



Dear CADC Upgrade Applicant,

Please note...this is the application if you are a tCADC wishing to upgrade to a CADC credential.

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 experience and supervision requirements, payment of the application review fee, with every form complete. Once your application is complete, you will be notified of the CADC certification fee due; once that fee is received, your CADC certificate will be sent to you.

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

- Review the Counselor Handbook (available on the website at www.iowabc.org) which has all the details about certification, IBC's Code of Ethics, etc.
- 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 or by email to INFO@iowabc.org (**student-issued transcripts will not be accepted**)
- Complete the application on your computer, save it, then print and mail the application with original signatures, copies of your certificates of completion, and fee (if paying by check) to the IBC office.
- Be sure your completed application includes:
 - Completed and signed/dated Forms 01, 02, 05, 06, and 09
 - Copies of certificates of completion (do not send originals)
 - An official written job description (must be on letterhead or from HR department)
 - Original transcripts from colleges attended, **sent directly from the college to IBC**
 - The **non-refundable** application review fee of \$40.00. This fee can be paid with a personal check, paid in cash at the IBC office or paid on our website. **Applications will only be reviewed once the fee is received.**

Once we receive your application, we will review it and let you know that:

- More items are still needed, or
- If it is complete, we will prorate what you've already paid for your tCADC and let you know how much is owed for your certification fee.

Your certification is valid for two years. It is your responsibility to keep track of your recertification date. The recertification application can be found on our website 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. Your tCADC will expire on the date shown on the certificate, there are no extensions allowed—and no exceptions will be made. If you do not upgrade to the CADC in the time provided you will have to apply for your CADC in its entirety (this means the full application amount will be due to IBC prior to proceeding with the application process).

IBC offers a counselor training series throughout the year, as well as many other trainings, and sponsor a conference every August/September – these are good ways to obtain your hours for certification and recertification, as well as an opportunity to network with other substance abuse counselors in the state. You can find more information about these and other state-wide trainings on our website under the “Education” tab.

Please note that IBC sends out notifications via email or text 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 or other work/personal information changes.**

You are always welcome to call our office with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Katie Hentges", with a long horizontal flourish extending to the right.

Katie Hentges
Executive Director
Iowa Board of Certification



Certified Alcohol & Drug Counselor (CADC)

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 drivers license) _____

City, State, Zip: _____

Current Home Address (if different from above): _____

Cell Phone: _____ Personal Email: _____

Note: IBC will occasionally send text message 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: _____

Telephone: _____ 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 this page or on a separate page what credential, when, where, for what reason, and the current status of that credential)

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

I have given my supervisor's evaluation form to (review the handbook to be sure your supervisor meets requirements)

Name: _____ Telephone: _____

Agency: _____

Address: _____

Email: _____

The \$40.00 non-refundable fee is due with this application; applications will not be reviewed until the fee is received.

Please check one: I am paying by: Check ____ Cash ____ Online ____



Applicant Name _____

Form 02-CADC: ASSURANCES AND RELEASES

Note: Sign and date this form just prior to sending your completed application to IBC.

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 Name _____

Form 04: Verification of Counselor Professional Development

List your trainings below, indicating the number of hours for each training 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 must be listed on this form. DO NOT LIST COLLEGE COURSEWORK ON THIS FORM.** Definitions of the categories are provided in the Counselor Handbook.

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 04: Verification of Counselor Professional Development

List your trainings below, indicating the number of hours for each training 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 must be listed on this form. DO NOT LIST COLLEGE COURSEWORK ON THIS FORM.** Definitions of the categories are provided in the Counselor Handbook.

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 04: Verification of Counselor Professional Development

List your trainings below, indicating the number of hours for each training 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 must be listed on this form. DO NOT LIST COLLEGE COURSEWORK ON THIS FORM.** Definitions of the categories are provided in the Counselor Handbook.

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 CADC: PROFESSIONAL EXPERIENCE RESUME

INSTRUCTIONS: Use this form to describe your professional experience as an alcohol and drug counselor within the past three (3) 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 from HR for each position.***

Agency Name: _____

Address: _____

Phone: _____

Position/Job Title: _____ Hours worked per week: _____

Exact Dates of Experience: From _____ to _____

Total Experience Time: Years _____ Months _____

% of time performing alcohol/drug counseling duties: _____

Direct Supervisor's Name: _____

Direct Supervisor's Email: _____

(Make sure your supervisor meets the qualifications listed in the Counselor Handbook)

* * * * *

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 CADC 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 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-CADC: 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 4 Domains in a substance abuse setting. Individual/group/team supervision, practice and formal case presentations all apply.

Complete a new Form 06 for each agency and/or position you wish to include.

These hours are not in addition to, but are part of, the basic experience requirements listed in the handbook.

Only minimum hours are needed. The purpose of this form is to ensure that applicants have experience under each Domain. **Detailed descriptions on the Domains can be found in the Handbook.**

A total of at least 36 clock hours must be under the *supervised* category. **It is expected that supervision hours were provided face-to-face with the applicant.**

The *performed* category must total at least 500 clock hours and contain a minimum of 20 clock hours in each Domain.



Applicant Name _____

Form 06-CADC: DOCUMENTATION OF DOMAIN EXPERIENCE

(Page Two of Two)

Agency Name: _____ Position: _____

Domain	# of hours Supervised	# of hours Performed	Examples of how you performed this Domain
Screening, Assessment & Engagement			
Treatment Planning, Collaboration & Referral			
Counseling			
Professional & Ethical Responsibilities			

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 _____



Applicant Name _____

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
2600 Grand Ave, Suite 114
Des Moines, IA 50312

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 Name _____

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	0	1	2
1. Exhibits skill in active listening			
2. Exhibits skill in assisting client toward desired outcome			
3. Exhibits skill in summarizing			
4. Exhibits skill in reflection			
5. Exhibits skill in interpretation			
6. Exhibits skill in confrontation			
7. Exhibits skill in self-disclosure			
8. Exhibits warmth			
9. Exhibits respect			
10. Exhibits genuineness			
11. Exhibits concreteness			
12. Exhibits empathy			
13. Skill in clarifying dysfunctional behavior and its ramifications for the individual client			
14. Skill in assisting the client to actively participate in actual counseling sessions to develop functional behavior			
15. Skill in developing and implementing individual treatment plans according to client needs			
16. Skill in problem solving techniques, goal-setting and decision making in conjunction with clients			
17. Skill in termination of counseling			
18. General individual counseling skills			
19. General family counseling skills			
20. General group counseling skills			
21. Skill in initial and on-going client evaluation			
22. Skill in interpretation and assessment of case records			
23. Skill in assessment of the treatment plan or strategy for the purpose of evaluation and/or modification			
24. Skill in identifying the additional resources and services best suited to the individual client			
25. Skill in directing the client to additional resources and services			
26. Skill in maintaining follow-up with the client and with service providers to assure that the client's needs are met			
27. Skill in efficient productive handling and coordination of the entire treatment process			



Applicant Name _____

Form 09-CADC: SUPERVISOR'S COUNSELOR EVALUATION

(Page Three of Three)

Attribute or Skill	0	1	2
28. Skill in maintenance of up-to-date, accurate and understandable case files and records			
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			
30. Skill in verbal and written communication with co-workers and supervisors			
31. Skill in co-facilitation			
32. Ability to work effectively within a team setting			
33. Ability to work effectively with other agencies			

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 CADC

Application Review, test fee, 2 years certification (non-refundable)	\$400.00
Application Fee (to upgrade)	\$ 40.00
Printed certificate	\$ 10.00
CEU Processing (per workshop via distance learning or not IBC-approved for recertification)	\$ 15.00
Recertification (2 years)	\$220.00
Dual Certification	\$165.00
Late Recertification Penalty (if not emailed/postmarked on or before expiration date)	\$ 50.00
Inactive Status (per year)	\$ 85.00
Reactivation of Certification after being Inactive	\$220.00
Reciprocity (paid directly to IC&RC)	\$150.00
Returned Check Fee	\$ 35.00
Test Fee (if repeating the exam more than once)	\$140.00
Practice Exam (paid directly to IC&RC) (www.internationalcredentialing.org)	\$ 49.00