



Iowa Board  
of Certification

## APPLICATION FOR IBC COMMITTEE MEMBERSHIP

***I am applying for membership on the following committee:***

\_\_\_ Ethics & Appeals (must be certified professional) \_\_\_ Professional Development & Credentialing

\_\_\_ Finance \_\_\_ Quality Improvement

My Certification Level: CADC \_\_\_ ACADC \_\_\_ CAS \_\_\_ CPS \_\_\_ CCJP \_\_\_  
CCDP \_\_\_ CGTC \_\_\_

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### AFFIRMATION

As an applicant for membership on a committee of the Iowa Board of Certification (IBC), I understand that I would be expected to attend regularly scheduled meetings and be an active participant. I understand that the maintenance of confidentiality is of the utmost importance.

I understand that, pursuant to IBC Bylaws, members of a committee are approved by the IBC Board of Directors.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable or necessary)

***On the reverse side of this application, please describe your interest in serving on this committee. Please also attach a resume which briefly explains your educational and experience background as well as the names and addresses of three references.***

**Ethics & Appeals Committee Applicants Only: Submit the names and addresses of 3 references for us to contact regarding your ethical standards.**