



PREVENTION & ADDICTIONS COUNSELLING

# EUROPEAN CERTIFICATION BOARD

## APPLICATION FOR (RE) CERTIFICATION

**Please note that the next deadline for recertification is February 1st, 2025.**

I HEREBY APPLY FOR:  CERTIFICATION  RECERTIFICATION AS:

**Alcohol and other drugs Professional – ECAOP**  
..... If recertifying, your certification number is: \_\_\_\_\_

**Food Addiction Professional – ECFAP.**  
..... If recertifying, my certification number is: \_\_\_\_\_

**Prevention Professional – ECPP**  
..... If recertifying, my certification number is: \_\_\_\_\_

**Clinical Supervisor – ECCS**  
..... If recertifying, my certification number is: \_\_\_\_\_

I confirm that I have read and agree with the Ethical Standards on the ECB website

Attached is a confirmation of 40 hours of studies (continuous education) since the last certification was issued (40 CEU equivalent)

Payment for (re)certification and one diploma, the amount of EUR 45 / SEK 480 / ISK 6.000. Additional (re)certification diplomas €23 / SEK 240 / ISK3.000 for each (re)certification, have been paid to European Certification Board to:

Total
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Bank account: **0331-13-000538**  
ID number: **541010-1730**  
IBAN: **IS060331130005385410101730**  
Swift: **ESJAISRE**

PayPal: [https://paypal.me/Eurocert?country.x=IS&locale.x=en\\_US](https://paypal.me/Eurocert?country.x=IS&locale.x=en_US)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
E-mail

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

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

### To be completed by the European Certification Board

I verify that the certification named above is in good standing with the European Certification Board.  
The credential is **ECAOP / ECFAP/ ECPP / ECCS**; the next renewal is due February 1st, 2027.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of board representative