

# Iowa Board of Substance Abuse Certification

3850 Merle Hay Road, Suite 303 ~ Des Moines, Iowa 50310

Telephone: (515) 334-9024 ~ Fax: (515) 334-9025

## APPLICATION FOR COMMITTEE MEMBERSHIP

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

Ethics & Appeals (must be certified professional)     Professional Development  
 Finance     Counselor Certification (must be ACADC)  
 Quality Improvement     Prevention Certification (must be CPS I or II)

My Certification Level: CADC  ACADC  CAS  CPS I  CPS II

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 Substance Abuse Certification (IBSAC), 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 IBSAC Bylaws, members of a committee are appointed by the President with the approval of the Executive Committee.

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.**