

Dear IAADC Applicant:

Thank you for your interest in counselor certification through the Iowa Board of Certification (IBC). IBC exists to enhance the quality of substance abuse services in Iowa by certifying alcohol and drug counselors 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 IC&RC AADC 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 Counselor Handbook (available on the website at [www.iowabc.org](http://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 (must be printed one-sided only) 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 from the college to IBC via U.S. Mail**
  - The **non-refundable** fee of \$400.00 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 with debit/credit card or Paypal.**
- 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.

Study guides are 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 now available and may be paid for via IC&RC’s website at [www.internationalcredentialing.org](http://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 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](http://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 periodic emails and texts to keep you informed of information relevant to your certification. **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. You can also opt in for text messages by texting [ibc4me to 33222](tel:33222).

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, MPA  
Executive Director



**International Advanced Alcohol & Drug Counselor (IAADC)**

**Form 01: Applicant Information**

**(All spaces on this form must be completed)**

**Name (exactly as it appears on your DL)** \_\_\_\_\_

Other last names you have used: \_\_\_\_\_

**Home Address (exactly as it appears on your DL)** \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_

Personal 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 **ibc4me to 33222** to opt in for texting.

**Current Place of Employment** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Email \_\_\_\_\_

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 on back of this form**: 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 400.00 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 debit/credit/Paypal \_\_\_

Applicant Name \_\_\_\_\_

**Form 02-IAADC: 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 03-IAADC: EDUCATION RESUME**

**INSTRUCTIONS:**

1. List below all formal educational programs. Do NOT include workshops/trainings attended – these are to be listed on Form 04.
2. Supply an official copy of ALL 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 04-IAADC: Verification of Counselor Professional Development**

List your trainings below, indicating the number of hours each training. You must submit a **COPY** of your certificate of completion for each training listed below – **do not send your original certificate**. Make additional copies of this form as needed. **DO NOT LIST COLLEGE COURSEWORK ON THIS FORM**. Definitions of the categories are provided on pages 34-36 of the Counselor Handbook.

Date of training	Title of Training	Alcohol & Drug Specific	Ethics	Racial/Ethnic	Other

**(FOR OFFICE USE ONLY)**

Total # of clock hours approved: AD \_\_\_\_\_ E \_\_\_\_\_ R/E \_\_\_\_\_ O \_\_\_\_\_

Applicant Name \_\_\_\_\_

**Form 05-IAADC: PROFESSIONAL EXPERIENCE RESUME**

**INSTRUCTIONS:** Use this form to describe your professional experience as an alcohol and drug counselor within the last six (6) years. Use one copy of this form for *each relevant position*. You may include relevant practicum and/or volunteer experience so long as your supervisor meets supervisory requirements. If you held more than one job title/position with the same agency, or if your employment situation changed in any way (i.e. number of hours worked/week, etc.), a separate Form 05 will need to be completed for each circumstance, with accurate dates reflected. **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/Email

*(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 the form is accurate. By signing below, I am indicating that I recommend this applicant for the IAADC credential and attest that he/she is an employee in good standing with our agency.**

\_\_\_\_\_  
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 IBC.**

Applicant Name \_\_\_\_\_

**Form 06-IAADC: DOCUMENTATION OF DOMAIN EXPERIENCE**

**To Applicant's Supervisor:** Complete this form to verify applicant's on-the-job supervision in performing their substance abuse counseling duties. This form is not intended to document the applicant's total number of hours worked but rather the hours of on-the-job supervision that you have provided the applicant.

By signing this form, you are attesting that a minimum of 300 hours of supervision has been attained by the above-name applicant, with at least 25 hours in each of the performance domains as listed below.

<b><u>Performance Domain</u></b>	<b><u># Hours Supervision Received</u></b>
Screening, Assessment & Engagement	_____
Treatment Planning, Collaboration & Referral	_____
Counseling & Education	_____
Ethical & Professional Responsibilities	_____
<b>TOTAL Hours (must be at least 300)</b>	_____

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

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date



Applicant Name \_\_\_\_\_

**Form 09-IAADC: 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 \_\_\_\_\_

Supervisor's \_\_\_\_\_ Professional \_\_\_\_\_ Credential(s) \_\_\_\_\_

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-IAADC: 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-IAADC: 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:**

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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



## IBC STUDY GUIDE ORDER FORM

*Note: IBC and IC&RC do not endorse any particular study guides or organizations writing study guides. At this time, the following study guides are available for purchase through the IBC office.*

Please send me the following study guide(s):

\_\_\_\_\_ **Getting Ready to Test: A Review and Preparation Manual for Drug and Alcohol Credentialing Exams – 8<sup>th</sup> Edition (for CADC/IADC/IAADC applicants)** **\$185.00**  
 786 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 150 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.

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

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

I am paying by: Check \_\_\_\_\_ Cash \_\_\_\_\_ Debit/credit/Paypal on IBC website \_\_\_\_\_

**Note:** *Guides will be mailed when payment is received.* Fee may be paid by check, cash or via debit/credit card or Paypal 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](mailto:info@iowabc.org), fax it to 515-965-5540 or mail it to the IBC office at 225 NW School St, Ankeny, IA – 50023.



Iowa Board  
of Certification

## FEES FOR IAADC

Application Review, test fee, 2 years certification ( <b><u>non-refundable</u></b> )	\$400.00
CEU Processing (per workshop via distance learning or not IBC-approved for <u>recertification</u> )	\$ 15.00
Recertification (2 years)	\$220.00
Dual Certification	\$165.00
Late Recertification Penalty (if not emailed/ <u>postmarked</u> on or before expiration date)	\$ 50.00
Inactive Status (one year)	\$ 85.00
Reactivation of Certification after being Inactive	\$220.00
Reciprocity (paid directly to IC&RC)	\$150.00
Printed Certificate	\$ 10.00
Returned Check Fee	\$ 35.00
Test Fee (if repeating the exam more than once)	\$140.00
Written Test Study Guides	\$185.00
Practice Exam (paid directly to IC&RC) ( <a href="http://www.internationalcredentialing.org">www.internationalcredentialing.org</a> )	\$ 49.00