



## APPLICATION FOR IBC COMMITTEE MEMBERSHIP

*I am applying for membership on the following committee(s):*

\_\_\_\_\_ Ethics & Appeals (must be IBC certified professional)

\_\_\_\_\_ Training

\_\_\_\_\_ Finance

My Certification Level: \_\_\_\_\_ tCADC \_\_\_\_\_ CADC \_\_\_\_\_ IADC \_\_\_\_\_ IAADC \_\_\_\_\_ ACADC-NR

\_\_\_\_\_ CPS/ACPS \_\_\_\_\_ CCJP \_\_\_\_\_ CCDP \_\_\_\_\_ CGTC \_\_\_\_\_ CTA \_\_\_\_\_ MHPSS/PRS

Other License(s): \_\_\_\_\_

**Have you ever had any credential (i.e. license, certification, endorsement, etc.) revoked, suspended or sanctioned? \_\_\_\_\_ If so, attach a separate page about which credential, when, where, for what reason, and the current status of that credential.**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## AFFIRMATION

As an applicant for membership on a committee of the Iowa Board of Certification (IBC), I understand that I would be expected to attend at least 75% of regularly scheduled meetings and be an active participant. I understand that the maintenance of confidentiality is of the utmost importance. I understand that, pursuant to IBC Bylaws, members of a committee are approved by the IBC Board of Directors.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_  
(if applicable or necessary)

Date: \_\_\_\_\_

## NEXT STEPS

Include with your application:

- Please describe your interest in serving on this committee as well as what skills and specialized experience you believe you can bring to this committee.
- Attach a resume/CV which outlines your educational and experience background.
- Ethics & Appeals Committee Applicants Only: Submit the names and addresses/email addresses of 3 references for us to contact regarding your ethical standards.

Submit application:

Email: [INFO@iowabc.org](mailto:INFO@iowabc.org)

Mail: IBC 2600 Grand Ave Ste 114, Des Moines, IA 50312