



Iowa Board of Certification
225 NW School St. ~ Ankeny, Iowa 50023
Telephone: (515) 965-5509 ~ Fax: (515) 965-5540
E-Mail: info@iowabc.org ~ www.iowabc.org

IBC Board of Directors Application

Name _____

Employer _____

Work Address _____

Work Phone _____ Cell Phone _____

Email _____ Fax _____

Title/Position _____

Home Address _____

Home/Cell Phone _____ Home Email _____

I am currently certified with the Iowa Board of Certification as a:

CADC	___	tCADC	___
IADC	___	MHPSS	___
IAADC	___	CGTC	___
CPS	___	CCJP	___
CCDP	___	CCS	___
CTA	___	PRS	___

I am licensed as a: _____

Describe your involvement in professional/community organizations and/or committees:
(attach additional sheets of paper if necessary)

Have you ever been involved in any investigative or sanctioning processes by your licensure/certification body? Yes ___ No ___

If yes, explain: _____

Affirmation

As an applicant for the Board of Directors of the Iowa Board of Certification, I understand that I am expected to attend at least 50% of IBC's full board meetings (minimum of 3 per year), actively participate in IBC's committees as needed and assist with ethics hearings as a panel member. I agree to subscribe and adhere to IBC's Board Member Code of Ethics. I attest that all submitted information is accurate to the best of my knowledge.

- Please attach your current professional resume
- On a separate sheet of paper, describe why you are interested in serving as an IBC Board member and what you believe you can bring to the Board

Applicant Signature _____ Date _____

Supervisor Signature (if applicable) _____ Date _____