

**Note: This application is for completion by current CADC's
wanting to upgrade to IADC**

Dear IADC Upgrade Applicant:

Thank you for your interest in upgrading your counselor certification through the Iowa Board of Certification; you are to be commended for your commitment to the field by seeking a higher level credential. Because you are already certified with IBC and have already submitted much of the information that we need, we are enclosing a simpler application for your completion.

You are allowed one year to complete your upgrade 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. Your completed application will include:

- Form 01
- Form 02
- Form 04
- Form 05
- Form 06
- Form 09
- The \$40.00 application review fee
- The \$140.00 test fee if you have **not** taken the exam effective June 2008 or later
- Transcripts sent directly from your college/university via U.S. Mail (if we do not have already have them)
- A formal written job description

Complete the attached application on your computer, save it, and then print (**must be printed 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 (you do not need to send copies for trainings we've received previously from you), ***the non-refundable \$40.00 application review fee***, your formal written job description and \$140.00 test fee (if applicable) to the IBC office. Be sure you keep a copy of your entire application before mailing it to us. Applications will only be reviewed once the fee is received.

If you are not required to test, once we receive your completed application and \$40.00 application review fee, and determine that you meet all requirements for IADC, we will notify you of your certification fee (it will be prorated, based on what you've paid for your CADC); once we receive your fee, your certificate will then be emailed to you at which time you may begin using the initials "IADC" following your name.

Please feel free to contact our office if you have any questions.

Sincerely,

Debbie Gilbert

Debbie Gilbert, MPAExecutive Director



IADC UPGRADE APPLICATION
Form 01: Applicant Information
(All spaces on this form must be completed)

Name (as it appears on your DL) _____

Other last names you have used: _____

Home Address (as it appears on your DL) _____

City, State, Zip Code _____

Cell Phone _____ Personal Email (**required**) _____

Note: IBC will occasionally send text messages to your cell phone with relevant news. Check here is you do not wish to receive text messages from IBC: _____. You may also text **ibc4me to 33222** to opt in or out of texting.

Current Place of Employment _____

Address _____

City, State, Zip Code _____

Telephone Number _____ Job Title _____

Work email _____

List any professional certificates or licenses you presently hold along with the states in which they are valid:

Highest level of education and degree obtained: _____

(**Note:** If IBC does not have an original transcript showing this information, you will need to contact your college/university to request that a transcript be sent to the IBC office).

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

The \$40.00 non-refundable application review fee is due with this application; in addition, the \$140.00 test fee is due with this application if you took the written exam prior to June 2008. Following review of application, you will be notified of your certification fee amount.

Please check on: I am paying by: Check ____ Cash ____ Online via Paypal or debit/credit card ____

Applicant Name _____

Form 02-IADC Upgrade: ASSURANCES AND RELEASES

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.

By signing below:

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 subscribed to the IBC Code of Ethics for Alcohol and Drug Counselors.

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 agree to contact IBC immediately to provide a new home address, phone number, email, or work information.

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 04: Verification of Counselor Professional Development

List your trainings below, indicating the **number of hours** each training counts in the applicable category. Note that IBC may count your trainings in a different category than you do. 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; every training needs to be listed on this form. DO NOT LIST COLLEGE COURSEWORK ON THIS FORM. YOU DO NOT NEED TO LIST TRAININGS PREVIOUSLY SUBMITTED TO IBC.**

Date of training	Title of Training	Counseling Theories & Techniques	Alcohol & Drug Specific	Special Pops	Racial/Ethnic	Ethics	Other

(FOR OFFICE USE ONLY)

Total # of clock hours approved: CTT _____ AD _____ SP _____ R/E _____ E _____ O _____

Applicant Name _____

Form 05-IADC Upgrade: PROFESSIONAL EXPERIENCE RESUME

INSTRUCTIONS: Use this form to describe your professional experience as an alcohol and drug counselor within the past 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 written job description for each position.***

Agency Name _____

Address _____

City, State, Zip _____

Phone _____

Position/Job Title _____

Hours worked per week _____

Dates of Experience From _____ to _____

Direct Supervisor's Name & Email _____
(Make sure your supervisor meets supervisor qualifications as shown on page 8 of the Counselor Handbook)

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

This portion to be completed by applicant's supervisor

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

Month _____ Year _____ to Month _____ Year _____

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 application for the IADC credential and attest that he/she is an employee in good standing with our agency.

Supervisor 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 on the part of this applicant, it is your responsibility to report this to the Iowa Board of Certification.

Applicant Name _____

Form 06-IADC Upgrade: 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:

- Applicant has a minimum of 100 hours of supervision if he/she has a Master's Degree or higher in a related field, or
- Applicant has a minimum of 200 hours of supervision if he/she has a Bachelor's degree in a related field, or
- Applicant has a minimum of 250 hours of supervision if he/she has an Associate's degree in a related field, or
- Applicant has a minimum of 300 hours of supervision if he/she has a HS Diploma and no degree in a related field.

Additionally, a minimum of 10 hours is required in each domain listed below.

<u>Performance Domain</u>	<u># Hours Supervision Received</u>
Screening, Assessment & Engagement	_____
Treatment Planning, Collaboration & Referral	_____
Counseling	_____
Professional & Ethical Responsibilities	_____
TOTAL Hours (see above requirements)	_____

By signing below, I attest that all of the above information is accurate.

Supervisor's Signature _____
Applicant Name _____

Date _____

Form 09-CADC: 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 _____ 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.

Applicant _____

Form 09-CADC: 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__

Applicant _____

Form 09-CADC: SUPERVISOR'S COUNSELOR EVALUATION

(Page Three of Three)

- 23. Skill in assessment of the treatment plan or strategy for the purpose of evaluation and/or modification 0__ 1__ 2__
- 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 IADC

Application Review, test fee, 2 years certification - <u>non-refundable</u> (applications will not be reviewed until fee is received)	\$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 (per year)	\$ 85.00
Reactivation of Certification after being Inactive	\$220.00
Printed Certificate	\$ 10.00
Reciprocity (paid directly to IC&RC) (contact the IBC office for reciprocity application)	\$150.00
Returned Check Fee	\$ 35.00
Test Fee (if repeating the exam more than once)	\$140.00
Written Test Study Guide	\$185.00
Practice Exam (paid directly to IC&RC) (www.internationalcredentialing.org)	\$ 49.00