IOWA BOARD
OF CERTIFICATION

Dear IADC Applicant,

Thank you for your interest in 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: this application is only for those who are not currently certified with IBC as a substance abuse counselor, and it will 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) 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 IowaBC@gmail.com (**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, 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** 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.**
- Be sure to have your supervisor complete the Supervisor's Evaluation (Form 09) for you. Your supervisor has two options: you may either print the blank Form 09 from your application and give this to your supervisor to complete and email to IBC, or your supervisor may find a fillable version of the evaluation on the IBC website. The evaluation may be completed online and mailed with your supervisor's original sigantures to the IBC office.
- Study guides are available on our website.

2600 Grand Ave Ste 114, Des Moines, IA 50312
515-965-5509 * Info@IowaBC.org
www.IowaBC.org

- A practice exam is now available and may be paid for via IC&RC's website here: https://internationalcredentialing.org/examprep. 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 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. 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 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

Iowa Board of Certification

International Alcohol & Drug Counselor (IADC)

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 $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 ☐

Iowa Board of Certification

Applicant Name _____

Form 02-IADC: 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-IADC: 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

Iowa Board of Certification

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_____

Iowa Board of Certification

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_____

Iowa Board of Certification

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: 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 is it 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.

Iowa Board of Certification

Applicant Name _____

Form 06-IADC: 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.

Performance Domain	# Hours Supervision Received
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: SUPERVISOR'S COUNSELOR EVALUATION

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, Ste. 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.

Iowa Board of Certification

Applicant Name _____

Form 09-IADC: 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: 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

Iowa Board of Certification

FEES FOR IADC

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