IOWA BOARD OF

CERTIFICATION

Credentialing Professionals in Addiction and Behavioral Health Care

CERTIFIED ALCOHOL & DRUG COUNSELOR (CADC)

APPLICATION PACKET

2026 EDITION

Professional Credential

Enhance Your Impact

Advance Your Career

Support Iowa Communities

BEFORE YOU BEGIN

Please carefully review all instructions before completing your application.
A complete and accurate application helps avoid delays in processing.

2210 Grand Ave, Ste 114
Des Moines, IA 50312

515-965-5509
info@iowabc.org

www.iowabc.org

APPLICANT NAME:

IOWA BOARD OF CERTIFICATION

APPLICATION GUIDE

Dear CADC Applicant,

Thank you for your interest in counselor certification through the Iowa Board of Certification (IBC). Our mission is to enhance the quality of substance abuse services in Iowa by certifying alcohol and drug counselors in the State of Iowa.

This guide provides an overview of the application process. Please read it carefully before completing your application.

IMPORTANT TIMEFRAMES & INFORMATION

- 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.
- Your application will not be reviewed until the $400.00 non-refundable application fee is received.
- Application materials will be reviewed within 20 business days of receipt.
- If your application is complete, you will be pre-registered for the exam and will have one year from that date to pass.
- If you are unable to pass the exam within that year, a new application and fee are required.

STEPS TO APPLY

1. Review the Counselor Handbook in it's entirety (www.iowabc.org)
2. Order official transcripts from any college/university attended. Transcripts must be sent directly from the school to our office.
3. Complete the application on your computer, save it, then print and mail it with ORIGINAL signatures, all required documents, and application fee.
4. Have your supervisor complete Forms 05, 06, 09.
5. Mail your complete application packet to the IBC office. The application is not allowed to be submitted electronically. Do NOT send certified mail, regular mail or priority, no signature.

APPLICANT NAME:

IOWA BOARD OF CERTIFICATION

APPLICATION GUIDE

APPLICATION CHECKLIST

Be sure your completed application includes:

- ✓ Completed and signed Forms 01, 02, 04, 05, 06, 09
- ✓ Copies of certificates of completion (do not send originals) they should follow the order in which entered on Form 04
- ✓ An official written job description (must be on letterhead)
- ✓ Original transcripts from colleges/universities attended, sent directly from the registrar to IBC
- ✓ The non-refundable fee of $400.00 (includes application review, one test fee, and the first two years of certification)

EXAM INFORMATION

- Exam study guides and practice exams are available through IC&RC here: https://internationalcredentialing.org/prep-and-study-materials/
- 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 the exam, you may re-test in 90 days with a $140.00 re-test fee.
- After 4 failed attempts, a remedial action plan is required before you may test again.

CERTIFICATION & RECERTIFICATION

- Certification is valid for two years.
- The recertification application is available through our website.
- A $50.00 late fee applies if the application is received after your expiration date.
- A 45-day probationary period is allowed from the date of expiration.
- It is your responsibility to keep track of your recertification date.

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IOWA BOARD OF CERTIFICATION

CADC FORM 01: APPLICANT INFORMATION

Applicant Info

Name (exactly as it appears on your DL): _____

Other last names you have used: _____

Home Address (exactly as it appears on your drivers license for testing identification)

Address: _____

City: _____ State: _____ Zip: _____

Home Address (if different from above)

Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: _____ Personal Email: _____

Professional Info

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

Job Title:

List any professional certificates or licenses ou 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.)

Payment

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.

I am paying by: ☐ Check ☐ Online

APPLICANT NAME:

IOWA BOARD OF CERTIFICATION

SUPERVISOR QUALIFICATIONS

The following qualifications are necessary to supervise an applicant for certification purposes:
All supervisors, including Supervisor Designates, must be able to provide objective, professional, and honest evaluation of the applicant's performance and competency. Therefore, supervisors may not be immediate family members, relatives, household members, or individuals with whom the applicant has a close personal relationship that could impair objectivity or create a conflict of interest. IBC reserves the right to determine whether a supervisory relationship presents a conflict of interest.

IBC certified counselors in good standing are eligible to conduct supervision (either on site or through contracted services) for the purpose of certification. Certification applicants must be supervised by a counselor certified at a level equal to or higher than the level for which the applicant is applying. Accordingly,

a. A CADC may supervise a practicum student or CADC applicant.
b. An IADC/IAADC may supervise a practicum student, CADC, or IADC applicant.
c. An IAADC may supervise a practicum student, CADC, IADC or IAADC applicant.

Supervisor Info

Name: _____

Credential: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

Job Title: _____

APPLICANT NAME:

IOWA BOARD OF CERTIFICATION

FORM 02: ASSURANCES AND RELEASES

CADC: ASSURANCES AND RELEASES

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.

Applicant Signature: _____

Printed Name: _____

Date: _____

IMPORTANT

- Electronic or typed signatures are not accepted.
- All forms must be signed in ink, originals signatures only (includes no scans or graphics of signatures)

APPLICANT NAME:

IOWA BOARD OF CERTIFICATION

CADC FORM 03: EDUCATION RESUME

TRANSCRIPT REQUIREMENTS

- Official transcripts from all colleges/universities attended must be sent directly to the IBC office from the registrar.
- Send transcripts to iowabc@gmail.com or to our Des Moines address.
- Student-issued transcripts will not be accepted.
- If you are submitting transcripts, a transcript form must be filled out and submitted to us online here: https://form.jotform.com/260764633480157

EDUCATION INFORMATION

High School attended: _____

City/State: _____ H.S. Diploma/GED: ☐ Yes ☐ No

List all degree(s) earned and in-progress below.

Degree Earned (AA, BA, MA, etc.)	Major/Field of Study	Institution Name	Date Conferred (or expected)

If you have questions about education requirements, please review the Counselor Handbook, the FAQ's page online, or contact our office.

APPLICANT NAME:

IOWA BOARD OF CERTIFICATION

CADC FORM 04: PROFESSIONAL DEVELOPMENT

TRAINING REQUIREMENTS

- List all trainings below and indicate the number of hours in the appropriate category for each training. IBC reserves the right to assign trainings to a different category than listed by the applicant.
- You must submit a COPY of the certificate of completion for each training listed on this form. Do not send original certificates.
- Certificates of completion must be submitted in the same order they are listed on this form.
- List every training on this form and attach additional copies of this page if needed.
- DO NOT LIST COLLEGE COURSEWORK ON THIS FORM.
- Definitions of the training categories are available in the Counselor Handbook.

Date of training	Title of Training	Counseling Theories & Techniques	Alcohol & Drug Specific	Special Pops	Racial/ Ethnic	Ethics	Other
Example: 8/6/26	*Motivational Interviewing*	*3.0*					

APPLICANT NAME:

IOWA BOARD OF CERTIFICATION

FORM 05: PROF. EXPERIENCE RESUME
(Page One of Two)

PURPOSE OF THIS FORM

Use this form to document your professional experience providing substance use disorder counseling services within the past three (3) years.

Complete one Form 05 for EACH:

- Agency/employer
- Position/Title
- Significant change in job duties
- Change in weekly hours worked

You may include practicum and/or volunteer experience if supervision requirements are met.

An official job description from Human Resources must be attached for each position.

IMPORTANT – HOW EXPERIENCE HOURS ARE CALCULATED

Your qualifying experience hours are based on:

- ✓ Hours worked per week
- ✓ Percentage of time spent performing substance use counseling duties
- ✓ Your education level (see Counselor Handbook)

Depending on your education eligibility, you must document either:

1,000 qualifying experience hours

OR

3,000 qualifying experience hours

Only time spent performing substance use counseling duties counts toward qualifying experience hours.

EXAMPLES

Hours Worked Per Week	% Spent Providing Counseling Services	Qualifying Hours Per Week
40	50%	20
40	75%	30
32	50%	16

Example:
If you worked 40 hours per week and spent approx. half of your time providing counseling services, you would report 50%.

TIP: Multiply your qualifying hours per week by the number of weeks worked during the dates of employment to estimate your total qualifying experience hours for this position.

APPLICANT NAME:

IOWA BOARD OF CERTIFICATION

FORM 05: PROF. EXPERIENCE RESUME
(Page Two of Two)

EMPLOYMENT INFORMATION

Agency Name: _____

Agency Address: _____

Agency City/State/Zip: _____

Agency Phone: _____

Position/Job Title: _____

Dates of Employment: From: _____ to _____

Total Time in This Position: Years: _____ Month: _____

Hours Worked per week: _____ Approx % time spent SUD counseling: _____

SUPERVISOR INFORMATION

Direct Supervisor's Name: _____

Direct Supervisor's Email: _____

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

SUPERVISOR ATTESTATION

I have reviewed this completed form and attest that the information provided is accurate. By signing below, I recommend this applicant for the CADC credential and attest that the applicant is/was in good standing with the agency.

Supervisor Signature: _____ Date: _____

IMPORTANT

- Electronic or typed signatures are not accepted.
- All forms must be signed in ink, originals signatures only (includes no scans or graphics of signatures)
- **Note to supervisor:** Do not sign this form until it has been completed by the applicant or yourself. If you are aware of ethical violations involving this applicant, it is your responsibility to report concerns to the Iowa Board of Certification.

IOWA BOARD OF CERTIFICATION
Credentialing Professionals in Addiction and Behavioral Health Care

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

IMPORTANT

- Electronic or typed signatures are not accepted.
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- Note to supervisor: Do not sign this form until it has been completed by the applicant or yourself. If you are aware of ethical violations involving this applicant, it is your responsibility to report concerns to the Iowa Board of Certification.

APPLICANT NAME:

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Credentialing Professionals in Addiction and Behavioral Health Care

Form 06-CADC: DOCUMENTATION OF DOMAIN EXPERIENCE

(Page One of Two)

Applicant Guide (Page 1 of 2)

PURPOSE OF THIS FORM

Use Form 06 to document your face-to-face supervision and the work you performed within the four CADC Domains. Complete one Form 06 for each employer or position used toward your experience requirement.

IMPORTANT — UNDERSTANDING THE HOURS

- Supervision Hours = Time spent meeting face-to-face with your qualified supervisor.
- Performed Hours = Time spent actually performing work in the four CADC Domains.

Requirements:

✓ Minimum 36 supervision hours
✓ Minimum 500 performed hours
✓ At least 20 performed hours in each Domain

These hours are NOT added together. Performed hours are part of your required work experience (1,000 or 3,000 hours).

EXAMPLE

Domain	Supervision	Performed
Screening, Assessment & Engagement	10	180
Treatment Planning, Collaboration & Referral	10	220
Counseling	15	450
Professional & Ethical Responsibilities	5	150

Total Supervision Hours: 40 Total Performed Hours: 1,000

TIP

The total in the Performed column reflects your actual work experience. Supervision hours are documented separately and are not added to the performed hours.

APPLICANT NAME:

IOWA BOARD OF CERTIFICATION
Credentialing Professionals in Addiction and Behavioral Health Care

Form 06-CADC: DOCUMENTATION OF DOMAIN EXPERIENCE

Screening, Assessment & Engagement

- Conduct intake interviews
- Complete biopsychosocial or ASAM assessments
- Gather client history
- Assess strengths and needs
- Determine service eligibility

Treatment Planning, Collaboration & Referral

- Develop treatment plans
- Update goals
- Coordinate care
- Make referrals
- Discharge planning

Counseling

- Individual counseling
- Group counseling
- Family counseling
- Relapse prevention
- Document progress

Professional & Ethical Responsibilities

- Maintain documentation
- Protect confidentiality
- Participate in supervision
- Attend team meetings
- Complete continuing education

HELPFUL TIPS

- Complete one Form 06 for each employer.
- Your supervisor must verify the information.
- You do not need equal hours in each Domain.
- Use your own job duties when describing the examples column.

IOWA BOARD OF CERTIFICATION
Credentialing Professionals in Addiction and Behavioral Health Care

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 _____

IMPORTANT

- Electronic or typed signatures are not accepted.
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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.

IOWA BOARD OF CERTIFICATION
Credentialing Professionals in Addiction and Behavioral Health Care

APPLICANT NAME:

Form 09-CADC: SUPERVISOR'S COUNSELOR EVALUATION

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			

IOWA BOARD OF CERTIFICATION
Credentialing Professionals in Addiction and Behavioral Health Care

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

IMPORTANT

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IOWA BOARD OF CERTIFICATION
Credentialing Professionals in Addiction and Behavioral Health Care

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