

Note: This application is for use only by tCADC's who are upgrading to the CADC credential



Dear CADC Upgrade Applicant:

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 experience and supervision requirements, payment of the application review fee, with every form complete. Once your application is complete, you will be notified of the CADC certification fee due; once that fee is received, your CADC certificate will be sent to you.

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) so that you are familiar with applicable requirements, processes, IBC's Code of Ethics, etc.
- 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 (if applicable), your written job description and \$40.00 application review fee (if paying by check) to the IBC office. **Be sure your completed application includes:**
 - Completed and signed/dated Forms 01, 02, 05, 06, and 09
 - An official written job description
 - The **non-refundable** application review fee of \$40.00. This fee can be paid with a personal check, paid in cash at the IBC office or you may pay on our website's home page through Paypal or with debit/credit card.

Once we receive your application, we will review it and let you know that:

1. More items are still needed, or
2. If it is complete, we will prorate what you've already paid for your tCADC and let you know how much is owed for your certification fee.

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. See our website's home page for more information. 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 three times/year 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 current 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 to 33222.

Please feel free to contact our office with any questions.

Sincerely,

Debbie Gilbert

Debbie Gilbert
Executive Director



Certified Alcohol & Drug Counselor (CADC) Upgrade

Form 01: Applicant Information

(All spaces on this form must be completed)

Name (as it appears on your DL) _____

Other last names you have used: _____

Home Address (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 \$40.00 non-refundable application review fee is due with this application; 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 ____

Applicant Name _____

Form 02-CADC Upgrade: 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 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 05-CADC Upgrade: 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. **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.

Applicant Name _____

Form 06-CADC Upgrade: DOCUMENTATION OF DOMAIN EXPERIENCE

(Page One of Two)

INSTRUCTIONS:

On this form, document time spent in face-to-face supervision 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 Upgrade: 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 Upgrade: 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 Upgrade: 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__

Applicant _____

Form 09-CADC Upgrade: 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



FEES FOR CADC

Application Review, test fee, 2 years certification - <u>non-refundable</u> (applications will not be reviewed until the 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