

Dear CADC Upgrade Applicant (***this application is for use only by tCADC's who are upgrading to the CADC credential***):

You are allowed one year to complete your application, starting from the date that any portion of this application is received in the IBC office; this includes meeting all experience and supervision requirements, payment of the application review fee, with every form complete. Once your application is complete, you will be notified of the CADC certification fee due; once that fee is received, your CADC certificate will be sent to you.

To efficiently move through the application process, you need to follow these steps:

- **Read this letter thoroughly**
- Review the Counselor Handbook (available on the website at www.iowabc.org) so that you are familiar with applicable requirements, processes and IBC's Code of Ethics. By signing your application on Form 02, you are subscribing to IBC's Code of Ethics.
- **COMPLETE THE ATTACHED APPLICATION ON YOUR COMPUTER, save it, then print and mail the application with your written job description and \$40.00 application review fee (if paying by check) to the IBC office. You are also welcome to pay with Dwolla and can find a link on the IBC website's home page. ALWAYS SAVE A COPY OF YOUR COMPLETED APPLICATION ON YOUR COMPUTER. Be sure your completed application includes:**
 - Completed and signed/dated Forms 01, 02, 05, 06, and 09
 - An official written job description
 - The **non-refundable** application review fee of \$40.00. This fee can be paid with a personal check, paid in cash at the IBC office or you may pay on our website's home page through Dwolla.
- Be sure to have your supervisor complete the **Supervisor's Evaluation (Form 09)** for you. Your supervisor has two options: you may either print the blank Form 09 from your application and give this to your supervisor to complete and mail to IBC, or your supervisor may find a fillable version of the evaluation on the IBC website under the "Certifications/Recertifications" tab. The evaluation may be completed online and mailed with your supervisor's original signature to the IBC office.

Once we receive your application, we will review it and let you know that:

1. More items are still needed, or
2. If it is complete, we will prorate what you've already paid for your tCADC and let you know how much is owed for your certification fee.

Your certification is valid for two years. It is **your responsibility** to keep track of your recertification date – reminders will not be sent. The recertification application can be found on our web site at www.iowabc.org and may be completed online, then emailed to us. Taking coursework throughout the two-year certification period is advised so that you are not rushed getting all your recertification hours at the last minute. ***The recertification application must be emailed or postmarked on or before the expiration date shown on your certificate, or the \$100.00 late fee will be due.*** A 45-day probationary period is allowed from the date of expiration, at which time the

certification will expire and may be obtained again by going through the entire application process anew.

Please note that IBC sends out newsletters three times/year via email to keep you informed of information relevant to your certification; newsletters and notifications can also be found on the IBC website. **Be sure that you are able to receive emails from us, and notify the IBC office if your email changes.** You also need to contact the IBC office if your name, address, phone or work information changes so that our databases are up to date.

We understand that the certification process can seem a bit daunting, so feel free to call our office at any time with questions.

Congratulations on taking the first step toward certification!

Sincerely,

Debbie Gilbert

Debbie Gilbert
Executive Director



**Certified Alcohol & Drug Counselor (CADC) Upgrade
Form 01: Applicant Information**

Name (as you wish to have it on your certificate) _____

Other last names you have used: _____

Home Address _____

City, State, Zip Code _____

Telephone Number _____ Cell _____

E-mail _____ Social Security No. _____

Current Place of Employment _____

Address _____

City, State, Zip Code _____

Telephone Number _____ Job Title _____

E-Mail _____ (Note: IBC newsletters are sent out 3 times/year via email and all certified professionals will be held responsible for information contained in these newsletters. **Be sure to contact the IBC office if your email information changes**).

List any professional certificates or licenses you presently hold and the states in which they are valid.

Have you ever had any credential (i.e. license, certification, endorsement, etc.) revoked, suspended or sanctioned? Yes ____ No ____ (If so, indicate: what credential, when, where, for what reason, and the current status of that credential) _____

I have given my supervisor's evaluation form to:

Name _____ Telephone _____

Agency _____

Address _____

City, State, Zip Code _____ Email _____

IBC reserves the right to request further information from employers, organizations, and persons who may have pertinent information regarding this application.

The \$40.00 non-refundable application review fee is due with this application.

Please check one: I am paying by: Check ____ Cash ____ Online via Dwolla ____

Applicant Name _____

Form 02-CADC Upgrade: ASSURANCES AND RELEASES

Note: Sign and date this form just prior to sending your completed application to IBC. The date shown below will be used to count applicable experience hours.

I give permission for the Iowa Board of Certification (IBC), its committees, and staff to investigate my background as it relates to statements contained in this application for counselor certification.

I understand that false or misleading statements or omissions will result in the denial or revocation of certification as these actions are a violation of the IBC Code of Ethics for Alcohol and Drug Counselors.

I consent to the release of information contained in my application file and any other pertinent data submitted to or collected by IBC to its officers, committee members, and staff.

I certify that I have read this entire application and that all the material contained herein is my own work and is true and complete.

I certify that I have read and am subscribing to the IBC Code of Ethics for Alcohol and Drug Counselors, and understand that by signing this form I am agreeing to cooperate in any ethics investigation I may be a part of.

I further agree to hold IBC, its officers, Board members, employees, and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or the failure of IBC to issue certification.

I give my permission to IBC, its committees, or representatives to contact or question, as necessary, any person, institution or organization for any ethics or appeal investigation.

I give my permission to IBC to communicate with my employer(s) regarding the contents (or lack of contents) and status of my application. (Note: IBC reserves the right to contact supervisors regarding an applicant's experience and forms which have an area for the supervisor to sign.)

Signature

Date

Applicant Name _____

Form 05-CADC Upgrade: PROFESSIONAL EXPERIENCE RESUME

INSTRUCTIONS: Use this form to describe your professional experience as an alcohol and drug counselor. Use one copy of this form for *each relevant position*. You may include relevant practicum and/or volunteer experience. **You must attach an official job description for each position.**

Agency Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Position Title _____

Hours worked per week _____

Exact Dates of Experience: From _____ to _____

Total Experience Time: Years _____ Months _____

Direct Supervisor's Name _____

(Make sure your supervisor meets the qualifications listed on page 8 of the Counselor Handbook)

What percentage of your time in this position was spent performing alcohol and drug counseling duties? _____%

* * * * *

I have reviewed this completed form and attest that all information on this form is accurate. By signing below, I am indicating that I recommend this applicant as an Alcohol & Drug Counselor.

Supervisor's Signature

Date

Note to Supervisor: Do not sign this form until it is completed by the applicant. If you are aware of any ethical violations of this applicant, it is your responsibility to report this to the Iowa Board of Certification.

Applicant Name _____

Form 06-CADC Upgrade: DOCUMENTATION OF DOMAIN EXPERIENCE

(Page One of Two)

INSTRUCTIONS:

On this form, document time spent in face-to-face supervision and time spent performing the 4 Domains in a substance abuse setting. Individual/group/team supervision, practice and formal case presentations all apply.

Complete a new Form 06 for each agency and/or position you wish to include.

These hours are not in addition to, but are part of, the basic experience requirements listed in the handbook.

Only minimum hours are needed. The purpose of this form is to ensure that applicants have experience under each Domain. **Detailed descriptions on the Domains can be found in the Handbook on pages 38-52.**

A total of at least 36 clock hours must be under the **supervised** category. **It is expected that supervision hours were provided face-to-face with the applicant.**

The **performed** category must total at least 500 clock hours and contain a minimum of 20 clock hours in each Domain.

Applicant Name _____

Form 06-CADC Upgrade: DOCUMENTATION OF DOMAIN EXPERIENCE

(Page Two of Two)

Agency Name _____ Position _____

Domain	# of hours Supervised	# of hours Performed	Examples of how you performed this Domain
Screening, Assessment & Engagement			
Treatment Planning, Collaboration & Referral			
Counseling			
Professional & Ethical Responsibilities			

Total Hours Supervised _____

Total Hours Performed _____

As this applicant's supervisor, I attest that all of the above information is accurate.

Signature of Supervisor _____

Date _____

Applicant Name _____

Form 09-CADC Upgrade: SUPERVISOR'S COUNSELOR EVALUATION

(Page One of Three)

Note to Supervisor: The Iowa Board of Certification believes that certification should be based on input from a variety of sources, including the observations of persons who supervise the applicant. For this reason, all applicants are required to obtain one supervisor's evaluation from a direct counseling supervisor. Your evaluation, along with data furnished by the applicant, will be used in determining eligibility for certification.

An applicant must receive at least an average score of one on the Supervisor's Counselor Evaluation. If an applicant does not receive at least an average score of one, the matter will be remanded to the supervisor and the applicant. Once the supervisor feels the applicant has improved on the deficient areas, the Supervisor's Counselor Evaluation shall be resubmitted.

This form should be completed online, printed, signed and mailed directly to the IBC office:

Iowa Board of Certification
225 NW School St.
Ankeny, Iowa 50023

TO BE COMPLETED BY SUPERVISOR

Supervisor's Name _____

Agency _____

Address _____

Job Title _____

Phone Number _____ Email _____

Length of time you have known this applicant _____

Length of time you have provided direct supervision to this applicant:

Month _____ Year _____ TO Month _____ Year _____

You are welcome to attach a separate description of the methods you employ to supervise and evaluate the applicant's counseling skills.

Form 09-CADC Upgrade: SUPERVISOR'S COUNSELOR EVALUATION

(Page Two of Three)

On the basis of your knowledge of this applicant, please rate his/her skill in each area listed below. Circle the appropriate number on the rating scale.

Please use the following scale to complete the evaluation.

- Rating 0 Fails, Unacceptable
- Rating 1 Passes, Acceptable
- Rating 2 High Pass, Excellent

ATTRIBUTE OR SKILL

RATING

- | | | | |
|--|-----|-----|-----|
| 1. Exhibits skill in active listening | 0__ | 1__ | 2__ |
| 2. Exhibits skill in assisting client toward desired outcome | 0__ | 1__ | 2__ |
| 3. Exhibits skill in summarizing | 0__ | 1__ | 2__ |
| 4. Exhibits skill in reflection | 0__ | 1__ | 2__ |
| 5. Exhibits skill in interpretation | 0__ | 1__ | 2__ |
| 6. Exhibits skill in confrontation | 0__ | 1__ | 2__ |
| 7. Exhibits skill in self-disclosure | 0__ | 1__ | 2__ |
| 8. Exhibits warmth | 0__ | 1__ | 2__ |
| 9. Exhibits respect | 0__ | 1__ | 2__ |
| 10. Exhibits genuineness | 0__ | 1__ | 2__ |
| 11. Exhibits concreteness | 0__ | 1__ | 2__ |
| 12. Exhibits empathy | 0__ | 1__ | 2__ |
| 13. Skill in clarifying dysfunctional behavior and its ramifications for the individual client | 0__ | 1__ | 2__ |
| 14. Skill in assisting the client to actively participate in actual counseling sessions to develop functional behavior | 0__ | 1__ | 2__ |
| 15. Skill in developing and implementing individual treatment plans according to client needs | 0__ | 1__ | 2__ |
| 16. Skill in problem solving techniques, goal-setting and decision making in conjunction with clients | 0__ | 1__ | 2__ |
| 17. Skill in termination of counseling | 0__ | 1__ | 2__ |
| 18. General individual counseling skills | 0__ | 1__ | 2__ |
| 19. General family counseling skills | 0__ | 1__ | 2__ |
| 20. General group counseling skills | 0__ | 1__ | 2__ |
| 21. Skill in initial and on-going client evaluation | 0__ | 1__ | 2__ |
| 22. Skill in interpretation and assessment of case records | 0__ | 1__ | 2__ |
| 23. Skill in assessment of the treatment plan or strategy for the purpose of evaluation and/or modification | 0__ | 1__ | 2__ |

Applicant _____

Form 09-CADC Upgrade: SUPERVISOR'S COUNSELOR EVALUATION

(Page Three of Three)

ATTRIBUTE OR SKILL

RATING

- | | | | |
|---|-----|-----|-----|
| 24. Skill in identifying the additional resources and services best suited to the individual client | 0__ | 1__ | 2__ |
| 25. Skill in directing the client to additional resources and services | 0__ | 1__ | 2__ |
| 25. Skill in maintaining follow-up with the client and with service providers to assure that the client's needs are met | 0__ | 1__ | 2__ |
| 27. Skill in efficient productive handling and coordination of the entire treatment process | 0__ | 1__ | 2__ |
| 28. Skill in maintenance of up-to-date, accurate and understandable case files and records | 0__ | 1__ | 2__ |
| 29. Skill in treating client files and records in accordance with federal confidentiality regulations and the client's best interests, including careful and professional disclosure in the discussion of materials and/or specific client concerns in consultation, referral or client advocacy. | 0__ | 1__ | 2__ |
| 30. Skill in verbal and written communication with co-workers and supervisors | 0__ | 1__ | 2__ |
| 31. Skill in co-facilitation | 0__ | 1__ | 2__ |
| 32. Ability to work effective within a team setting | 0__ | 1__ | 2__ |
| 33. Ability to work effectively with other agencies | 0__ | 1__ | 2__ |

ADDITIONAL COMMENTS YOU BELIEVE ARE RELEVANT TO THE CERTIFICATION OF THIS APPLICANT:

I hereby certify that this rating is, to the best of my knowledge, truthful and it reflects as accurately as possible my knowledge of the applicant's skills.

Signature

Date



FEES FOR tCADC/CADC/IADC/IAADC

Application review, one test fee, 2 years certification (non-refundable) (This fee must be paid in full as part of the application process)	\$380.00
Test Fee (if taking the exam more than once)	\$140.00
Dual Certification	\$150.00
CEU Processing (per workshop via distance learning or not IBC-approved for <u>recertification</u>)	\$ 15.00
Recertification (2 years)	\$200.00
Dual Recertification	\$150.00
Late Recertification Penalty (if not emailed/postmarked on or before expiration date)	\$100.00
Inactive Status Enrollment (to be paid first year only)	\$ 25.00
Inactive Certification Status (1 year)	\$ 60.00
Reactivation of Certification after being Inactive	\$200.00
Reciprocity (paid directly to IC&RC)	\$100.00
Replacement Certificate	\$ 30.00
Returned Check Fee	\$ 35.00
Written Test Study Guides	\$185.00
Practice Exam (paid directly to IC&RC) www.internationalcredentialing.org)	\$ 49.00



IBC STUDY GUIDE ORDER FORM

Note: IBC does not endorse any particular study guides or organizations writing study guides. At this time, the following study guides are available.

Please send me the following study guide(s):

_____ **Getting Ready to Test: A Review and Preparation Manual for Drug and Alcohol Credentialing Exams – 8th Edition (for CADC/IADC/IAADC applicants)** **\$185.00**
 782 pages – This unique self-guided manual reflects updates made on the exam beginning the first part of 2015, and provides the most comprehensive set of materials designed to help refresh and enhance your knowledge on many of the major areas of information required for the exam. It includes 100 sample exam questions designed to make you feel more comfortable with the exam. This manual has been updated to reflect recent federal studies as well as CDC updates to the latest HIV/AIDS info. This guide also contains a new chapter on DSM-5 information that will be included in the exam. NEWLY UPDATED

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IC&RC Alcohol & Drug Abuse Counselor Certification Exam Guide **\$141.00**
 (for CADC, IADC, IAADC) *Cost includes shipping/handling fee*
Purchase this study guide online through Comprehensive Education Services, a wholly owned subsidiary of The Florida Certification Board, by clicking on this link:
<http://flcertificationboard.org/icrc-adc-study-guide/>

The IC&RC has endorsed the new ***IC&RC Alcohol and Drug Counselor (ADC) Certification Examination Study Guide (2015)***. This full color, 208 page Study Guide is in alignment with the current IC&RC ADC examination blueprint which encompasses four performance domains and thirty-three job tasks. The first chapter provides an overview of addiction and drugs of abuse, plus current perspectives on recovery. Chapters 2 – 5 relate directly to the performance domains (Screening, Assessment and Engagement; Treatment Planning, Collaboration and Referral; Counseling; Professional and Ethical Responsibility) with job task statements interspersed within the text to match review content with each task for ease of studying. Each chapter is fully referenced and contains a Resources section to direct the learner to other sources that augment the Study Guide content.

Prevention Specialists: There is now a FREE study guide ***available on the IBC FREE website*** under the “Certification/Recertification” tab, then click on “CPS” and then “Preparing For and Passing the IC&RC Prevention Specialist Exam.”

Name _____
 Address _____

 Phone _____

I am paying by: Check _____ Cash _____ Dwolla _____

Note: *Guides will be mailed when payment is received.* Fee may be paid by check, cash or via Dwolla on the IBC website. All prices include shipping & handling. Guides will be mailed within 3 business days of receipt of this order form.

Email this order form to info@iowabc.org, fax it to 515-965-5540 or mail it to the IBC office at 225 NW School St, Ankeny, IA – 50023.