IOWA BOARD OF

# CERTIFICATION

Credentialing Professionals in Addiction and Behavioral Health Care

## TEMPORARY CERTIFIED ALCOHOL & DRUG COUNSELOR (tCADC)

## 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 tCADC 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. 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.

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**APPLICATION GUIDE**

## APPLICATION CHECKLIST

Be sure your completed application includes:

- ✓ Completed and signed Forms 01, 02, 04,
- ✓ Copies of certificates of completion (do not send originals) they should follow the order in which entered on Form 04
- ✓ 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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tCADC 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

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FORM 02: ASSURANCES AND RELEASES

## tCADC: 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)

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

APPLICANT NAME:

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tCADC 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* | | | | | |
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# FEES FOR CADC

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|---|---|
| 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 |