



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) or they can be emailed to lowaBC@gmail.com
- A formal written job description

Complete the attached application on your computer, save it, and then 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,

A handwritten signature in blue ink that reads "Katie Hentges".

Katie Hentges
Executive Director
Iowa Board of Certification



International Certified Alcohol & Drug Counselor (IADC) Upgrade

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: _____

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 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 one: I am paying by: Check ___ Cash ___ Online ___



Applicant Name _____

Form 02-IADC Upgrade: 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 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 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-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

Date



Applicant Name _____

Form 09-IADC Upgrade: 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-IADC Upgrade: 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-IADC Upgrade: 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 IADC Upgrade

Application Review, test fee, 2 years certification - non-refundable (applications will not be reviewed until fee is received)	\$400.00
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 (one 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
Practice Exam (paid directly to IC&RC) (www.internationalcredentialing.org)	\$ 49.00