



Dear tCADC Applicant,

Thank you for your interest in temporary 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. *Please read this letter of instructions thoroughly before applying.*

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 completing all of the attached forms, meeting education requirements, and payment of the non-refundable application fee. 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.

**Note: your application will not be reviewed until the \$400.00 fee is received.** 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 if 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 another non-refundable application fee.

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](http://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](mailto: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, 03, 04 (**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)
  - Original transcripts from colleges attended, **sent directly from the college to IBC**
  - The **non-refundable** fee of \$400.00 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 paid on our website. **Applications will only be reviewed once the fee is received.**
- Study guides are available for purchase here.
- A practice exam is now available and may be paid for via IC&RC's website here:  
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 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, you may re-test again in 90 days. In order to begin the scheduling process for the exam you will need to submit the \$140.00 test fee. If you fail the exam 4 times, a remedial action plan will need to be put into place before being allowed to test again (see Counselor Handbook for more information).

Your tCADC certification is valid for only two years--there is no recertification for this credential. Before your tCADC expires, you will need to upgrade to either the CADC or IADC by completing the "CADC Upgrade Application" or the "IADC Application" (**not** the IADC Upgrade Application) which can be found on the IBC website and submitting it with the \$40.00 application review fee. IBC will prorate what you've already paid for your 2-year tCADC certification and apply this toward your CADC/IADC certification. You will **not** have to re-test. Should you fail to upgrade by the time your tCADC expires, you will need to begin the full application process for CADC or IADC, including payment of the full fee. **We recommend starting this upgrade process at least 6 months prior to your tCADC expiring.**

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.**

To stay current with certification information, sign up for our weekly newsletter as well as follow our Facebook page.

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

Sincerely,



Katie Hentges  
Executive Director  
Iowa Board of Certification



# Temporary Certified Alcohol & Drug Counselor (tCADC)

## 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](text:33222) to opt in or out of texting.

Current Place of Employment: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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.

*The \$400.00 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 \_\_\_



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

### Form 02-tCADC: 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 03-tCADC: EDUCATION RESUME**

**INSTRUCTIONS:**

1. List below **ALL** formal colleges/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. *We will only review transcripts that are sent directly from the institution to the Iowa Board of Certification via mail or email.*
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:**

College/University	Major	Degree	Date Completed



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\_\_\_\_\_





## FEES FOR tCADC

Application Review, test fee, 2 years certification ( <u>non-refundable</u> )	\$400.00
Written exam fee (if repeating exam more than once)	\$140.00
Returned Check Fee	\$ 35.00
Printed Certificate	\$ 10.00