

**Note: This application is for completion by current CADC's
upgrading to IADC**

Dear IADC Upgrade Applicant:

Thank you for your interest in upgrading your counselor certification through the Iowa Board of Certification; you are to be commended for your commitment to the field by seeking a higher level credential.

Because you are already certified with IBC and have already submitted much of the information that we need, we are enclosing a simpler application for your completion.

You are allowed one year to complete your upgrade 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 fees, with every form complete. Your completed application will include:

- Form 01
- Form 02
- Form 05
- Form 06 (to be signed by your supervisor)
- The \$40.00 application review fee
- The \$140.00 test fee if you have **not** taken the exam effective June 2008 or later
- Transcripts sent directly from your college/university via U.S. Mail (if we do not have already have them)
- A formal written job description

Complete the attached application on your computer, save it, and then print (**must be printed 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 (you do not need to send copies for trainings we've received previously from you), **the \$40.00 application review fee**, your formal written job description and \$140.00 test fee (if applicable) to the IBC office. Be sure you keep a copy of your entire application before mailing it to us. Applications will only be reviewed once the fee is received.

If you are not required to test, once we receive your completed application and review fee, and determine that you meet all requirements for IADC, we will notify you of your certification fee (it will be prorated, based on what you've paid for your CADC); once we receive your fee, your certificate will then be emailed to you at which time you may begin using the initials "IADC" following your name.

Please feel free to contact our office if you have any questions.

Sincerely,

Debbie Gilbert

Debbie Gilbert
Executive Director



IADC UPGRADE APPLICATION
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 is 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 along with the states in which they are valid:

Highest level of education and degree obtained: _____

(Note: If IBC does not have an original transcript showing this information, you will need to contact your college/university to request that a transcript be sent to the IBC office).

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 the credential)

The \$40.00 non-refundable application review fee is due with this application; in addition, the \$140.00 test fee is due with this application if you took the written exam prior to June 2008. Following review of application, you will be notified of your certification fee amount.

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

Applicant Name _____

Form 02-IADC 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 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 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 subscribed to the IBC Code of Ethics for Alcohol and Drug Counselors.

I further agree to hold IBC, its officers, Board members, employees, 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.

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 give my permission to IBC to communicate with my employer(s) regarding the contents (or lack of contents) and status of my application. (Note: IBC reserves the right to contact supervisors regarding an applicant's experience and forms which have an area for the supervisor to sign.)

Signature

Date

Applicant Name _____

Form 05-IADC Upgrade: PROFESSIONAL EXPERIENCE RESUME

INSTRUCTIONS: Use this form to describe your professional experience as an alcohol and drug counselor within the past six (6) years. 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 with the same agency, or if your employment situation changed in any way (i.e. number of hours worked/week, etc.), a separate Form 05 will need to be completed for each circumstance, with accurate dates reflected. ***You must attach an official written job description for each position.***

Agency Name _____

Address _____

City, State, Zip _____

Phone _____

Position/Job Title _____

Hours worked per week _____

Dates of Experience From _____ to _____

Direct Supervisor's Name & Email _____

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

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

This portion to be completed by applicant's supervisor

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

Month _____ Year _____ to Month _____ Year _____

I recommend this applicant for the IADC credential, attest that he/she is an employee in good standing with our agency, and that all information on this form is accurate.

Supervisor 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 on the part of this applicant, it is your responsibility to report this to the Iowa Board of Certification.

Applicant Name _____

Form 06-IADC Upgrade: DOCUMENTATION OF DOMAIN EXPERIENCE

To Applicant’s Supervisor: Complete this form to verify applicant’s on-the-job supervision in performing their substance abuse counseling duties. This form is not intended to document the applicant’s total number of hours worked but rather the hours of on-the-job supervision that you have provided the applicant.

By signing this form, you are attesting that:

- Applicant has a minimum of 100 hours of supervision if he/she has a Master’s Degree or higher in a related field, or
- Applicant has a minimum of 200 hours of supervision if he/she has a Bachelor’s degree in a related field, or
- Applicant has a minimum of 250 hours of supervision if he/she has an Associate’s degree in a related field, or
- Applicant has a minimum of 300 hours of supervision if he/she has a HS Diploma and no degree in a related field.

Additionally, a minimum of 10 hours is required in each domain listed below.

<u>Performance Domain</u>	<u># Hours Supervision Received</u>
Screening, Assessment & Engagement	_____
Treatment Planning, Collaboration & Referral	_____
Counseling	_____
Professional & Ethical Responsibilities	_____
TOTAL Hours (see above requirements)	_____

By signing below, I attest that all of the above information is accurate.

Supervisor’s Signature

Date



FEES FOR IADC

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
Reciprocity (paid directly to IC&RC) (contact the IBC office for reciprocity application)	\$150.00
Returned Check Fee	\$ 35.00
Test Fee (if repeating the exam more than once)	\$140.00
Written Test Study Guide	\$185.00
Practice Exam (paid directly to IC&RC) (www.internationalcredentialing.org)	\$ 49.00