

Dear CADC Applicant:

Thank you for your interest in counselor certification through the Iowa Board of Certification (IBC). IBC exists to enhance the quality of substance abuse services in Iowa by certifying alcohol and drug counselors in the State of Iowa, and you are to be commended for your commitment to the field by seeking certification.

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, experience and supervision requirements, payment of the non-refundable fee, with every form complete. If you are unable to complete your application within that one-year timeframe, you will need to submit a new fully completed application along with the full non-refundable fee.

Note: your application will not be reviewed until the \$380.00 fee is received. Application materials will be reviewed within 10 business days of receipt in the IBC office. Following review of the full application, you will be notified if anything further is needed; if the application is complete, you will be notified that we are pre-registering you for the exam. Once notified of pre-registration, you will have one year from that date to pass the exam. If you are unable to pass the exam within that year timeframe, you will need to submit a new fully completed application along with the full non-refundable fee.

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

- **Read this letter thoroughly before completing the application**
- Review the Counselor Handbook (available on the website at www.iowabc.org) which has all the details about certification, recertification, IBC's Code of Ethics, etc.
- 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 (student-issued or faxed/emailed transcripts will not be accepted or reviewed)
- Complete the application on your computer, save it, then print (**be sure to print it one-sided only – we will not review applications that have been printed 2-sided**) and mail the application with original signatures, copies of your certificates of completion, your written job description, and fee (if paying by check) to the IBC office. **Be sure your completed application includes:**
 - Completed and signed/dated Forms 01, 02, 03, 04, 05, 06, and 09 (**be sure your name and home address on Form 01 is exactly as it appears on your DL or the test site may not allow you to test**)
 - Copies of certificates of completion (do not send originals)
 - An official written job description
 - Original transcripts from colleges attended, sent directly to IBC via U.S. Mail
 - The **non-refundable** fee of \$380.00 which includes the application review, one test fee and the first two years of certification. This fee can be paid with a personal check, paid in cash at the IBC office or paid on our website with Paypal or debit/credit card. **Applications will only be reviewed once the fee is received.**

Study guides are available from our office for \$185.00. To request a guide, complete the study guide order form found in this application packet or on the IBC website (under "Downloads") and email/mail it to our office with the appropriate fee.

A practice exam is available and may be paid for via IC&RC's website at www.internationalcredentialing.org: click on "Are You A Professional," then on "Exam" and then on "Prep." The cost of this practice exam is \$49.00 and is paid directly to IC&RC.

Exam scores are accessed weekly. Once we receive your passing exam score, your certificate will be emailed to you and you may then begin using your credential's initials according to the validation dates shown on your certificate. If you wish to have a printed certificate mailed to you, be sure to include the \$10.00 Printed Certificate fee with your application.

If you fail your exam, the \$140.00 test fee will need to be paid in order to test again. Exams may be taken every 90 days. If you fail the exam 4 times, a remedial action plan will need to be put into place before being allowed to test again (see Counselor Handbook, pages 10-11).

Your certification is valid for two years. It is **your responsibility** to keep track of your recertification date – reminders will not be sent. The recertification application can be found on our web site at www.iowabc.org and may be completed online, then emailed or mailed to us. Taking coursework throughout the two-year certification period is advised so that you are not rushed getting all your recertification hours at the last minute. ***The recertification application must be emailed or postmarked on or before the expiration date shown on your certificate, or the \$50.00 late fee will be due.*** A 45-day probationary period is allowed from the date of expiration, at which time the certification will expire and may be obtained again by going through the entire application process anew.

IBC offers a new counselor training series throughout the year, as both a zoom training and an in-person training. Additionally, we sponsor a conference every September – these are good ways to obtain your hours for certification and recertification, as well as an opportunity to network with other substance abuse counselors in the state. You can find more information about these on our website. IBC also approves approximately 350 trainings every year, and these can be found on the IBC website under the "Education" tab.

Please note that IBC sends out newsletters every January, May and September via email to keep you informed of information relevant to your certification; newsletters and notifications can also be found on the IBC website. **Be sure that you are able to receive emails from us, and notify the IBC office if your email changes.** You also need to contact the IBC office if your name, address, phone or work information changes so that our databases are up to date.

To stay up-to-date with certification information, go to the IBC website to like us on Facebook and follow us on Instagram. You can also opt in for text messages by texting [ibc4me](tel:33222) to 33222.

You are welcome to call our office with any questions.

Sincerely,

Debbie Gilbert

Debbie Gilbert, MPA
Executive Director



Certified Alcohol & Drug Counselor (CADC)

Form 01: Applicant Information

(All spaces on this form must be completed)

Name **(exactly as it appears on your DL)** _____

Other last names you have used: _____

Home Address **(exactly as it appears on your DL)** _____

City, State, Zip Code _____

Cell Phone _____ Email _____

Note: IBC will occasionally send text messages to your cell phone with relevant news. Check here if you do not wish to receive text messages from IBC: _____. You may also text ibc4me to 33222 to opt in or out of texting.

Current Place of Employment _____

Address _____

City, State, Zip Code _____

Telephone Number _____ Job Title _____

Work Email _____

Note: IBC newsletters are sent out 3 times/year via email and all certified professionals will be held responsible for information contained in these newsletters. **Be sure to contact the IBC office if your email information changes.**

List any professional certificates or licenses you presently hold and the states in which they are valid.

Have you ever had any credential (i.e. license, certification, endorsement, etc.) revoked, suspended or sanctioned?

Yes ____ No ____ (If so, **indicate on back of form**: what credential, when, where, for what reason, and the current status of that credential)

I have given my supervisor's evaluation form to:

Name _____ Telephone _____

Agency _____

Address _____

City, State, Zip Code _____ Email _____

The \$380.00 non-refundable fee is due with this application (includes application review, exam fee and 2-year certification fee); applications will not be reviewed until the fee is received.

Please check one: I am paying by: Check ____ Cash ____ Online via Paypal or debit/credit card ____

Form 02-CADC: ASSURANCES AND RELEASES

Sign and date this form just prior to sending your completed application to IBC. *The date shown below will be used to count applicable experience hours.*

I give permission for the Iowa Board of Certification (IBC), its committees, and staff to investigate my background as it relates to statements contained in this application for counselor certification. I give my permission to IBC to communicate with my employer(s) regarding the contents and status of my application.

I understand that false or misleading statements or omissions may result in the denial or revocation of certification as these actions are a violation of the IBC Code of Ethics for Alcohol and Drug Counselors.

I consent to the release of information contained in my application file and any other pertinent data submitted to or collected by IBC to its officers, committee members, and staff.

I certify that I have read this entire application and that all the material contained herein is my own work, and is true and complete.

I certify that I have read and am subscribing to the IBC Code of Ethics for Alcohol and Drug Counselors, and understand that by signing this form I agree to report any potential code violations by myself or others, and I agree to cooperate in any ethics investigation I may be a part of.

I give my permission to IBC, its committees, or representatives to contact or question, as necessary, any person, institution or organization for any ethics or appeal investigation.

I certify that I have not had a professional license/certification/professional credential denied revoked or suspended, nor have I been sanctioned or disciplined by this or any other certifying or licensing professional board of authority, public or private. If any of these events have occurred prior to signing this form, I have self-reported that information, in writing, with this application.

I further agree to hold IBC, its officers, Board members past and present, employees, representatives and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or the failure of IBC to issue certification.

Signature

Date

Applicant Name _____

Form 03-CADC: EDUCATION RESUME

INSTRUCTIONS:

1. List below all formal educational programs. Do NOT include workshops attended.
2. Contact all colleges/universities you have attended and request that they send us your transcript. ***We will only review transcripts that are sent directly from the institution to the Iowa Board of Certification via U.S. Mail.***
3. To help us locate your transcripts when they arrive, please list any other last names you used when attending school: _____

High School attended _____

City _____ State _____

H.S. Diploma/GED Yes No

Colleges/Universities attended:

Institution	Major	Degree	Date Completed

Applicant Name _____

Form 05-CADC: PROFESSIONAL EXPERIENCE RESUME

INSTRUCTIONS: Use this form to describe your professional experience as an alcohol and drug counselor. Use one copy of this form for **each relevant position**. You may include relevant practicum and/or volunteer experience so long as your supervisor meets supervisory requirements. If you held more than one job title/position within the same agency, or if your employment situation changed in any way (i.e. number of hours worked/week, etc.), a separate Form 05 needs to be completed for each circumstance, with accurate dates reflected. **You must attach an official job description for each position.**

Agency Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Position/Job Title _____

Hours worked per week _____

Exact Dates of Experience: From _____ to _____

Total Experience Time: Years _____ Months _____

Direct Supervisor's Name _____

(Make sure your supervisor meets the qualifications listed on page 8 of the Counselor Handbook)

What percentage of your time in this position was spent performing alcohol and drug counseling duties?
_____ %

* * * * *

I have reviewed this completed form and attest that all information on this form is accurate. By signing below, I am indicating that I recommend this applicant as an Alcohol & Drug Counselor.

Supervisor's Signature

Date

Note to Supervisor: Do not sign this form until is it completed by the applicant. If you are aware of any ethical violations of this applicant, it is your responsibility to report this to the Iowa Board of Certification.

Form 06-CADC: DOCUMENTATION OF DOMAIN EXPERIENCE

(Page One of Two)

INSTRUCTIONS:

On this form, document time spent in face-to-face supervision with your supervisor and time spent performing the 4 Domains in a substance abuse setting. Individual/group/team supervision, practice and formal case presentations all apply.

Complete a new Form 06 for each agency and/or position you wish to include.

These hours are not in addition to, but are part of, the basic experience requirements listed in the handbook.

Only minimum hours are needed. The purpose of this form is to ensure that applicants have experience under each Domain. **Detailed descriptions on the Domains can be found in the Handbook on pages 39-53.**

A total of at least 36 clock hours must be under the *supervised* category. **It is expected that supervision hours were provided face-to-face with the applicant. Note that supervision hours are hours that the supervisor spent with the applicant, or observing the applicant – it does NOT include hours that the applicant observed or shadowed the supervisor.**

The *performed* category must total at least 500 clock hours and contain a minimum of 20 clock hours in each Domain.

Applicant Name _____

Form 06-CADC: DOCUMENTATION OF DOMAIN EXPERIENCE

(Page Two of Two)

Agency Name _____

Position _____

Domain	# of hours Supervised	# of hours Performed	Examples of how you performed this Domain
Screening, Assessment & Engagement			
Treatment Planning, Collaboration & Referral			
Counseling			
Professional & Ethical Responsibilities			

Total Hours Supervised _____

Total Hours Performed _____

As this applicant's supervisor, by signing below I attest that all of the above information is accurate.

Signature of Supervisor _____

Date _____

Applicant Name _____

Form 09-CADC: SUPERVISOR'S COUNSELOR EVALUATION

(Page One of Three)

Note to Supervisor: The Iowa Board of Certification believes that certification should be based on input from a variety of sources, including the observations of persons who supervise the applicant. For this reason, all applicants are required to obtain one supervisor's evaluation from a direct counseling supervisor. Your evaluation, along with data furnished by the applicant, will be used in determining eligibility for certification.

An applicant must receive at least an average score of one on the Supervisor's Counselor Evaluation. If an applicant does not receive at least an average score of one, the matter will be remanded to the supervisor and the applicant. Once the supervisor feels the applicant has improved on the deficient areas, the Supervisor's Counselor Evaluation shall be resubmitted.

This form should be completed online, printed, signed and mailed directly to the IBC office:

Iowa Board of Certification
225 NW School St.
Ankeny, Iowa 50023

TO BE COMPLETED BY SUPERVISOR

Supervisor's Name _____

Agency _____

Address _____

Job Title _____

Phone Number _____ Email _____

Length of time you have known this applicant _____

Length of time you have provided direct supervision to this applicant:

Month _____ Year _____ TO Month _____ Year _____

You are welcome to attach a separate description of the methods you employ to supervise and

evaluate the applicant's counseling skills.

Form 09-CADC: SUPERVISOR'S COUNSELOR EVALUATION

(Page Two of Three)

On the basis of your knowledge of this applicant, please rate his/her skill in each area listed below. Circle the appropriate number on the rating scale.

Please use the following scale to complete the evaluation.

Rating	0	Fails, Unacceptable
Rating	1	Passes, Acceptable
Rating	2	High Pass, Excellent

ATTRIBUTE OR SKILL**RATING**

1. Exhibits skill in active listening	0__	1__	2__
2. Exhibits skill in assisting client toward desired outcome	0__	1__	2__
3. Exhibits skill in summarizing	0__	1__	2__
4. Exhibits skill in reflection	0__	1__	2__
5. Exhibits skill in interpretation	0__	1__	2__
6. Exhibits skill in confrontation	0__	1__	2__
7. Exhibits skill in self-disclosure	0__	1__	2__
8. Exhibits warmth	0__	1__	2__
9. Exhibits respect	0__	1__	2__
10. Exhibits genuineness	0__	1__	2__
11. Exhibits concreteness	0__	1__	2__
12. Exhibits empathy	0__	1__	2__
13. Skill in clarifying dysfunctional behavior and its ramifications for the individual client	0__	1__	2__
14. Skill in assisting the client to actively participate in actual counseling sessions to develop functional behavior	0__	1__	2__
15. Skill in developing and implementing individual treatment plans according to client needs	0__	1__	2__
16. Skill in problem solving techniques, goal-setting and decision making in conjunction with clients	0__	1__	2__
17. Skill in termination of counseling	0__	1__	2__
18. General individual counseling skills	0__	1__	2__
19. General family counseling skills	0__	1__	2__
20. General group counseling skills	0__	1__	2__
21. Skill in initial and on-going client evaluation	0__	1__	2__
22. Skill in interpretation and assessment of case records	0__	1__	2__
23. Skill in assessment of the treatment plan or strategy for the purpose of evaluation and/or modification	0__	1__	2__

Form 09-CADC: SUPERVISOR'S COUNSELOR EVALUATION

(Page Three of Three)

ATTRIBUTE OR SKILL

RATING

24. Skill in identifying the additional resources and services best suited to the individual client	0__	1__	2__
25. Skill in directing the client to additional resources and services	0__	1__	2__
25. Skill in maintaining follow-up with the client and with service providers to assure that the client's needs are met	0__	1__	2__
27. Skill in efficient productive handling and coordination of the entire treatment process	0__	1__	2__
28. Skill in maintenance of up-to-date, accurate and understandable case files and records	0__	1__	2__
29. Skill in treating client files and records in accordance with federal confidentiality regulations and the client's best interests, including careful and professional disclosure in the discussion of materials and/or specific client concerns in consultation, referral or client advocacy.	0__	1__	2__
30. Skill in verbal and written communication with co-workers and supervisors	0__	1__	2__
31. Skill in co-facilitation	0__	1__	2__
32. Ability to work effective within a team setting	0__	1__	2__
33. Ability to work effectively with other agencies	0__	1__	2__

ADDITIONAL COMMENTS YOU BELIEVE ARE RELEVANT TO THE CERTIFICATION OF THIS APPLICANT:

I hereby certify that this rating is, to the best of my knowledge, truthful and it reflects as accurately as possible my knowledge of the applicant's skills.

Signature

Date



IBC STUDY GUIDE ORDER FORM

Note: IBC and IC&RC do not endorse any particular study guides or organizations writing study guides. At this time, the following study guide is available for purchase through the IBC office.

Please send me the following study guide(s):

_____ **Getting Ready to Test: A Review and Preparation Manual for Drug and Alcohol Credentialing Exams – 8th Edition (for CADC/IADC/IAADC applicants)** **\$185.00**

786 pages – This unique self-guided manual reflects updates made on the exam beginning the first part of 2015, and provides the most comprehensive set of materials designed to help refresh and enhance your knowledge on many of the major areas of information required for the exam. It includes 150 sample exam questions designed to make you feel more comfortable with the exam. This manual has been updated to reflect recent federal studies as well as CDC updates to the latest HIV/AIDS info. This guide also contains a new chapter on DSM-5 information that will be included in the exam.

Prevention Specialists: There is now a FREE study guide available on the IBC website under the “Certification/Recertification” tab, then click on “CPS” and then “Preparing For and Passing the IC&RC Prevention Specialist Exam.” **FREE**

Name _____

Address _____

Phone _____ Email _____

I am paying by: Check _____ Cash _____ Paypal _____ Credit/Debit Card _____

Note: Fee may be paid by check, cash or on the IBC website with Paypal or credit/debit card. All prices include shipping & handling. Guides will be mailed within 10 business days of receipt of this order form and fee.

You may email this order form to info@iowabc.org, fax it to 515-965-5540 or mail it to the IBC office at 225 NW School St, Ankeny, IA – 50023.



Iowa Board
of Certification

FEES FOR CADC

Application Review, test fee, 2 years certification (<u>non-refundable</u>) (applications will not be reviewed until fee is received)	\$380.00
CEU Processing (per workshop via distance learning or not IBC-approved for <u>recertification</u>)	\$ 15.00
Recertification (2 years)	\$200.00
Dual Recertification	\$150.00
Late Recertification Penalty (if not emailed/ <u>postmarked</u> on or before expiration date)	\$ 50.00
Inactive Status Enrollment – first year of Inactive	\$ 85.00
Inactive Certification Status (1 year)	\$ 60.00
Reactivation of Certification after being Inactive	\$200.00
Printed Certificate	\$ 10.00
Returned Check Fee	\$ 35.00
Test Fee (if repeating the exam more than once)	\$140.00
Written Test Study Guides	\$185.00
Practice Exam (paid directly to IC&RC) (www.internationalcredentialing.org)	\$ 49.00