

**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**
- Review the Counselor Handbook (available on the website at [www.iowabc.org](http://www.iowabc.org)) so that you are familiar with applicable requirements, processes and IBC's Code of Ethics. By signing your application on Form 02, you are subscribing to IBC's Code of Ethics.
- **COMPLETE THE ATTACHED 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 your written job description and \$40.00 application review fee (if paying by check) to the IBC office. You are also welcome to pay with Dwolla and can find a link on the IBC website's home page. ALWAYS SAVE A COPY OF YOUR COMPLETED APPLICATION ON YOUR COMPUTER. 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 Dwolla.**
- Be sure to have your supervisor complete the **Supervisor's Evaluation (Form 09)** for you. Your supervisor has two options: you may either print the blank Form 09 from your application and give this to your supervisor to complete and mail to IBC, or your supervisor may find a fillable version of the evaluation on the IBC website under the "Certifications/Recertifications" tab. The evaluation may be completed online and mailed with your supervisor's original signature to the IBC office.

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](http://www.iowabc.org) and may be completed online, then emailed 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.

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 EZTJJ83742 to 797979.

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

Sincerely,

*Debbie Gilbert*

Debbie Gilbert  
Executive Director



**Certified Alcohol & Drug Counselor (CADC) Upgrade  
Form 01: Applicant Information**

**Name** (as you wish to have it on your certificate) \_\_\_\_\_

Other last names you have used: \_\_\_\_\_

**Home Address** \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

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 EZTJJ83742 to 797979 to opt in for texting.

**Current Place of Employment** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Job Title \_\_\_\_\_

E-Mail \_\_\_\_\_ (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: 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 \_\_\_\_\_

IBC reserves the right to request further information from employers, organizations, and persons who may have pertinent information regarding this application.

**The \$40.00 non-refundable application review fee is due with this application.**

**Please check one:** I am paying by: Check \_\_\_\_ Cash \_\_\_\_ Online via Dwolla \_\_\_\_

Applicant Name \_\_\_\_\_

**Form 02-CADC Upgrade: ASSURANCES AND RELEASES**

**Note: 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 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 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 it is 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.**

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
<b>Screening, Assessment &amp; Engagement</b>			
<b>Treatment Planning, Collaboration &amp; Referral</b>			
<b>Counseling</b>			
<b>Professional &amp; Ethical Responsibilities</b>			

Total Hours Supervised \_\_\_\_\_

Total Hours Performed \_\_\_\_\_

***As this applicant's supervisor, 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:**

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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 ( <b><u>non-refundable</u></b> )	\$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
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) ( <a href="http://www.internationalcredentialing.org">www.internationalcredentialing.org</a> )	\$ 49.00