

Dear CCJP Applicant:

Thank you for your interest in CCJP certification through the Iowa Board of Certification (IBC); 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.***

Please note that effective 10/1/17, in order to get the CCJP certification an applicant must first hold – or apply for and receive – either the IADC or IAADC credential. Once that credential is obtained, the CCJP application must be completed and the IC&RC CCJP exam must be passed.

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

- **Read this letter thoroughly**
- Review the CCJP 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 or reviewed)
- COMPLETE THE ATTACHED APPLICATION ON YOUR COMPUTER, save it, then print (**be sure to print it one-sided only – we will not review applications that have been printed 2-sided**) 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 a letter of recommendation from your supervisor
 - 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** applicable fee, as follows:
 - **If you already hold IBC's IADC or IAADC credential, \$330.00** is due which includes the application review fee, one CCJP test fee and the first two years of certification (which includes the 25% discount for being dually certified).
 - **If you do NOT already hold IBC's IADC or IAADC credential, \$710.00** is due which includes the application review fee for both IADC/IAADC and CCJP, the

test fee for both IADC/IAADC and CCJP, and the first two years of certification for both credentials (which includes the 25% discount for being dually certified).

Fees may 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. **Applications will only be reviewed once the fee is received.**

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.

A study guide for the IADC/IAADC exam is available from our office for \$185.00. To request a guide, complete the study guide order form found in this application packet or on the IBC website (under "Downloads") and email/mail it to our office with the appropriate fee.

A practice exam is available and may be paid for via IC&RC's website at www.internationalcredentialing.org: click on "Are You A Professional," then on "Exam" and then on "Prep." The cost of this practice exam is \$49.00 and is paid directly to IC&RC.

Exam scores are accessed weekly. Once we receive your passing exam score, your certificate will be emailed 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 \$50.00 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. To stay up-to-date with certification information, go to the IBC website to like us on Facebook and follow us on Instagram. You can also opt in for text messages by texting EZTJJ83742 to 797979.

Sincerely,

Debbie Gilbert

Debbie Gilbert
Executive Director



CRIMINAL JUSTICE PROFESSIONAL
Form 01-CCJP: Applicant Information

Name (as shown on your driver's license) _____

Other last names you have used: _____

Home Address _____

City, State, Zip Code _____

Cell (____) _____ Email _____

Note: IBC will occasionally send text messages to your cell phone with relevant news. Check here if you do not wish to receive text messages from IBC _____. You may also text EZTJJ83742 to 797979 to opt in.

Current Place of Employment _____

Address _____

City, State, Zip Code _____

Telephone Number (____) _____ Job Title _____

E-Mail _____ (Note: IBC newsletters are sent 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 sanction? ____ **If so, on the back of this page indicate: what credential, when, where, for what reason, and current status of that credential.**

I have given the supervisor's evaluation form to:

Name _____ Telephone _____

Agency _____

Address _____

City, State, Zip Code _____

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

Applicant _____

Form 02-CCJP: 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 give my permission to IBC to communicate with my employer(s) regarding the contents and status of my application.

I understand that false or misleading statements or omissions may 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 agree to report any potential code violations by myself or others, and I agree to cooperate in any ethics investigation I may be a part of.

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 certify that I have not had a professional license/certification/professional credential denied revoked or suspended, nor have I been sanctioned or disciplined by this or any other certifying or licensing professional board of authority, public or private. If any of these events have occurred prior to signing this form, I have self-reported that information, in writing, with this application.

I further agree to hold IBC, its officers, Board members past and present, employees, representatives 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.

Signature

Date

Applicant _____

Form 03-CCJP: EDUCATION RESUME

INSTRUCTIONS:

1. List below all formal educational programs – do NOT include workshops attended.
2. Supply an official copy of your college transcripts. **We will only review transcripts that are sent directly from the institution to IBC 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: _____

Institution	Major	Degree	Date Completed

Applicant _____

Form 04-CCJP: WORKSHOP DOCUMENTATION

INSTRUCTIONS: Document on this form all learning experiences that took place within the framework of workshops and other types of educational training that have allowed you to develop or sharpen skills associated with generic and substance abuse counseling. **DO NOT LIST COLLEGE COURSEWORK ON THIS FORM.** Use as many copies of this form as necessary to describe all relevant training.

All training experiences must be verified. Include a **copy** of a certificate; any training experience without this verification of completion will not receive credit. **Do not attach your original certificate of completion.**

Training Date	Title of Training	Dynamics of Addiction & Criminal Behavior	CJ System & Processes	Screening, Assessment & Treatment Planning	Case Management & Counseling	Racial/Ethnic	Ethics	Other

Applicant _____

Form 05-CCJP: PROFESSIONAL EXPERIENCE RESUME

INSTRUCTIONS: Use this form to describe your professional experience as criminal justice professional. Use one copy of this form for each relevant *position*. **You must attach an official job description for each position.**

Agency Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Position/Job 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 criminal justice activities? _____%

Please note: This percentage will be multiplied by total experience to compute actual experience time.

* * * * *

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 a Certified Criminal Justice Professional.

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 by this applicant, it is your responsibility to report this to IBC.

Applicant _____

Form 06-CCJP: 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 core functions in a substance abuse/criminal justice setting. Individual/group/team supervision, practice and formal case presentations all apply.

These hours are not in addition to, but are part of, the basic experience requirements listed in the handbook. A minimum of 10 hours of supervision is required for each domain.

For professionals that already hold the IADC or IAADC credential:

Degree	Direct CJ Services/ Work Experience	Time Limit	Hours of Direct Supervision	Hours of Education	Written Exam Requirement
H.S. Diploma through Master's degree in related field	2000 hours	10 years	100	100 hours specific to CCJP Domains	Successful completion of IC&RC's CCJP exam

For professionals who do NOT hold either the IADC or IAADC credential:

Degree	Direct CJ Services/ Work Experience	Time Limit	Hours of Direct Supervision	Hours of Education	Written Exam Requirement
HS Diploma or GED	3 years/ 6000 hours	10 years	300	300 (200 hours specific to IADC or IAADC Domains and 100 hours specific to CCJP Domains)	Successful completion of both the IC&RC IADC/IAADC <u>AND</u> IC&RC CCJP exams
Associate's degree in related field	2 ½ years/ 5000 hours	10 years	250	300 (200 hours specific to IADC or IAADC Domains and 100 hours specific to CCJP Domains)	Successful completion of both the IC&RC IADC/IAADC <u>AND</u> IC&RC CCJP exams
Bachelor's degree in related field	2 years/ 4000 hours	10 years	200	300 (200 hours specific to IADC or IAADC Domains and 100 hours specific to CCJP Domains)	Successful completion of both the IC&RC IADC/IAADC <u>AND</u> IC&RC CCJP exams
Master's degree in related field	1 year/ 2000 hours	10 years	100	300 (200 hours specific to IADC or IAADC Domains and 100 hours specific to CCJP Domains)	Successful completion of both the IC&RC IADC/IAADC <u>AND</u> IC&RC CCJP exams

Applicant _____

Form 06-CCJP: DOCUMENTATION OF DOMAIN EXPERIENCE

(Page Two of Two)

Domain	Hours Supervised	Hours Performed	Agency	Examples of what you did when performing this function
Dynamics of Addiction and Criminal Behavior				
Criminal Justice System & Processes				
Screening, Assessment and Treatment Planning				
Case Management and Counseling				

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 _____

CCJP APPLICATION CHECKLIST

If you already hold IBC's IADC or IAADC credential, the completed CCJP application should include:

1. Completed Form 01
2. Completed Form 02
3. Completed Form 03
4. Completed Form 04
5. Completed Form 05
6. Completed Form 06
7. Letter of recommendation from your supervisor
8. A formal written job description
9. Copies of your certificates of completion
10. Original transcripts from colleges/universities attended – sent directly to IBC from the institution, via U.S. Mail
11. Applicable fee (see page one of attached letter)

If you do NOT already hold IBC's IADC or IAADC credential, the application for IADC or IAADC needs to first be completed to demonstrate you meet all requirements of that credential, and you must receive a passing score on the IADC or IAADC exam. Once you receive your IADC/IAADC credential, the CCJP application needs to be complete as indicated above.



FEES FOR CCJP

Application review, one test fee, 2 years certification with 25% discount for being dually certified (non-refundable) (If the applicant is already certified as an IADC or IAADC) **	\$330.00
Test Fee (if taking the exam more than once)	\$140.00
CEU Processing (per workshop via distance learning or not IBC-approved for <u>recertification</u>)	\$ 15.00
Recertification (2 years) – includes 25% dual certification discount	\$150.00
Late Recertification Penalty (if not emailed/postmarked on or before expiration date)	\$ 50.00
Inactive Status - first year only	\$ 85.00
Inactive Status – each year after first year	\$ 60.00
Reactivation of Certification after being Inactive (includes 25% discount)	\$150.00
Reciprocity (paid directly to IC&RC)	\$150.00
Returned Check Fee	\$ 35.00

****Note: If the CCJP applicant is not already an IADC or IAADC, applicant must first apply for IADC or IAADC and pay the full fee of \$380.00 for that credential, before being allowed to apply and test for CCJP.**