

**APPLICATION HANDBOOK  
FOR  
CERTIFIED  
CLINICAL  
SUPERVISOR  
(CCS)**

**JANUARY 2010**



**Iowa Board  
of Certification**

3850 Merle Hay Road, Suite 303 ~ Des Moines, Iowa 50310  
Telephone: 515.334.9024 ~ Fax: 515.334.9025  
E-mail: [info@iowabc.org](mailto:info@iowabc.org)  
Web: [iowabc.org](http://iowabc.org)

# APPLICATION HANDBOOK for CLINICAL SUPERVISORS

## TABLE OF CONTENTS

<b>MISSION AND VISION .....</b>	<b>2</b>
Credential Qualifications .....	2
Residency Requirement.....	2
<b>CERTIFICATION CRITERIA .....</b>	<b>3</b>
Education and Experience Requirements .....	3
Supervision .....	3
Written Exam.....	3
<b>PERFORMANCE DOMAINS .....</b>	<b>4</b>
<b>APPLICATION PROCESS .....</b>	<b>7</b>
How to Apply .....	7
Certification Period .....	7
Dual Certification .....	8
Fees .....	8
Reciprocity.....	8
<b>CERTIFICATION APPEAL PROCEDURES .....</b>	<b>9</b>
<b>RECERTIFICATION .....</b>	<b>10</b>
Late Penalties .....	10
Continuing Education .....	11
General Guidelines .....	12
Voluntary Inactive Status .....	13
<b>CODE OF ETHICS .....</b>	<b>15</b>
Investigation .....	22
Hearing Procedures .....	23
Reinstatement .....	26
Appeals of Decisions.....	27
<b>GLOSSARY OF TERMS .....</b>	<b>28</b>
<b>CHECKLIST .....</b>	<b>31</b>

# **IOWA BOARD OF CERTIFICATION**

## **MISSION**

The Iowa Board of Certification provides the professional credentialing process for treatment and prevention providers as a means to enhance community health.

## **VISION**

To enhance community health, one professional at a time.

## **CREDENTIAL QUALIFICATION**

This credential is for the alcohol and other drug abuse clinical supervisor, and is an international credential that is recognized throughout the world via reciprocity. The Iowa Board of Certification has membership in the International Certification and Reciprocity Consortium (IC&RC), and allows for reciprocity into and out of the State of Iowa for other CCS-certified professionals (**see page 8 for detailed information on reciprocity**).

A clinical supervisor is directly involved with staff development dealing with the clinical skills and competencies of persons providing counseling. The format for supervision is commonly one-on-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct and indirect observations of a counselor's clinical work.

Applicants **must** hold a current and valid ACADC, CCJP, CCDP or CCDP-D, OR hold a specialty substance abuse credential in another professional discipline in the human services field at the master's level or higher to be eligible to apply for the Certified Clinical Supervisor (CCS).

## **RESIDENCY REQUIREMENT**

The applicant must live and/or work in Iowa at least 51% of the time at the time of application for initial certification, recertification, and reactivation.

## **APPLICATION HANDBOOK**

This Application Handbook contains information you will not only need to become certified, but also will be very useful after the certification process. Please keep this handbook to use as a referral source. You can also find continually updated versions of this handbook on our web site, free for printing yourself.

# **CERTIFICATION CRITERIA**

## **Education Requirements**

- Thirty-six (36) hours of education specific to the IC&RC clinical supervision domains with a minimum of four (4) hours in the first five domains. In addition, 3 hours of racial/ethnic training is required.
- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and IBC approved distance education.
- Three (3) college credits are equivalent to 45 hours.

## **Experience Requirements**

- Applicants must hold a current and valid ACADC, CCJP, CCDP or CCDP-D, OR hold a specialty substance abuse credential in another professional discipline in the human services field at the master's level or higher to be eligible to apply for the Certified Clinical Supervisor (CCS).
- 10,000 hours (5 years full-time) of alcohol and drug counseling specific work experience PLUS 4,000 hours of alcohol and drug counseling supervisor work experience. **Note:** this 4,000 hours may be included in the 10,000 experience hours and must include 200 hours of face-to-face clinical supervision.
- An Associate's Degree in a behavioral science may substitute for 1000 hours, a Bachelor's Degree in a behavioral science may substitute for 2000 hours, and a Master's degree in a behavioral science may substitute for 4000 hours.
- Applicant must be currently employed in a clinical supervisory position at the time application is submitted to IBC.
- Acceptable employment is defined as a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling. The format for supervision is commonly one-on-one and/or small groups on a regular basis. Methods for review often include case review and discussion, and utilizing direct and indirect observation of a counselor's clinical work.

## **Supervision**

200 hours of on-the-job supervision in providing clinical supervision in the CCS domains.

## **Written Exam**

A passing score in the IC&RC written exam is required. The exam is offered quarterly.

## **CCS PERFORMANCE DOMAINS**

### **Domain 1: Counselor Development**

**Number of Exam Questions: 36**

- Build a supportive and individualized supervisory alliance, which includes teaching the purpose of clinical supervision, using it effectively and respecting professional boundaries.
- Maintain a constructive supervisory learning environment that fosters awareness of oneself and others, motivation, self-efficacy, enthusiasm, and two-way feedback
- Demonstrate multicultural competencies and help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.
- Provide timely and specific feedback to supervisees on their conceptualization of client needs, attitudes towards clients, clinical skills, and overall performance of assigned responsibilities.
- Create a professional development plan with supervisees that include mutually approved goals and objectives for improving job performance, a timeline for expected accomplishments, and measurements of progress and goal attainment.
- Implement a variety of direct supervisory activities to teach and strengthen supervisees' theoretical orientation, professional ethics, clinical skills, and personal wellness.
- Help supervisees recognize, understand, and cope with unique problems of transference and countertransference when working with clients and substance use disorders.
- Educate supervisees regarding developments in the addictions and behavioral healthcare fields to ensure best practices in consumer care.
- Encourage and help supervisees develop a personal wellness plan to manage their stress and avoid compassion fatigue and burnout.

### **Domain 2: Professional and Ethical Standards**

**Number of Exam Questions: 30**

- Practice only within one's areas of clinical and supervisory competence.
- Ensure that supervisors and supervisees are familiar with and are adherent to relevant professional codes of ethics, client's rights documents, and laws and regulations that govern both counseling and clinical supervision practices.
- Follow due process guidelines when responding to grievances and ensure that supervisees know their rights as employees and understand the organization's employee grievance procedures.
- Pursue personal and professional development by participating in related professional educational activities in order to improve supervisory competence.
- Recognize the supervisees' unique personality, culture, lifestyle, values and attitudes, and other factors to enhance his/her professional development.
- Ensure that supervisees inform clients about the limits of confidentiality.
- Ensure that supervisees inform clients about supervision practices and obtain documented informed consent from clients as appropriate.

- Use and teach supervisees various ethical decision-making models and monitor their use to ensure their ethical treatment of clients.
- Understand the risks of dual relationships and potential conflicts of interest and maintain appropriate relationships at all times.
- Provide timely consultation and guidance to supervisees in situations that present moral, legal, and/or ethical dilemmas.
- Ensure that supervisees maintain complete, accurate, and necessary documentation, including detailed descriptions of critical situations.
- Understand the reporting process for ethical violations to the appropriate professional organizations or regulatory authorities.
- Intervene immediately and take action as necessary when a supervisee's job performance appears to present problems.
- Maintain familiarity with consensus- and evidence-based best practices in the treatment of substance use disorders.
- Seek supervision and consultation to evaluate one's personal needs for training and education, receive and discuss feedback on supervisory job performance, and implement a professional development plan.
- Develop and maintain a personal wellness plan for physical and mental health.

### **Domain 3: Program Development and Quality Assurance**

#### **Number of Exam Questions: 18**

- Structure and facilitate staff learning about specific consensus- and evidence-based treatment interventions, program service design, and recovery models relevant to the organization and the population it serves.
- Understand the balance between fidelity and adaptability when implementing new clinical practices.
- Advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement, and retention in treatment.
- Support the organization's quality assurance plan and comply with all monitoring, documenting, and reporting requirements.
- Develop program goals and objectives that are consistent with the organization's quality assurance plan.
- Program development methods.
- Facilitate development and implementation of professional quality improvement guidelines, forms, and instruments to monitor client outcomes and/or upgrade organizational performance.
- Advocate for the organization's target population throughout the entire continuum of care as an agent of organizational change.
- Build and maintain relationships with referral sources and other community programs to expand, enhance, and expedite service delivery.
- Identify and assess program needs and develop a plan to improve clinical services and program development.

#### **Domain 4: Performance Evaluation**

##### **Number of Exam Questions: 18**

- Communicate agency expectations about the job duties and competencies, performance indicators, and criteria used to evaluate job performance.
- Understand the concept of supervision as a two-way evaluation process with each party providing feedback to the other, including constructive sharing and resolution of disagreements.
- Assess supervisees' professional development, cultural competence, and proficiency in the addiction counseling competencies.
- Assess supervisees' performance of tasks and/or clinical functioning by interviews, observations, review of case records, use of evaluation tools, and client/family feedback.
- Differentiate between counselor development issues and those requiring corrective action (e.g., ethical violations, incompetence).
- Assess supervisees' preferred learning style, motivation, and suitability for the work setting.
- Institute an ongoing formalized, proactive process that identifies supervisees' training needs, actively involves supervisees in conjointly reviewing goals and objectives, and reinforces performance improvement with positive feedback.
- Communicate feedback clearly, including timely written feedback, regarding performance deficits, weak competencies, or harmful activities and ensure that supervisees understand the feedback.
- Address and manage relational issues common to evaluation, including anxiety, disagreements, and full discussion of performance problems.
- Self-assess for evaluator bias (e.g., leniency, overemphasis on one area of performance, favoritism, stereotyping) and conflict with other supervisory roles.
- Adhere to professional standards of ongoing supervisory documentation, including written individual development plans, supervision session notes, written documentation of corrective actions, and written recognition of good performance.

#### **Domain 5: Administration**

##### **Number of Exam Questions: 15**

- Ensure that comprehensive orientation is provided to new employees, including areas such as the organization's client population, mission, vision, policies, and procedures.
- Develop, evaluate, and monitor clinical policies and procedures using regulatory standards to ensure compliance.
- Involve the supervisees in designing and scheduling their activities to maintain clinically effective service delivery.
- Participate in the hiring/termination, performance recognition, disciplinary action, and other personnel decisions to maintain high standards of clinical care.
- Ensure workforce is trained to meet service delivery needs.

## **Domain 6: Treatment Knowledge**

**Number of Questions: 33**

- Have professional experience with and knowledge of the field of addictions, social and behavioral science, and self-help philosophy.
- Understand the limitation of addiction treatment in general; its relationship to sustained, long-term recovery; and the specific limitation of the models or design in use by supervisees.
- Understand the principles of addiction prevention and treatment.
- Understand the addiction process and recovery management.
- Understand the limitations of and appropriateness of assessment and evaluation tools utilized in the addiction field.
- Understand the use of pharmacological interventions and interactions.

## **APPLICATION PROCESS**

### **How to Apply**

1. Applicant may either download the CCS Handbook from the web site or request it from the IBC office when requesting their application (note: a printed handbook from the IBC office will include an additional \$10.00 charge).
2. The Request for Application can be found on the IBC website at [www.iowabc.org](http://www.iowabc.org), under "Downloads." Complete the form and mail it to the IBC office with the applicable fee. ***Applications are valid for one year following the date of request.***
3. The applicant will complete all portions of the application. Materials contained in the applicant's file for other IBC credentials do not need to be resubmitted with the CCS application. The completed application and written exam fee will be sent to the IBC office.
4. Upon review of the application, the applicant will be notified as to his/her application status.
5. Once the application is complete and all applicable fees have been paid, the applicant will be notified of the date of the written exam. The applicant must pass the written exam in order to become certified. If the applicant fails the written exam, they may take the exam as many times as necessary for one year.
6. Upon notice of passing the written exam, the applicant will be submit his/her certification fee to the IBC office. Once the fee has been received and the Board of Directors has approved the applicant, the applicant's certificate will be mailed.

### **Certification Period**

The Iowa certification period encompasses two calendar years, commencing from the first day of the month that follows approval by the Iowa Board of Certification. Dates of validation are printed on the counselor's certificate.

## Dual Certification

To support those professionals who wish to carry more than one IBC credential, the certification fee of the second credential shall be 25% less than the certification fee for the second credential.

Similarly, those holding more than one IBC credential shall receive a 25% decrease in the recertification fees as long as both credentials are maintained.

## Fees

Refer to the "Fee Schedule" attached to the Certification Application or on the IBC web site.

## RECIPROCITY

Iowa professionals who are certified as a CCS may apply for reciprocity to any certification board that is a member of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC).

Please note: "reciprocity" does not necessarily mean "right to practice" in some states, as follows:

- **Reciprocity into Iowa:** Professionals certified by an IC&RC member board who relocate into Iowa may transfer their credential to Iowa using the reciprocity process. No additional requirements will have to be met by the certified professional using this process to transfer their credential to Iowa.
- **Reciprocity out of Iowa:** Professionals certified by IBC who relocate to another state, country or nation may transfer their credential to the new jurisdiction using the reciprocity process only if the new jurisdiction is an IC&RC member board. Reciprocity to a non-IC&RC member board is not permitted. Additional requirements may be imposed upon the certified professional depending upon the laws and regulations governing the practice of services in the new jurisdiction. **Therefore, certified professionals are strongly encouraged to contact the IC&RC member board in the new jurisdiction to determine if any additional requirements must be met.**

Applications for reciprocity may be obtained from the IBC office, and shall be sent to the IBC office along with the required fee.

You are welcome to contact the IBC office for current information, or you may review current IC&RC membership at their web site ([www.icrcaoda.org](http://www.icrcaoda.org)).

# **CERTIFICATION APPEAL PROCEDURES**

**Appeal of the Denial for Certification.** Every applicant shall be provided the opportunity to appeal the decision of the Board regarding the applicant's certification to the Ethics and Appeals Committee. The IC&RC written test is the property of the IC&RC and is psychometrically sound and legally defensible. Only under extraordinary circumstances can an appeal be submitted for the denial of either the IC&RC written test.

If the applicant desires to appeal the decision of the Board regarding certification, the applicant shall send a written request for an appeal review meeting within thirty (30) days of receipt of the certified notice of denial of certification. The response shall be addressed to:

**Executive Director  
Iowa Board of Certification  
3850 Merle Hay Road, Suite 303  
Des Moines, Iowa 50310**

## **Appeal Review Meeting**

An appeal review meeting shall be held at a time and place fixed by the chairperson of the Ethics and Appeals Committee.

- A. All appeal review meetings of the Ethics and Appeals Committee shall be closed to the public. Only committee members, those invited by the committee to testify, and staff members shall be in attendance.
- B. There shall be no contact prior to the appeal review meeting between the applicant and any member of the Ethics and Appeals Committee for the purpose of discussing the appeal.
- C. The Ethics and Appeals Committee shall review with the applicant the reasons for denial of certification and the applicant may present any information he/she feels is relevant.
- D. The Ethics and Appeals Committee may not consider additional materials presented by the applicant for the purposes of correcting deficiencies in the written test.
- E. The Ethics and Appeals Committee shall make a determination to:
  - 1. Recommend that the Board uphold the decision regarding certification.
  - 2. Recommend that the Board overturn the decision regarding certification.
  - 3. Recommend that the Board remand the application to the Professional Development and Credentialing Committee for re-review.
- F. If an applicant who has requested an appeal review meeting, and upon whom proper notice of the meeting has been served, fails to appear for the meeting, the Committee shall proceed with the conduct of the review and the applicant shall be bound by the results to the same extent as if the applicant had been present.
- G. The Board shall, at its next regular scheduled meeting, vote to accept or reject the recommendations of the Ethics and Appeals Committee.

H. The applicant shall be notified by certified mail within two weeks of the decision of the Board concerning the appeal.

## **RECERTIFICATION**

Certification must be renewed every two years. Dates of validation are printed on the certificate. Recertification is a continuous process which involves earning continuing education credit on an ongoing basis, as well as submission of the actual recertification application.

Recertification applications can be found on IBC's web site at [www.iowabc.org](http://www.iowabc.org). In addition, counselors due to recertify are listed on the IBC web site. **Please note: It is the responsibility of the counselor to keep track of recertification dates and to make timely application for recertification.** Recertification applications need to be printed from the web site just prior to recertifying to ensure that the most up-to-date version is being used.

**Recertification materials will not be sent to you unless you request them from the IBC office.**

An application for recertification shall include the following:

1. Completion of Form 12, "Application for Recertification." This form must be signed and dated by the counselor.
2. Submission of Form 11, "Verification of Continuing Education" form to be completed for all training attended with copies of certificates of completion attached, totaling at least 40 clock hours, signed by the counselor. **All continuing education hours must be completed within the validation dates shown on the certificate.**
3. Submission of the recertification fee, as well as applicable CEU processing fees and the late penalty fee, if applicable.

### **Late Penalties**

1. The application for recertification must be postmarked on or before the certification expiration date, or the late penalty will be imposed beginning on the day following the certification expiration date.
2. A forty-five (45) day penalty period following the certification expiration date shall be allowed.
3. During the penalty period of the certification, the professional may choose to do one of the following:
  - a. Renew the certification by submitting the required documentation of Professional Development, the recertification fee, and the penalty fee; **or**

- b. Apply for voluntary inactive status, if applicable; **or**
- a. Allow the certification to lapse. Certification will lapse on the 46th day. If certification is lapses, the professional may again apply for certification whenever he/she believes that the criteria can be met. At that time, the professional may purchase a new application packet and begin the application process anew.

### **Continuing Education Requirements**

Certified professionals must obtain six (6) clock hours of continuing education during the two-year certification period to qualify for recertification.

- Three (3) of the clock hours must be in ethics.
- The remaining hours must be relevant to the certified professional's field.

No more than three (3) clock hours may be earned through distance learning for each certification period.

Recertification applicants may use up to 10 hours of credit for in-service trainings (see Glossary of Terms) per recertification period, **so long as the in-service has been approved by IBC.**

To receive college credit for clock hours a minimum grade of "C" is required. One semester hour equals 15 clock hours. One quarter hour equals 10 clock hours. If college courses are being used, an original transcript must be sent from the college to the IBC office.

The required forty (40) clock hours may be obtained in more than one category. If desired, all forty (40) clock hours may be earned in Category A.

#### **CATEGORY A – ATTENDING FORMAL TRAININGS**

A minimum of twenty-five (25) clock hours must be obtained through a combination of pertinent courses, workshops and/or seminars. Accredited home-study courses may be included.

Certified professionals will be assessed a CEU Processing Fee per submitted workshop that has not been IBC-approved. The fee is not charged for college courses submitted for IBC credit.

#### **CATEGORY B- TEACHING OTHER PROFESSIONALS**

A maximum of fifteen (15) clock hours may be obtained in this category. The number of hours awarded will be equal to the number of hours spent in actual teaching time. Credit also will be awarded for repeated workshop presentations offered by a certified professional as the presenter.

#### **CATEGORY C - PARTICIPATORY LEARNING EXPERIENCES AND COMMUNITY INVOLVEMENT**

Prior approval is recommended. A maximum of fifteen (15) clock hours may be obtained in this category which includes documented credit for direct participation (e.g. public speaking or volunteering in a professional capacity) with substance abuse or community boards, committees, or task forces which are substance abuse related. Volunteering as a parent, such as a teacher's assistant or Cub Scout leader, DOES NOT qualify for credit.

The intent of the category is to encourage certified professionals to participate in the community in a professional capacity to promote the profession and the welfare of the public.

### **General guidelines**

The following general guidelines apply to Continuing Education:

- A. The content of all courses on continuing education must be relevant to the Domains as listed in the Application Handbook.
- B. The following is an example of continuing education that will not receive IBC credit.
  - 1. Parenting or other programs that are designed for lay people.
  - 2. Basic living skills.
  - 3. Orientation programs, meaning, a specific series of activities designed to familiarize employees with the policies and procedures of an institution.
- C. Continuing education hours exclude non-program time such as coffee breaks, social hours, and time allocated for meals.
- D. The forty (40) clock hours must be obtained within each certification period; that is, between the validation dates of certification shown on the certificate. Therefore, hours earned before the last application was submitted will not be accepted.
- E. Continuing education hours are not cumulative. Therefore, additional hours earned during one certification period **and** before the recertification application was submitted will not be accepted for the next period.
- F. One approved college or university semester hour credit is the equivalent of fifteen (15) clock hours and one approved college or university quarter hour credit is the equivalent of ten clock hours. In order to give IBC credit for college coursework, an original transcript will need to be sent to the IBC office.
- G. Certified professionals cannot repeat an *identical* training within his or her recertification period.
- H. The minimum acceptable unit of credit for any single experience is one clock hour.
- I. It is the responsibility of each certified professional to maintain records of continuing education credit for submission with the Application for Recertification. *IBC does not keep records of a certified professional's credits.*

## **Definitions**

See Glossary of Terms.

## **VOLUNTARY INACTIVE STATUS**

Inactive certification status is for the certified professional who is currently **not working in their field**, yet plans to someday return to the field. Not having earned enough continuing education hours or an employer not requiring IBC-certification are inadequate reasons to be granted inactive status.

In addition to the professional not working in the field of substance abuse, the Iowa Board of Certification may grant inactive status under the following circumstances:

1. Behavior-Medical problems
2. Maternity, paternity, or family
3. Education
4. Military service
5. Other valid reasons

## **Instructions**

Certified individuals desiring inactive status shall send a letter of request to the IBC office which includes:

1. Current home address and telephone number.
2. Reason for request.
3. Final date of employment in the alcohol and drug field.
4. Anticipated date of return to employment in the alcohol and drug field.
5. Non-refundable enrollment fee.

This letter of request and the inactive fee must be postmarked on or before the date of expiration of either certification or the prior inactive time period. At the next scheduled regular IBC Board meeting, the request for inactive status will be considered. The applicant will be notified upon the Board's decision.

## **Fees**

To maintain inactive status, a letter of request, as described above, and the appropriate fee must be sent on or before the annual expiration date or the late fee will be assessed. The 45-day penalty period and late fees apply.

To restore to active certification, the application for recertification must be submitted along with the applicable recertification fee.

## **Rights, Limitations, and Responsibilities**

1. While on inactive status, an individual shall continue to receive all bulletins, newsletters, and other communications from IBC.

2. A certified professional on inactive status may not use the initials of a certified Clinical Supervisor (CCS).
3. Individuals on inactive status are not eligible for reciprocity.
4. Inactive individuals must adhere to applicable aspects of the IBC Code of Ethics.
5. The inactive individual must notify IBC immediately upon returning to work in the alcohol and drug field. Failure to notify the Board within 30 days of returning to such employment will constitute a violation of the IBC Code of Ethics and will result in referral to the Board for investigation, in accordance with the procedures outlined in the Code of Ethics. The inactive individual must successfully reactivate certification within 90 days of returning to employment.

### **Reactivation**

Individuals requesting reactivation of their certification status shall follow the recertification process and meet residency requirements. Current recertification forms will be available on the IBC web site. At least 20 of the 40 clock hours must have been earned within two years of the reactivation application.

## **CODE OF ETHICS**

**All certified professionals must subscribe to the IBC Code of Ethics upon application for certification.** This Code of Ethics is adopted to aid in the delivery of the highest quality of professional care to persons seeking chemical dependency services. It is hoped that these standards will assist the counselor to determine the propriety of his or her conduct in relationships with clients, colleagues, members of allied professions, and the public.

The Board is committed to investigate and sanction those who breach this Code of Ethics. Clinical supervisors, therefore, are encouraged to thoroughly familiarize themselves with the Code of Ethics and to guide their behavior according to the principles set forth below.

Violation of the IBC Code of Ethics shall be deemed as grounds for discipline. Engaging in unethical conduct includes, in addition to violation of the Principles enumerated herein, any other violation that is harmful or detrimental to the profession or to the public.

### **SUBSCRIPTION TO CODE OF ETHICS**

**Persons applying for certification must subscribe to the Iowa Board of Certification's Code of Ethics for Clinical Supervisors and do so indicate by signing Form 02.** This subscription will be in effect until their certification is no longer valid. In the event the applicant did not successfully complete the certification process, the subscription shall be in effect until the application period expires. IBC can provide specific information regarding these time-frames.

### **SPECIFIC PRINCIPLES**

**PRINCIPLE I. Responsibility to clients.** Clinical supervisors respect the rights of those persons seeking their assistance and make reasonable efforts to ensure that their services are used appropriately.

- A. Clinical supervisors do not discriminate against or refuse professional service to anyone on the basis of race, gender, religion, national origin or sexual orientation.
  - 1. Clinical supervisors avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the counselor guards the individual rights and personal dignity of clients.
  - 2. Clinical supervisors are knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory, and cognitive accommodations that allow clients with disabilities to receive services.

- B. Clinical supervisors do not use their professional relationships with clients to further their own interests.
- C. Clinical supervisors respect the right of clients to make decisions and help them to understand the consequences of these decisions.
- D. Clinical supervisors continue therapeutic relationships only as long as it is reasonably clear that clients are benefiting from the relationship.
- E. Clinical supervisors assist persons in obtaining other therapeutic services if the counselor is unable or unwilling to provide professional help.
- F. Clinical supervisors do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.
- G. Clinical supervisors obtain written, informed consent from clients before videotaping, audio recording, or permitting third-party observation.
- H. Clinical supervisors respect the integrity and protect the welfare of the client. The counselor, in the presence of professional conflict, is concerned primarily with the welfare of the client.
- I. Clinical supervisors ensure the presence of an appropriate setting for clinical work to protect the client from harm and the counselor and professional from censure.
- J. Clinical supervisors do not continue to practice while having a physical or mental disability which renders the counselor unable to practice the occupation or profession with reasonable skill or which may endanger the health and safety of the persons under the counselor's care.
- K. Clinical supervisors do not engage in the conduct of one's practice while suffering from a contagious disease involving risk to the client's or public's health without taking adequate precautions including, but not limited to, informed consent, protective gear or cessation of practice.

**PRINCIPLE II. Dual relationships.**

- A. Clinical supervisors are aware of their influential position with respect to clients, and they avoid exploiting the trust and dependency of such persons. Counselors, therefore, make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, counselors take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with clients.
  - 1. Solicitation of sexual conduct, or solicitation of any other personal relationship, with clients is prohibited; this includes the one year following the termination of services.

2. Sexual conduct with clients is prohibited; this includes the one year following the termination of services.
  3. Clinical supervisors do not accept as clients anyone with whom they have engaged in sexual conduct.
- B. Clinical supervisors are aware of their influential position with respect to students, employees, and supervisees, and they avoid exploiting the trust and dependency of such persons. Counselors, therefore, make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, counselors take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with students, employees or supervisees.
1. Provision of therapy to students, employees, or supervisees is prohibited.
  2. Sexual conduct with students or supervisees is prohibited.

**PRINCIPLE III. Confidentiality.** Clinical supervisors embrace, as primary obligation, the duty of protecting the privacy of clients and do not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

- A. Clinical supervisors make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. Counselors ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary to and appropriate to the services being provided and be accessible only to appropriate personnel.
- B. Clinical supervisors adhere to all federal, state, and local laws regarding confidentiality and the counselor's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- C. Clinical supervisors discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort is made to avoid undue invasion of privacy.
- D. Clinical supervisors reveal information received in confidence only when there is a clear and imminent danger to the client or other persons, and then only to appropriate workers, public authorities, and threatened parties.

**PRINCIPLE IV. Professional competence and integrity.** Clinical supervisors maintain high standards of professional competence and integrity.

- A. Clinical supervisors seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

- B. Clinical supervisors, as teachers, supervisors, and researchers, are dedicated to high standards of scholarship and present accurate information.
- C. Clinical supervisors do not engage in sexual or other harassment or exploitation of clients, students, trainees, supervisees, employees, colleagues, research subjects, or actual or potential witnesses or complainants in investigations and ethical proceedings.
- D. Clinical supervisors do not diagnose, treat, or advise on problems outside the recognized boundaries of their competence.
- E. Clinical supervisors do not engage in conduct which does not meet the generally accepted standards of practice for the alcohol and drug profession including, but not limited to, incompetence, negligence or malpractice.
  - 1. Falsifying, amending or making incorrect essential entries or failing to make essential entries of client record.
  - 2. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the alcohol and drug profession.
  - 3. A substantial deviation from the standards of skill ordinarily possessed and applied by professional peers in the state of Iowa acting in the same or similar circumstances.
  - 4. Acting in such a manner as to present a danger to public health or safety, or to any client including, but not limited to, impaired behavior, incompetence, negligence or malpractice.
  - 5. Failing to comply with a term, condition or limitation on a certification or license.
  - 6. Failing to obtain an appropriate consultation or make an appropriate referral when the problem of the client is beyond the alcohol and drug counselor's training, experience or competence.
  - 7. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.
  - 8. Administering to oneself any controlled substance, or aiding and abetting the use of any controlled substance by another person.
  - 9. Using any drug or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.
  - 10. Using alcohol or any dangerous drug or controlled substance while providing professional services.

11. Refusing to seek evaluation and follow through with the recommended treatment for chemical dependency or a mental health problem which impairs professional performance.

**PRINCIPLE V. Responsibility to students, employees, and supervisees.** Clinical supervisors do not exploit the trust and dependency of students, employees, and supervisees.

- A. Clinical supervisors do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
- B. Clinical supervisors who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

**PRINCIPLE VI. Responsibility to the profession.** Counselors respect the rights and responsibilities of professional colleagues.

- A. Clinical supervisors treat colleagues with respect, courtesy, and fairness and afford the same professional courtesy to other professionals.
  1. Clinical supervisors do not offer professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
  2. Clinical supervisors cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
  3. Clinical supervisors report the unethical conduct or practice of others in the profession to the appropriate certifying authority.
  4. Clinical supervisors do not knowingly file a false report against another professional concerning an ethics violation.
- B. As employees or members of organizations, clinical supervisors refuse to participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code.
- C. Clinical supervisors assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.
- D. Clinical supervisors who are the authors of books or other materials that are published or distributed cite persons to whom credit for original ideas is due.

**PRINCIPLE VII. Financial arrangements.** Clinical supervisors make financial arrangements for services with clients and third-party payers that are reasonably understandable and conform to accepted professional practices.

- A. Clinical supervisors do not offer, give or receive commissions, rebates or other forms of remuneration for the referral of clients.
- B. Clinical supervisors do not charge excessive fees for services.
- C. Clinical supervisors disclose their fees to clients at the beginning of services.
- D. Clinical supervisors do not enter into personal financial arrangements.
- E. Clinical supervisors represent facts truthfully to clients and third-party payers, regarding services rendered.
- F. Clinical supervisors do not accept a private fee or any other gift or gratuity for professional work.

**PRINCIPLE VIII. Advertising.** Clinical supervisors engage in appropriate informational activities, including those that enable lay persons to choose professional services on an informed basis.

- A. Clinical supervisors accurately represent their competence, education, training, and experience.
- B. Clinical supervisors do not use a firm name, letterhead, publication, term, title designation or document which states or implies an ability, relationship or qualification which the counselor does not have.
- C. Clinical supervisors do not use any professional identification (such as a business card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it:
  - 1. contains a material misrepresentation of fact;
  - 2. fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or
  - 3. is intended to or is likely to create an unjustified expectation.

**PRINCIPLE IX. Legal and Moral Standards.** Clinical supervisors uphold the law and have high morals in both professional and personal conduct.

**Grounds for discipline** under this principle include, but are not limited to, the following:

- 1. Conviction of any felony or misdemeanor, excluding minor traffic offenses, whether or not the case is pending an appeal. A plea or verdict of guilty or a conviction following an Alford Plea, or any other plea which is treated by the court as a plea of guilty and all the proceedings in which the sentence was deferred or suspended, or the conviction expunged shall be deemed a conviction within the meaning of this section.

2. Permitting, aiding, abetting, assisting, hiring or conspiring with an individual to violate or circumvent any of the laws relating to licensure or certification under any licensing or certification act.
3. Fraud-related conduct under this principle includes, but is not limited to, the following:
  - a. Publishing or causing to be published any advertisement that is false, fraudulent, deceptive or misleading.
  - b. Engaging in fraud, misrepresentation, deception or concealment of material fact in:
    1. Applying for or assisting in securing certification or certification renewal.
    2. Taking any examination provided for #1 above including fraudulently procured credentials.
  - c. Making misleading, deceptive, untrue or fraudulent representation in the practice or the conduct of the alcohol and drug profession or practicing fraud or deceit, either alone or as a conspirator.
  - d. Failing to cooperate with an investigation by interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives; by use of threats or harassment against, or inducement to any patient, client or witness to prevent them from providing evidence in a disciplinary proceeding or any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed. Failing to cooperate with a board investigation in any material respect.
  - e. Committing a fraudulent insurance act.
  - f. Signing or issuing, in the certified alcohol and drug counselor's capacity, a document or statement that the counselor knows, or ought to know, contains a false or misleading statement.
  - g. Using a firm name, letterhead, publication, term, title designation or document which states or implies an ability, relationship or qualification which the counselor does not have.
  - h. Practicing the profession under a false name or name other than the name under which the certification is held.
  - i. Impersonating any certified professional or representing oneself as a certified professional for which one has no current certification.
  - j. Charging a client or a third party payer for a service not performed, or submitting an account or charge for services that is false or misleading. This does not apply to charging for an unkept appointment by a client.

- k. Charging a fee that is excessive in relation to the service or product for which it is charged.
  - l. Offering, giving or promising anything of value or benefit to any federal, state, or local employee or official for the purpose of influencing that employee or official to circumvent federal, state, or local law, regulation or ordinance governing the certified counselor or the alcohol and drug profession.
4. Engaging in sexual conduct, as defined in the Iowa Code, with a client during a period of time in which a professional relationship exists and for one year after that period of time.

## **Definitions**

See Glossary of Terms for definitions.

## **INVESTIGATION**

**Complaint Procedure.** Any individual may file a complaint against a certified professional by submitting a completed “Ethics Violation Allegation Worksheet” (available on IBC’s web site at [iowabc.org](http://iowabc.org) or by requesting one from the IBC office).

1. The Ethics Violation Allegation Worksheet shall be submitted to:  
Executive Director  
Iowa Board of Certification  
3850 Merle Hay Road, Suite 303  
Des Moines, Iowa 50310
2. A copy of the Worksheet is forwarded to the Ethics & Appeals Committee chairperson.
3. The Executive Director shall send a letter to the complainant to acknowledge receipt of the complaint and that it has been forwarded to the Ethics Committee.
4. The Ethics Committee, at their next monthly meeting, determines which principle(s) may have been violated.
5. If a potential violation has been determined, an investigator is assigned and the investigation is started.
6. If, in committee review, the allegation does not warrant assignment of an investigation, the complainant and the person who is alleged to have violated the principle will be notified of that decision. The allegation worksheet will be maintained in a committee file.
7. The Executive Director sends a certified letter to the respondent, notifying him/her that a complaint has been received, that an investigation has begun, and that he/she will be sent correspondence by the investigator. **Note: not cooperating with an investigation can result in a violation of Principle VI-A-2.**
8. The Executive Director shall send a certified letter to the complainant stating that the investigation has begun and that the investigator may be in contact with him/her.
9. When all investigation is completed, the investigator will report to the Ethics Committee. The committee shall review the information and make one of the following recommendations to the hearing panel:

- a. Disciplinary hearing be held, or
  - b. Dismiss the complaint
10. Following the hearing, the respondent and complainant are notified in writing of the actions taken by the Board.

Should further violations be uncovered in the course of an investigation, these would comprise an additional complaint by the Committee on Ethics and Appeals.

If a complaint has been filed, the Ethics Committee may, at its discretion, proceed with an investigation even if the complainant subsequently requests that the complaint be withdrawn.

## **HEARING PROCEDURES**

**Order for Hearing.** Upon recommendation of the Committee on Ethics and Appeals, the IBC Board shall approve the date, time and place for an ethics hearing and shall appoint a hearing panel for the proceedings. Within ten (10) days of Board action, a written notice will be sent to the complainant, the respondent and the hearing panel members.

- A. The hearing panel shall be comprised of three directors of the Board, excluding any member having a conflict of interest in the matter. At least one of the three members of the hearing panel shall be a certified professional.
- B. Both the respondent and complainant will be provided with a copy of the investigative summary and recommendations including the level of violation severity and the hearing procedures.
- C. The notice of the hearing shall state:
  - 1. The date, time, and location of the hearing; and
  - 2. The respondent may, at his or her expense, be represented by legal counsel at the hearing; and
  - 3. The rules by which the hearing shall be governed.

**Conduct of Hearing.** The hearing shall be conducted in compliance with the following rules:

- A. The hearing shall be conducted by the hearing chair as assigned by the Ethics & Appeal Committee Chair or Executive Director, an impartial administrative law judge, attorney, or other person designated by the Board.
- B. The investigator or chairperson of the Committee on Ethics and Appeals, or a representative designated by the Committee on Ethics and Appeals, shall present evidence in support of the Committee's recommendation before the hearing panel. The complainant and the respondent shall be allowed the opportunity to participate in the hearing. Witnesses will be called when appropriate, but shall only be present in the hearing during their testimony. The hearing shall be closed to the public.

- C. The hearing panel shall not be bound by common law or statutory rules of evidence, and may consider all evidence having probative value.
- D. No discovery shall be permitted and no access to Board files shall be allowed by the respondent except as specifically provided for herein. The Board shall keep all files in permanent form and confidential, unless otherwise provided or directed in writing by the President of the Board or the President's designee, for disciplinary purposes or by a specific rule of the IBC Board.
- E. After completion of the investigation and prior to the commencement of the hearing, members of the Board and hearing panel shall not discuss the case with either the complainant or the respondent in order to maintain neutrality and impartiality. The Executive Director may act as a source of general information to all parties.
- F. Members of the hearing panel may inquire and/or conduct relevant fact-finding to obtain the information necessary to make an accurate determination of the facts of the case. If additional violations are discovered during the hearing, it may result in additional sanctions.
- G. Board members and committee members who are not serving in an official capacity during the hearing shall not be present unless all parties present agree to such circumstances.
- H. A member of the IBC staff shall be responsible for record keeping at the hearing.
- I. The hearing shall be audio taped.

**Failure by Respondent to Appear.** If a respondent, upon whom proper notice of hearing has been served, fails to appear either in person or represented by counsel at the hearing or otherwise respond to the complaint, the respondent shall be deemed to be at default and bound by the results of the hearing to the same extent as if the respondent had been present.

**Right to Waive Hearing.** At any time during the ethics investigation process, a respondent has the right to waive an ethics hearing by formal notification in written form with an original signature to IBC. In so doing, the respondent stipulates that the allegations of the ethics violation(s) are correct. As soon as practical, but no later than 90 days upon receipt of the waiver or scheduled hearing date, the Board shall determine any disciplinary sanctions. The decision of the Board shall be final.

**Deliberation of the Hearing Panel.** Once the chairperson of the Committee on Ethics and Appeals or a representative designee has presented the case information, the complainant and the respondent have had an opportunity to speak, and the hearing panel has asked any questions, the hearing panel will meet in closed session to discuss the facts. A member of the IBC staff is permitted to be present during the deliberation. All panel deliberations will be audio taped.

**Decision of the Hearing Panel.** The hearing panel shall make the determination regarding violation(s) and disciplinary sanctions as founded, substantiated, unsubstantiated or unfounded.

Upon conclusion of the hearing, the hearing panel chair shall submit a written report to the IBC office which shall include:

1. A concise statement of the findings of fact;
2. A conclusion as to whether any specific Principles have been substantiated, undetermined or unsubstantiated; and
3. The sanctions imposed by the Panel.

At its next regularly scheduled Board meeting, the Board shall be notified of the hearing panel's decision.

The hearing panel's decision and the official hearing panel report shall be sent by certified mail to both the respondent and the complainant and include information on how an appeal may be requested.

**Discretion of the Hearing Panel.** The following factors may be considered by the hearing panel in determining the nature and severity of the disciplinary sanction to be recommended:

1. The relative seriousness of the violation as it relates to assuring the citizens of this state a high standard of professional service and care;
2. The facts of the particular violation;
3. Any extenuating circumstances or other counter-vailing considerations;
4. The number of complaints;
5. Prior violations or complaints and/or sanctions;
6. Whether the violation was self-reported;
7. Whether remedial action has previously been taken;
8. The level of cooperation from the respondent; and
9. Other factors which may reflect upon the competency, ethical standards and professional conduct of the individual.

**Method of Discipline.** The hearing panel may impose the following disciplinary sanctions:

1. Temporary revocation or permanent revocation; or
2. Suspension of certification or application privileges; or
3. Denial of an application for certification;
4. Reprimand; or
5. Other sanctions which may be deemed appropriate, such as additional education, training, supervision, competency demonstration, assessment and completion of any recommendations resulting from the assessment and/or other additional requirements in conjunction with any of the above disciplinary sanctions.

**Announcement of Decision.** At its next scheduled regular meeting, the Board shall be notified of the hearing panel's decision. The decision and the official hearing panel report shall be sent by certified mail to both the respondent and the complainant and include information on how an appeal may be requested.

**Confidentiality.** At no time prior to the release of the decision by the hearing panel shall any portion or the whole thereof of any action be made public or be distributed to any persons other than the directors of the Board, its Committee on Ethics and Appeals, and its staff.

**Publication of Decisions.** The decision in any disciplinary proceeding shall be published in whatever manner deemed appropriate by the Board. The employer, if any, shall be notified by certified mail of the final decision of the Board if a violation was founded. IBC may report a disciplinary action against certified professionals to the Iowa Department of Public Health-Division of Health Promotion, Prevention and Addictive Behaviors.

## **PROCEDURES AND REINSTATEMENT FOLLOWING DISCIPLINARY SANCTION(S)**

**Repossession of Certificate.** If a respondent's IBC credential has been suspended, denied, or revoked, the respondent must return his or her certificate to IBC no later than twenty-one (21) days after he or she receives notice of the suspension, denial, or revocation. The IBC certificate remains the property of IBC. Failure to return the certificate as required may result in additional sanctions.

**Reinstatement Following a Suspension.** Upon expiration of the suspension period, the Board shall authorize reinstatement of the professional's credential for the balance of his or her certification period, unless:

1. The respondent did not submit a letter of application for reinstatement or the letter did not present facts which, if established, would be sufficient to enable the Board to determine that the basis for sanction no longer exists;
2. Another suspension or revocation of the respondent's certification has occurred;
3. The respondent has committed another violation of the Code of Ethics;
4. The respondent has failed to remit the recertification fees or make an application for recertification in a timely manner; or
5. The respondent has failed to comply fully with the terms of his or her suspension.

**Possible Consideration Following Revocation.** It is recognized that there may be mitigating circumstances which could warrant granting permission to apply for certification following revocation. This does not apply to a permanent revocation sanction.

1. Permission to apply for certification following revocation may be considered only after two years have lapsed from the date of the Board's final decision.
2. The request for permission to apply for certification shall be initiated by the respondent. The request shall present facts which, if established, would be sufficient to enable the Board to determine that the basis for sanction no longer exists.
3. Permission to seek certification following revocation is granted solely within the discretion of the Board.

**Permanent Revocation.** Permanent revocation of certification or application privileges shall be construed as lasting a lifetime without the possibility for reinstatement.

## APPEALS OF DECISIONS OF HEARING PANEL

**Notice of Right to Appeal.** The respondent has the right to appeal the hearing panel's decision. The IBC office shall provide notice to the respondent that he or she may file an appeal of the hearing panel's decision.

**Filing of Appeal.** Appeals must be postmarked or personally delivered to IBC within thirty (30) days of receiving the certified notice of the hearing panel's decision. Appeals shall be addressed to:

Executive Director  
Iowa Board of Certification  
3850 Merle Hay Road, Suite 303  
Des Moines, Iowa 50310

**Administrative Fee for Appeals.** A non-refundable administrative fee must be submitted to IBC with the party's written appeal.

**Content of Appeal.** The appeal shall contain the following information.

1. Name, address, and telephone number of appealing party;
2. A written statement of the reasons supporting the appealing party's dissatisfaction with the hearing panel's decision;
3. A statement of the relief desired by the appealing party;
4. Copies of all relevant documents;
5. Signature of the appealing party.

**Review and Adjudication of Appeal.** The Directors of the Board, excluding any member having a conflict of interest in the matter, will review the case within 75 days of receipt of the request for appeal. The original hearing panel members may participate in the review with at least one member representing the hearing panel's decision.

Review of the appeal shall include review of the written appeal, any relevant documents submitted for purposes of the appeal, and transcripts of the hearing panel proceedings.

The Board shall make the determination to do one of the following.

1. Uphold the decision of the hearing panel;
2. Overturn or otherwise alter the decision of the hearing panel; or
3. Recommend a new hearing.

**Final Decision.** If no request for an appeal is made within the required time frame stated above, the decision of the hearing panel shall be final. Once the appeal process is completed, the decision of the Board shall be final.

Respondents who waive their right to a hearing also waive their right to appeal the sanctions determined by the board.

## **GLOSSARY OF TERMS**

**Alcohol and Drug Counselor:** A person who has applied for certification or who is certified as an alcohol and drug counselor by the Iowa Board of Certification.

**Alcohol and Drug Specific:** Includes history, uses, and pharmacology of stimulants, depressants, psychotherapeutic drugs, alcohol, tobacco, and various other substances as well as the psychological, biological and social aspects of substance abuse. Appropriate intervention for preventing and treating substance abuse in special populations is also acceptable. In simpler terms, the training must be either about chemical substances or directly relate the topic to substance use and abuse.

**Board:** The Iowa Board of Certification.

**CEU:** Literally means a continuing education unit and is synonymous with "clock hour."

**Client:** A person who seeks or is assigned the services of an alcohol and drug counselor, regardless of the setting in which the counselor works, and for one year after the termination of services which includes aftercare, growth group and/or continuing care.

**Clock Hour:** Sixty minutes of participation in an organized learning experience. The unit of measurement for Professional Development credit for clinical supervisors.

**Complainant:** A person who has filed an official complaint pursuant to these rules.

**Continuing Education:** The variety of forms of learning experiences including, but not limited to lectures, conferences, academic studies, institutes, workshops, extension studies, and home study programs undertaken by applicants.

**Date of Application:** The date on which the Iowa Board of Certification receives the completed Application Handbook.

**Disciplinary Proceeding:** Any proceeding conducted under the authority of the Board.

**Discipline:** Any sanction the Board may impose upon a counselor for conduct which denies or threatens to deny the citizens of this state a high standard of professional care.

**Distance Learning:** Education that is obtained via Internet, home study programs, or other means in which the counselor works independently from an instructor and classroom. A limit of 20 clock hours can be earned by this method per recertification period. ICN trainings are not considered distance learning.

**Ethics:** Moral and ethical conduct as described in the IBC Code of Ethics.

**Experience:** Actual work in the field of alcohol and drug counseling. This may include practicum, volunteer, or part-time counseling, if provided under direct supervision.

**Hearing Panel:** A panel comprised of directors of the Board, which conducts a disciplinary proceeding pursuant to these rules.

**Home Study Courses:** Continuing education courses offered for individual study.

**IBC-Approved:** When a sponsor submits workshop materials to IBC demonstrating that a workshop has relevant content and requesting IBC CEU's for all participants.

**In-Service Training:** The education and training which occurs within the applicant's agency, *only for* agency staff and conducted *only by* agency staff.

**Internal Complaint:** A complaint registered against any IBC director of the Board or any of its committee members.

**Permanent Revocation:** The permanent loss of certification or application privileges.

**Racial/Ethnic:** Covers training including, but not limited to, the following categories: American Indian/Alaskan Native, Asian, African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino.

**Reactivation:** The process of certification becoming active following Inactive Status. This is done by completing the recertification application which can be found on the IBC web site or by requesting the forms from the IBC office.

**Relevant Content:** Content relevant to the development and maintenance of current competency in the delivery of alcohol and drug counseling. Such course content may include, but is not limited to, the Core Functions and Knowledge and Skill Competencies as defined in the Application Handbook.

**Reprimand:** A formal written reproof or warning. Two reprimands within a two year period will result in a six month suspension.

**Residency Requirement:** IBC's policy that the applicant must live and/or work in Iowa at least 51% of the time at the time of application for initial certification, recertification, and reactivation.

**Respondent:** A person who is seeking or who has obtained certification from the Iowa Board of Certification and against whom a complaint has been filed pursuant to this Code.

**Revocation:** The loss of certification, including all related test scores.

**Sexual Conduct:** Includes kissing; touching of the clothed or unclothed inner thigh, breast, groin, buttocks, anus, pubes, or genitals; and sex acts which include intercourse, oral sex, and sexual contact with fingers, hands, objects.

**Sponsor:** An organization or presenter seeking IBC hours for all participants at a specific workshop.

**Substantiated Ethics Violation:** There is proof that the ethics complaint/allegation is true, a sanction will be imposed, and a record of the violation will be kept in the professional's certification file.

**Successful Completion:** Meeting all criteria as specified by the sponsor for continuing education course credit.

**Supervisor:** A person who meets the criteria to conduct supervision for counselor certification purposes.

**Suspension:** A time-limited loss of certification or the privilege of making application for certification.

**Undetermined Ethics Violation:** The hearing panel is unsure of proof of the ethics allegation/complaint, sanctions and recommendations may be made by the hearing panel, and a record of these sanctions/recommendations will be kept in the professionals' certification file.

**Unsubstantiated Ethics Violation:** There is no proof that the ethics allegation/complaint is true, and no record of the complaint will be kept in the professional's certification file.

**Workshop:** A systematic learning experience, at least one hour in length, which deals with and is designed for the acquisition of tasks, knowledge, skills, and information for application in client care.

**CHECKLIST**

**APPLICATION FOR  
CLINICAL SUPERVISORS**

**Applicants for CCS must submit a completed application, which needs to include:**

- \_\_\_\_\_ 1. Form 01, "Applicant Information"
- \_\_\_\_\_ 2. Form 02, "Assurances and Release"
- \_\_\_\_\_ 3. Form 03, "Education Resume"  
\* Have you requested your college(s) to send transcripts to IBC?
- \_\_\_\_\_ 4. Form 04, "Workshop Documentation"
- \_\_\_\_\_ 5. Form 05, "Professional Experience Resume"
- \_\_\_\_\_ 6. Form 06, "Documentation of Core Function Experience"
- \_\_\_\_\_ 7. A written job description
- \_\_\_\_\_ 8. Written test fee: a check or money order payable to IBC.