Iowa Board of Certification

APPLICATION FOR IBC COMMITTEE MEMBERSHIP

I am applying for membership on the following committee(s):

___ Ethics & Appeals (must be IBC certified professional) ___ Training

___ Finance

My Certification Level: tCADC ___ CADC ___ IADC ___ IAADC ___
ACADC-NR ___ CPS ___ CCJP ___ CCDP ___ CGTC ___
CTA ___ MHPSS ___ PRS ___

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 at least 75% of 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)

Typewritten on a separate sheet, please describe your interest in serving on this committee as well as what you believe you can bring to the committee. Please also attach a resume which outlines your educational and experience background.

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