

Dear CCS Applicant:

Thank you for your interest in counselor certification through the Iowa Board of Certification (IBC).
Read this letter thoroughly before completing the application.

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. If you are unable to complete your application within that one-year timeframe, you will need to submit a new fully completed application along with the full non-refundable fee.

Application materials will be reviewed within 10 business days of receipt in the IBC office. Following review of the full application, you will be notified of anything further is needed; if the application is complete, you will be notified that we are pre-registering you for the exam. Once notified of pre-registration, you will have one year from that date to pass the exam. If you are unable to pass the exam within that year timeframe, you will need to submit a new fully completed application along with the full non-refundable fee.

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

- Review the CCS Handbook (available on the website at www.iowabc.org) so that you are familiar with applicable requirements, processes and 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 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. **Be sure your completed application includes:**
 - Completed and signed/dated Forms 01, 02, 03, 04, 05, 06 and 09 (**be sure your name and home address on Form 01 is exactly as it appears on your DL or the test site may not allow you to test**)
 - 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 \$230.00 which includes the application review, one test fee and the first two years of certification. This fee can be paid with a personal check, paid in cash at the IBC office or on our website with Paypal or debit/credit card.
Applications will only be reviewed once the full fee is received.

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. If you wish to have a printed certificate mailed to you, be sure to include the \$10.00 Printed Certificate fee with your application.

If you fail your exam, the \$135.00 test fee will need to be paid in order to test again. Exams may be taken every 90 days.

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.

IBC offers a new counselor training series throughout the year, as well as many other trainings, and we sponsor a conference every Fall – these are good ways to obtain your hours for certification and recertification, as well as an opportunity to network with other certified professionals in the state. IBC also approves approximately 350 trainings every year, and these can be found on the IBC website under the “Education” tab.

Please note that IBC sends 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.

To stay current with certification information, go to the IBC website to like us Facebook and follow us on Instagram. You can also opt in for text messages by texting [ibc4me](https://www.facebook.com/ibc4me) to 33222. You are welcome to call our office with questions.

Sincerely,

Debbie Gilbert

Debbie Gilbert, MPA
Executive Director



Certified Clinical Supervisor (CCS)
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 _____

Cell Phone _____ 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 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 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 form**: what credential, when, where, for what reason, and the current status of that credential)

My direct supervisor is:

Name _____ Telephone _____

Agency _____

Address _____

City, State, Zip Code _____ Email _____

The \$230.00 non-refundable fee is due with this application (includes application review, exam fee and 2-year certification fee); applications will not be reviewed until the fee is received.

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

Applicant Name _____

Form 02-CCS: 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.*

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 Clinical Supervisors.

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 Clinical Supervisors, 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 Name _____

Form 03-CCS: EDUCATION RESUME

INSTRUCTIONS:

1. List below all formal educational programs. Do NOT include workshops attended – these are to be listed on Form 04.
2. Supply an official copy of ALL your college transcripts. ***We will only review transcripts that are 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

List ALL Colleges/Universities attended:

Institution	Major	Degree	Date Completed

Applicant Name _____

Form 04-CCS: Verification of Professional Development

List your trainings below, indicating the number of hours for each training in the applicable CCS Domain. Note that IBC may count your trainings in a different domain 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.** Definitions of the Domains are provided in the CCS Handbook.

Date of training	Title of Training	Domain 1: Counselor Development	Domain 2: Prof. & Ethical Standards	Domain 3: Prog. Dev. & Quality Assurance	Domain 4: Assessing Counselor Competency & Performance	Domain 5: Treatment Knowledge	Racial/ Ethnic	Other

(FOR OFFICE USE ONLY)

Total # of clock hours approved: Dom. 1____ Dom. 2____ Dom. 3____ Dom. 4____ Dom. 5____ R/E____ O ____

Applicant Name _____

Form 05-CCS: 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***. If you held more than one job title/position within the same agency, or if your employment situation changed in any way (i.e. number of hours worked/week, etc.), a separate Form 05 needs 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 and Email _____

What percentage of your time in this position was spent performing the duties of a Clinical Supervisor?
_____ %

* * * * *

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 Clinical Supervisor and attest that he/she is or was an employee in good standing with our agency.

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-CCS: DOCUMENTATION OF DOMAIN EXPERIENCE

To Applicant's Supervisor: Complete this form to verify applicant's on-the-job supervision in providing clinical supervision. 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 this applicant has a minimum of 200 hours of supervision in the clinical supervision domains as follows:

<u>Performance Domain</u>	<u># Hours Supervision Received</u>
1. Counselor Development	_____
2. Professional & Ethical Standards	_____
3. Program Development & Quality Assurance	_____
4. Assessing Counselor Competencies & Performance	_____
5. Treatment Knowledge	_____
TOTAL (must equal at least 200 hours)	_____

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

Supervisor's Signature

Date



FEES FOR CCS

Application Review, test fee, 2 years certification - <u>non-refundable</u> (applications will not be reviewed until fee is received)	\$230.00
Test Fee (if repeating the exam more than once)	\$135.00
CEU Processing (per workshop via distance learning or not IBC-approved for <u>recertification</u>)	\$ 15.00
Recertification (2 years)	\$ 75.00
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	\$ 75.00
Printed Certificate	\$ 10.00
Reciprocity (paid directly to IC&RC) (contact the IBC office for reciprocity application)	\$150.00
Returned Check Fee	\$ 35.00