

# The International Reciprocity Board of Therapeutic Professionals Counselor Certification



## ADC Certification Application Form

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Applicant's Name (Please Print)

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Home Email Address

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Work Email Address

### For Office Use Only – Do Not Fill out

Date Received: \_\_\_\_\_

To Review: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Approved: Y or N

Level Approved: \_\_\_\_\_

Notice Sent: \_\_\_\_\_



## Applicant Information

*\*All information is mandatory unless otherwise indicated. Please print clearly. \**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:        M or F

Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

### Contact Numbers

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

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*I plan to take the written exam in (circle one):    English        or        Spanish*

*Please note that due to any ADA Disabilities, special accommodations may be required. Are these accommodations necessary?    Y or N*

*If you circle "yes" above, you will receive an Examinee Request for Reasonable Accommodations Form. This form must be completed and returned within 90 days prior to the exam.*



## Application Information - Education

Circle earned education below (*please note that proof may be required*):

High School Diploma or GED

Please fill out all completed earned degrees.

Name & Location of College/University Attended	Dates Attended	Graduation Date	Degree Earned at Institution

Have you ever been convicted of a felony? Y or N

*Note: If you checked "yes," you must provide an explanation describing the nature of the felony and the results on a separate piece of paper. Please attach the paper to this application. If the offense was committed prior to your 17<sup>th</sup> birthday, or for the first conviction of specific misdemeanors (drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace, etc. ) you are not required to provide information on the offense.*

Are you currently, or have you previously, been in recovery for alcohol and/or drug abuse? (*This information is voluntary.*) Y or N

Please circle the ethnicity you best relate: (*This information is voluntary.*)

African American/ Black    Asian    Caucasian    Hispanic/Latino  
 Native American    Other \_\_\_\_\_

The Clinical Supervisor Evaluation Forms will be completed by the following:

Name of Supervisor \_\_\_\_\_  
 Supervisor's Job Title \_\_\_\_\_

Agency \_\_\_\_\_

Name of Supervisor \_\_\_\_\_  
 Supervisor's Job Title \_\_\_\_\_

Agency \_\_\_\_\_

Name of Supervisor \_\_\_\_\_  
 Supervisor's Job Title \_\_\_\_\_

Agency \_\_\_\_\_



## Authorization & Release Form

I understand that Certification through IRBO is an entirely voluntary process, and I agree to abide by its policies and procedures for as long as I hold Certification.

I hereby authorize IRBO, its committees, and staff to make an inquiry of any agency, facility, organization, or individual for any additional information that might be necessary to fully and properly evaluate my application for Certification and to investigate my background as it relates to statements contained in the application for counselor Certification. I hereby authorize IRBO, its committees, and staff to contact any of the supervisors listed in my application, and request that each of the contacted supervisors fully and frankly respond to all inquiries made by IRBO regarding my application. I understand evaluations of me that are submitted by supervisors and/or colleagues are confidential, and I hereby relinquish my right to view these evaluations.

I hereby release, and hold harmless, IRBO, its Board of Directors, Officers, employees, and examiners from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing or consideration of same.

I further agree to hold free/harmless IRBO, its Board of Directors, Officers, employees, and examiners 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 take in connection with this application and subsequent examinations and/or the failure of IRBO to issue Certification to me.

I acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding my experience and/or qualifications will be sufficient reason for disapproval of my application or revocation of my Certification (if granted) at a later date. Upon submittal of my application, I give permission to IRBO, its committees, or representatives to contact and question, as necessary, any person, institution, or organization for any ethics or appeals investigation.

*Sign this form in the presence of one witness who is willing to testify that you signed in his/her presence.*

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Professional Code of Ethics**

The Professional Code of Ethics applies equally to all certified counselors regardless of whether or not there is a previous history of personal use of alcohol or other drugs. The International Reciprocity Board of Therapeutic Professionals Counselor Certification believes that all people have rights and responsibilities through every stage of human development. The goal is for counselors to treat individuals with the dignity, honor, respect, and reverence entitled to them as human beings. We also believe that each client has the right to receive services which meet the highest professional standards and entitle human beings to the physical, social, psychological, spiritual, and emotional care to meet their human needs.

### **PROFESSIONAL CODE OF CONDUCT**

- A. The counselor is dedicated to the concept that substance abuse is treatable and that all efforts with the substance-abusing client should be directed toward the recovery of the client, as well as others who may be affected.
- B. The counselor respects the client by maintaining an objective, non-possessive relationship at all times.
- C. The counselor does not discriminate among clients, colleagues, or other professionals on the basis of race, religion, age, sex, sexual orientation, or national background; or engage in sexual harassment in any form.
- D. The counselor respects the confidentiality of the clients. No records, materials, or communications concerning the client are released without an approved release of information signed by the client.
- E. The counselor shall strive to improve institutional policies and management functions while, at the same time, respecting these existing policies.
- F. The counselor assesses personal and vocational strengths and limitations, biases, and effectiveness and is willing to recognize when it is in the client's best interest to release the client to other professionals in the community.
- G. The counselor does not work in isolation, but maintains inter-professional associations and develops interprofessional relationships for the purpose of clinical consultations and referrals.
- H. The counselor is always cognizant of the mental and medical needs of the client served and refers to other specialized health care services for evaluations and treatment as necessary.
- I. The counselor has affiliations with professional and inter-professional groups and organizations in the community.
- J. The counselor does not offer specialized counseling services to an individual who is receiving counseling or therapy from another professional person, except by agreement with the other professional or after termination of the client's relationship with the other professional.
- K. The counselor is careful in all publicity, public pronouncement, or publication to distinguish and differentiate between his/her private opinions and professional opinions.
- L. The counselor takes responsibility for his/her continued professional growth through further education and training. He/she shall maintain a high level of physical, mental, and emotional well-being, including the responsible, appropriate, and legal use of alcohol and other drugs.

I have read and agree to the IRBO Professional Code of Ethics/Conduct.

Name (Print): \_\_\_\_\_

Signature Date: \_\_\_\_\_

I agree to surrender my certification if I violate the Professional Code of Ethics/Conduct

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Work Experience

*Note: Please only list work experience related to substance abuse counseling. An official job description for this position must be attached. The job description must be signed and dated by both you and the supervisor of record. For any facility that is not licensed as an alcohol/drug abuse facility, you must provide an agency brochure for that facility with this application.*

Agency: \_\_\_\_\_ Type of Agency/Facility: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Applicant's Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Number of Full-Time Work Hours Weekly: \_\_\_\_\_

Date of Employment (MM/YY to MM/YY): \_\_\_\_\_

Number of Part-Time Work Hours Weekly: \_\_\_\_\_

Date of Employment (MM/YY to MM/YY): \_\_\_\_\_

Number of Substance Abuse Counseling Hours Per Week in the Following Areas:

Individual Counseling: \_\_\_\_\_

Group Counseling: \_\_\_\_\_

Family/Significant Other Counseling: \_\_\_\_\_

Total Number of Hours Worked in This Position (From Start Date to Present): \_\_\_\_\_

Percentage of Time Spent in Following Caseload Areas:

Primary Diagnosis of Alcoholism/Drug Abuse: \_\_\_\_\_

Primary Diagnosis of Other: \_\_\_\_\_

Secondary Diagnosis of Alcoholism/Drug Abuse: \_\_\_\_\_

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*Please provide a detailed description of your role as an alcohol/drug abuse counselor during the time reported above.*



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Agency: \_\_\_\_\_ Type of Agency/Facility: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Applicant's Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Number of Full-Time Work Hours Weekly: \_\_\_\_\_

Date of Employment (MM/YY to MM/YY): \_\_\_\_\_

Number of Part-Time Work Hours Weekly: \_\_\_\_\_

Date of Employment (MM/YY to MM/YY): \_\_\_\_\_

Number of Substance Abuse Counseling Hours Per Week in the Following Areas:

Individual Counseling: \_\_\_\_\_

Group Counseling: \_\_\_\_\_

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Percentage of Time Spent in Following Caseload Areas:

Primary Diagnosis of Alcoholism/Drug Abuse: \_\_\_\_\_

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*Please provide a detailed description of your role as an alcohol/drug abuse counselor during the time reported above.*





## Education Resume

*\*You may copy this section and attach it to the application if additional space is needed.\**

*For a training event, please provide all appropriate documentation. Examples include Certificate of Attendance, transcript, etc. Please use the Information Packet to obtain the number of hours required for that level in each of the following categories:*

Category 1 = Alcohol /Drug Specific Studies (AD)

Category 2 = Counseling Techniques (CT)

Category 3 = Behavioral Sciences (BS)

Category 4 = Ethics Training (ET)

Title of Course or Program	Date	Where Training Took Place	Number of Hours	Category Hours
				Category 1 hours: Category 2 hours: Category 3 hours: Category 4 hours:

Please describe the objective and content of the above training.

Title of Course or Program	Date	Where Training Took Place	Number of Hours	Category Hours
				Category 1 hours: Category 2 hours: Category 3 hours: Category 4 hours:

Please describe the objective and content of the above training.



Title of Course or Program	Date	Where Training Took Place	Number of Hours	Category Hours
				Category 1 hours: Category 2 hours: Category 3 hours: Category 4 hours:

Please describe the objective and content of the above training.

Title of Course or Program	Date	Where Training Took Place	Number of Hours	Category Hours
				Category 1 hours: Category 2 hours: Category 3 hours: Category 4 hours:

Please describe the objective and content of the above training.

# Supervision

Applicant's Name (Print): \_\_\_\_\_

Supervisor's Name (Print): \_\_\_\_\_

Supervisors, please note that this form is not intended to document the total number of hours the applicant has worked in total. Rather, this form is to document the number of hours the applicant has received on-the-job supervision. IRBO considers supervision to be a formal, systematic process that focuses on skill development and integration of knowledge. The supervision must take place in a setting where substance abuse counseling is being provided. The supervision may be completed under more than one supervisor in the facility.

By signing your name on this form, you are verifying that you have provided to the applicant the supervision hours that you have listed next to each Performance Domain.

A minimum of 10 hours is required in each Performance Domain (#1 - #4) below.

The supervision will be tiered based on the highest level of education:

- 300 hours of supervision with a high school diploma or GED
- 250 hours of supervision with an Associate's Degree in the Behavioral Sciences Field
- 200 hours of supervision with a Bachelor's Degree in the Behavioral Sciences Field
- 100 hours of Supervision with a Master's Degree (or higher) in Counseling or a closely related field.

Performance Domains	Number of Hours Provided in Each Domain
1. Screening, Assessment, and Engagement	
2. Treatment Planning, Collaboration, and Referral	
3. Counseling and Education	
4. Professional and Ethical Responsibilities	

Total Number of Hours: \_\_\_\_\_

Name of Agency Where Supervision Took Place: \_\_\_\_\_

*I attest that the above information is correct, to the best of my knowledge, and it is an accurate accounting of the supervision I provided the applicant.*

Supervisor's Name (Print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_