



Dear CTA Applicant:

Thank you for your interest in Treatment Assistant certification through the Iowa Board of Certification (IBC). IBC exists to enhance the quality of services in Iowa by certifying professionals in the State of Iowa, and you are to be commended for your commitment to the field by seeking certification.

Throughout the application process, you will probably have many questions, so feel free to contact our office any time. We are here to help you!

You are allowed one year to complete your application, starting from the date that any portion of this application is received in the IBC office; this includes meeting all education and experience requirements, payment of non-refundable fees and every form complete. If you are unable to meet this timeframe, you will need to complete a new application and submit new fees.

To efficiently move through the application process, you need to follow these steps:

- **Read this letter thoroughly**
- Review the CTA Handbook (available on the website at www.iowabc.org) so you are familiar with requirements, processes and IBC's Code of Ethics. By signing your application, you are subscribing to IBC's Code of Ethics.
- Order transcripts from any college/university you've attended; transcripts need to be sent directly from the school to our office via U.S. Mail
- **COMPLETE THE ATTACHED APPLICATION ON YOUR COMPUTER, save it, then print and mail the application with original signatures, copies of any certificates of completion, your written job description and fee (if paying by check) to the IBC office. Your application will not be considered complete until the \$60.00 non-refundable fee is paid (this covers application review and the first two-year certification period).**
- Refer to the checklist at the end of this application to be sure you are submitting all required items.

Once we have reviewed your application we will review it and let you know that:

1. More items are still needed, or
2. It is complete and your certificate will be sent to you.

Certification is valid for two years. Keep in mind that it is **your responsibility** to keep track of your recertification date – no reminders will be sent. When it is time to recertify, you will need to go to the IBC website at www.iowabc.org, click on "certifications/recertifications," click on "Treatment Assistant," complete your application online and email it to the IBC office. ***The recertification application must be emailed or postmarked on or before the expiration date shown on your certificate, or the \$100.00 late fee will be due.*** A 45-day probationary period is allowed from the date of expiration, at which time the certification is expired and may be obtained again by going through the entire certification process over again.

Please note that IBC utilizes a newsletter 3 times/year via email to keep you informed of information relevant to your certification. Be sure that you are able to receive emails from us,

and notify the IBC office if your email address changes; also let us know if you have a change of address, change of employment, phone numbers, etc.

Be sure to keep your CTA Handbook within reach as you will need to occasionally refer back to it for information on recertification, IBC policies and the Code of Ethics. You can also find the handbook on our website.

We understand that the certification process can seem a bit daunting, so do feel free to call our office at any time with questions.

Congratulations on taking the first step toward certification!

Sincerely,

Debbie Gilbert

Debbie Gilbert
Executive Director



Certified Treatment Assistant (CTA)

This application must be returned to the Iowa Board of Certification. It will not be considered complete until ALL related documents, transcripts, forms and fees have been received by the Board.

Applicant name _____

Other last names used (if applicable) _____

Home Address _____

Home Phone _____ Cell _____

Employer _____

Job Title _____

Address _____

Work Phone _____ Fax _____

Email _____

If you have ever been licensed/certified to practice in the profession for which you are now making application, or hold any other professional license/certification, complete the table below. You must identify the current status of your credential, i.e. active, lapsed, revoked, suspended, etc. Failure to disclose all licenses/certifications held may result in denial of your application or other appropriate action.

State	License/Certification Type	License/Certification Number	Date of Issuance	License Status

I understand that false or misleading statements or omissions will result in the denial or revocation of certification as these actions are a violation of the IBC Code of Ethics. I certify that I have read and do subscribe to the IBC Code of Ethics for Alcohol & Drug Counselors/CTA's. I further understand that by signing, I agree to cooperate in any ethics investigation of which I may be involved. I further give my permission to IBC and its representatives to contact or question any person, institution or organization for any ethics or appeal investigation.

Applicant Signature

Date

Please check one: I am paying my non-refundable \$60.00 fee by: Check Cash Online via Dwolla

Experience

A minimum of **500 hours** (3 months full-time) of work/volunteer experience within the past 3 years is required within a licensed substance abuse facility where there is direct oversight by a licensed/certified individual in a behavioral health field.

Agency Name _____
Direct Supervisor's Name _____
Supervisor's Title _____
Supervisor's Phone _____

Name of agency individual who is IBC-approved _____

Dates of Employment:

Start Date _____
Last Day Worked (indicate "current" if still employed at this location) _____
Hours worked/week _____

Your agency's official job/volunteer description must be attached to your application.

Supervisor's Statement (supervisor must be licensed/certified in a behavioral health field):

I verify that _____ has assumed the duties as described in the attached job description. I verify that I am the individual designated by the above-listed employer to provide supervision/oversight for this applicant. I further attest that the dates of employment and hours worked/volunteered per week are accurate.

Supervisor Name (please print)

Supervisor Signature

Date

EDUCATION

Please list, in chronological order, your job/volunteer related education.

To meet the requirements for IBC Certified Treatment Assistant, applicants must document **forty (40) clock hours of job-related education**, i.e. chemical dependency, addictions counseling, medication management, clinical methods, mandatory reporting, CNA training, de-escalation, etc. and **must include at least 6 hours in ethics**.

All education hours must be verified; acceptable forms of verification include official transcripts (sent directly from your college to the IBC office), certificates of attendance or letters of verification.

Date of Training	Title of Training	Number of Hours	Verification form

One semester hour = 15 clock hours One quarter hour = 10 clock hours One CEU=one clock hour

Duplicate this page as needed and include with the application.

CERTIFIED TREATMENT ASSISTANT (CTA)

Checklist

- Completed pages 1, 2 and 3 of application
- Verification of forty (40) hours of applicable education, including at least 6 hours in Ethics
- Order transcripts to be sent from you colleges directly to the IBC office via U.S. Mail (if applicable)
- An official job description
- A copy of supervisor's license (if not IBC certified)
- The non-refundable \$60.00 two-year certification fee



FEES FOR CTA

Application Review and 2 years of certification	\$ 60.00
Certification (2 years)	\$ 50.00
Dual Certification	\$ 37.50
CEU Processing (per workshop via distance learning or not IBC-approved for <u>recertification</u>)	\$ 15.00
Recertification (2 years)	\$ 50.00
Dual Recertification	\$ 37.50
Late Recertification Penalty (if not emailed/postmarked on or before expiration date)	\$100.00
Inactive Status Enrollment (to be paid first year only)	\$ 25.00
Inactive Certification Status (1 year)	\$ 60.00
Reactivation of Certification after being Inactive	\$ 50.00
Replacement Certificate	\$ 30.00
Returned Check Fee	\$ 35.00