

Dear CCDP Applicant:

Thank you for your interest in co-occurring disorders certification through the Iowa Board of Certification (IBC). IBC exists to enhance the quality of substance abuse and behavioral health services in Iowa by certifying professionals in the State of Iowa, and you are to be commended for your commitment to the field by seeking certification.

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 education, experience and supervision requirements, payment of fees, with every form complete. Once your application is complete, you will be notified that you are being pre-registered for the exam; you will then have one year to pass the exam. ***If you're not able to meet either of these timeframes, you will need to complete a new application and submit new non-refundable fees.***

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

- **Read this letter thoroughly**
- Review the CCDP/CCDP-D 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.
- Order transcripts from any college/university you've attended; transcripts need to be sent directly from the school to our office via U.S. Mail (student-issued or faxed/emailed transcripts will not be accepted)
- **COMPLETE THE ATTACHED APPLICATION ON YOUR COMPUTER, save it, then print and mail the application with original signatures, copies of your certificates of completion, your written job description, and fee (if paying by check) to the IBC office. ALWAYS SAVE A COPY OF YOUR COMPLETED APPLICATION ON YOUR COMPUTER. Be sure your completed application includes:**
 - Completed and signed/dated Forms 01, 02, 03, 04, 05, 06, and 09
 - Copies of certificates of completion (do not send originals)
 - An official written job description
 - Original transcripts from colleges attended, sent directly to IBC via U.S. Mail
 - The **non-refundable** fee of \$380.00 which includes the application review, one test fee and the first two years of certification (please note that the exam is only offered via computer). 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. It is complete and you're eligible to test.

Exam scores are accessed weekly. Once we receive your passing exam score, your certificate will be mailed to you and you may then begin using your credential's initials according to the validation dates shown on your certificate.

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 Co-Occurring Disorder Professional (CCDP)
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 _____

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

The \$380.00 non-refundable fee is due with this application (includes application review, exam fee and 2-year certification fee).

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

Applicant Name _____

Form 02-CCDP: 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 co-occurring disorders 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 co-occurring disorders professionals..

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 Co-Occurring Disorders Professionals, 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 03-CCDP: EDUCATION RESUME

INSTRUCTIONS:

1. List below all formal educational programs. Do NOT include workshops attended.
2. Supply an official copy of your college transcripts. **Transcripts must be sent directly from the institution to the Iowa Board of Certification via U.S. Mail.**
3. To help us locate your transcripts when they arrive, please list any other last names you used when attending school: _____

High School attended _____

City _____ State _____

H.S. Diploma/GED Yes No

Colleges/Universities attended:

Institution	Major	Degree	Date Completed

Applicant Name _____

Form 05-CCDP: PROFESSIONAL EXPERIENCE RESUME

INSTRUCTIONS: Use this form to describe your professional experience as a co-occurring disorders professional within the past ten (10) years totaling at least 6000 hours. 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 _____

What percentage of your time in this position was spent performing co-occurring duties (mental health and substance abuse)? _____% (must be at least 4000 hours)

What percentage of your time in this position was spent performing counseling duties? _____% (must be at least 2000 hours)

* * * * *

I recommend that this applicant as a co-occurring disorders professional and attest that the information on this form is accurate.

Supervisor's Signature

Date

Note to Supervisor: Do not sign this form until is it 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-CCDP: DOCUMENTATION OF DOMAIN EXPERIENCE

To Applicant's Supervisor: Please complete this form with the applicant, indicating applicant's direct on-the-job supervision in performing CCDP functions. This form is not intended to document applicant's total number of experience hours, but rather the house of direct on-the-job supervision that you have provided.

By signing this form, you are attesting that a minimum of 200 hours of supervision has been attained by the above-named applicant, with at least 20 hours in each of the CCDP performance domains.

<u>Performance Domains</u>	<u># Hrs Recd. in Each</u>
Screening & Assessment	_____
Crisis Management	_____
Treatment Planning	_____
Counseling	_____
Case Management	_____
Person, Family & Community Education	_____
Professional Responsibility	_____
TOTAL MUST BE AT LEAST 200 HOURS	_____

Supervisor's Signature _____ Date _____

Applicant Name _____

Form 09-CCDP: SUPERVISOR'S 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 _____

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-CCDP: SUPERVISOR'S 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__ |

Form 09-CCDP: SUPERVISOR'S 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



Iowa Board
of Certification

FEES FOR CCDP

Application Review, test fee, 2 years certification (<u>non-refundable</u>)	\$380.00
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/ <u>postmarked</u> 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
Test Fee (if repeating the exam more than once)	\$140.00