@gmail.com)

428 E. Capitol, 3rd Floor  
Jefferson City, MO 65101

## 2025 RENEWAL FORMS FOR IC&RC

- Harm Reduction Specialist (HRS)

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**PLEASE READ THE RENEWAL INSTRUCTIONS IN THEIR ENTIRETY BEFORE COMPLETING RENEWAL FORMS.**

**All renewals MUST include a copy of your Ethics Training hours and signature on the attestation form to verify you have completed the other required training hours. You should keep ALL training hours on file in case there is a question about your submission and you are asked to provide documentation of all 20 hours.**

PLEASE REFERENCE THE CHART BELOW FOR THE RENEWAL REQUIREMENTS AND FEE:

- A. HRS—20 hours; 6 hours of ethics; 8 hours of harm reduction hours**
- Renewal Fee \$77.00
  - Inactive fee \$38.50

Renewal hours must be completed after the date listed on your HRS certification (the date it was issued). This date can be located on the paperwork you received when you were issued your certification.

### EDUCATION HOURS

#### **Outside Education Hours:**

Outside education is any continuing education related to one or more of the performance domains such as workshops or seminars presented in a formal classroom setting, applicable college coursework, self-study courses, or home study/online courses.

#### **Agency In-Service Hours:**

An in-service training is any training provided only for the staff in your agency/company. **If your ethics hours fall into this category, the in-service form MUST be signed by your supervisor OR you must attach copies of the sign-in sheets for each in-service training listed.**

**UNABLE TO RENEW AT THIS TIME - STAFF ASSISTANCE** - If you have had a serious illness, or an extended period of unemployment, or other serious event recently in your life and feel you cannot renew your credential at this time, **immediately call the office (573) 644-1710. The staff will make an effort to work with you to adjust the timeline in order to avoid reinstatement process/fees.**

#### **INACTIVE STATUS PROCEDURE:**

1. **Only Professionals who do NOT use their credential for employment purposes may request at the time of their renewal to place their credential on inactive status.**
2. At the time of their renewal when they request inactive status, the professional will only pay half of the current renewal fee, complete the demographic information on the renewal form and sign the Code of Ethical Practice and Professional Conduct and authorization and release.
3. At each renewal date to follow that the professional wishes to remain on inactive status – they pay half of the current renewal fee and submit half the education hours required for that renewal period; complete the renewal forms and sign the Code of Ethical Practice and Professional Conduct and Authorization and Release.
4. To return to active status at the professional’s renewal date, he/she will pay the full renewal fee and submit the total number of education hours as required; complete the renewal forms and sign the Code of Ethical Practice and Professional Conduct and Authorization and Release.
5. Should a professional wish to return to active status at any point before their next renewal date they will pay the full renewal fee and submit the total number of continuing education hours required for their July 31, 2025 renewal. Their renewal date will remain the same AND THEY MUST SUBMIT ALL CERTIFICATES—NOT JUST ETHICS HOURS.

#### **CREDENTIAL REINSTATEMENT POLICY**

If you do not renew during this renewal period and your credential expires, you may request that your credential(s) be reinstated and submit the reinstatement forms with education hours and pay the reinstatement fee **before July 31, 2030.** Your next renewal date will not change. Education hours for your next renewal must be obtained after your reinstatement date.

Contact NPCA Staff at (573) 644-1710, or send an email to [icandrchr@gmail.com](mailto:icandrchr@gmail.com) if you have additional questions.

#### **SUBMISSION OPTIONS**

**Your renewal forms may NOT be emailed or faxed.** Your choices are to submit them using the online automated renewal system at [www.natproca.org](http://www.natproca.org) , or you can mail your documentation with fee to:

**NPCA**

**428 E. Capitol, Floor 3**

**Jefferson City, MO 65101**

**DEMOGRAPHIC AND FEE PAGE**

**NATIONAL PROFESSIONAL CREDENTIALING ASSOCIATION-428 EAST CAPITOL 3<sup>rd</sup> Floor; Jefferson City, MO 65101**

Your Required Demographic Information Below (Please Type or Print Very Legibly)

\_\_\_\_\_  
(Name) First                                      Middle                                      Last

\_\_\_\_\_  
Current Home Address (Street/Apt/City/State/Zip)

Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Your email address listed above will be used by staff to correspond with you if there is a problem with your renewal materials when they are reviewed. Check your SPAM folder for email from staff.**

**Within the last renewal period have you been charged, found guilty, or entered a plea of nolo contendere, in a criminal prosecution under the laws of any state or the United States for any offense, whether or not sentence was imposed or executed?**

**If yes, please attach a written explanation.    \_\_\_ Yes                      \_\_\_ No**

List Other Professional Counseling Credentials You Hold \_\_\_\_\_

**Renewal Fee Payment Method: Check One**

Check       Money Order       Agency Paying \_\_\_\_\_

Visa       Master Card       Discover Card

Card Number: \_\_\_\_\_ 3 Digit Verification Code \_\_\_\_\_

Credit Card Expiration Date (mm/yy) \_\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_

Credit Card Billing Zip Code: \_\_\_\_\_

**Please mark all credentials you are renewing at this time (do NOT select both active and inactive):**

HRS Active (\$77.00)

HRS Inactive (\$38.50)

**Your Required Demographic Information Below (Please Type or Print Very Legibly)**

Gender:  Female;  Male;  Decline to State;  Other: \_\_\_\_\_

Ethnicity:  American Indian/Native Alaskan/Native American;  Asian;  Black/African American;  
 Decline to State;  Hispanic/Latino;  Multi-Racial/Ethnic;  Native Hawaiian/Pacific  
Islander  
 White;  Other: \_\_\_\_\_

Salary:  \$0-\$14,999;  \$15,000-\$24,999;  \$25,000-\$34,999;  \$35,000-\$44,999;  \$45,000-\$54,999  
 \$55,000-Over;  Decline to State

Military Service:  Never served in the military;  
 Active duty for training in the Reserves or National Guard;  
 On Active duty in the past, but not now for the Reserves or National Guard;  
 Now on active duty;  
 On active duty in the past, but not now;  
 Veteran

Primary Language:  English;  Spanish;  Chinese;  Tagalog;  Vietnamese;  Arabic;  
 French;  
 Korean;  Russian;  German;  Other: \_\_\_\_\_

Secondary Language:  N/A;  English;  Spanish;  Chinese;  Tagalog;  Vietnamese;  Arabic;  
 French;  Korean;  Russian;  German;  Other: \_\_\_\_\_

Highest Level of Education Completed:  Associates Arts/Science Degree;  Bachelor Arts/Science Degree;  
 Doctorate;  High School Diploma or HiSET;  Some College Credit;  
 No High School Diploma or HiSET;  Vocational Certificate;  Other: \_\_\_\_\_



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Jefferson City, MO 65101

Renewal Application—Attestation Statement

I, \_\_\_\_\_, attest I have completed all the necessary hours to renew my certification for the July 31, 2025  
Renewal including all required Ethics hours.

I understand that National Professional Credentialing Association (NPCA) has the authority to request my  
certificates/documentation at any time and it is my responsibility to maintain my training certificates.

Signed By: \_\_\_\_\_  
Date: \_\_\_\_\_



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**Signature Page for Code of Conduct and Authorization and Release**

I have read and will abide by the current HRS Ethics Code listed on the website [www.natproca.org](http://www.natproca.org) under the Ethics Code Link.

**Authorization and Release**

I hereby certify all of the information given herein is true and complete to the best of my knowledge and belief. I also authorize any relevant investigations, or the release of personal information to the National Professional Credentialing Board, its agents, or contractors pursuant to this application/renewal procedure.

I understand falsification of any portion of this application/renewal will result in my being denied credentialing, or revocation of same upon discovery.

I further agree to hold the National Professional Credentialing Board and its Board Members, officers, agents, staff, peer evaluators and examiners, free from any civil liability for damages or complaints by reason of any action that is within the scope and arise out of the performance of their duties which they, or any of them, may take in connection with this application/renewal, the examination, the grades with respect to any examination, and/or the failure of the NPCA to issue me said credential or renewal.

This Authorization and Release shall also apply to personal information requested by the Board at any time following credentialing with connection with any investigation concerning allegations that could lead to disciplinary action against me.

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

# Reminder:

All Renewals **MUST** submit a copy of their ethics training hours.