

APPLICATION INSTRUCTIONS

The initial application is a brief sketch of the professional's qualifications. This is meant to be an assessment for review purposes. This application is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the domains of the gender competent endorsement. This process includes validation from employers, supervisors and instructors.

1. Application forms must be neatly printed or typewritten.
2. Clip your materials to keep them together. Do not place your application materials in binders, folders, report covers, etc.
3. Your check or money order should be made payable to ICB. All fees (where applicable) are non-refundable. (**No** refunds will be given.)
4. Make a photocopy of your entire completed application including all attachments for your records. Send the original copy of the application and copies of all other documents.

Faxed applications will not be accepted.

5. Applications will not be approved until all sections are completed and signed where required. If there are problems with your application materials, you will receive written notification.
6. It is the applicant's responsibility to notify ICB in writing of any changes to name, work/home address and work/home telephone numbers.
7. Applications not completed after one year will be closed, and the applicant will need to reapply.
8. ICB reserves the right to request further information from employers and other persons listed on the application forms.
9. Send completed application to:
ICB, Inc.
401 East Sangamon Avenue
Springfield, IL 62702

GENDER COMPETENT ENDORSEMENT APPLICATION

PLEASE PRINT OR TYPE

Name _____ / / _____
Last
First
Middle
Date of Birth

Home Address _____ Male Female

City _____ State _____ Zip Code _____

County _____ Telephone ____ / ____ - ____ Fax ____ / ____ - ____

Email address at home _____ @ _____

Current Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

County _____ Telephone ____ / ____ - ____ Fax ____ / ____ - ____

Email address at work _____ @ _____

I would like correspondence sent to: Home Address Work Address

Please check one selection from each of the following areas:

Ethnic Origin

- Caucasian
- Black/African-American
- Asian or Pacific Islander
- Other _____

Highest Education Level Completed

- High School Diploma or GED
- Vocational Certificate
- Associate of Arts/Sciences
- Bachelor of Arts/Sciences
- Master of Arts/Sciences
- Doctorate

Primary Work Setting

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Residential <input type="checkbox"/> Intensive Outpatient <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> MISA | <ul style="list-style-type: none"> <input type="checkbox"/> Inpatient Treatment <input type="checkbox"/> Private Practice <input type="checkbox"/> Outpatient Treatment <input type="checkbox"/> Case Management & Referral <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Elementary/High School | <ul style="list-style-type: none"> <input type="checkbox"/> Department of Corrections <input type="checkbox"/> College/University <input type="checkbox"/> Domestic Violence <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Medical/Hospital <input type="checkbox"/> Other _____ |
|---|--|---|

Primary Population Served

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Adults <input type="checkbox"/> Adolescent <input type="checkbox"/> Children | <ul style="list-style-type: none"> <input type="checkbox"/> Geriatrics <input type="checkbox"/> Mixed |
|---|---|

Primary Profession

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Social Work <input type="checkbox"/> Counseling <input type="checkbox"/> Nursing | <ul style="list-style-type: none"> <input type="checkbox"/> Psychology <input type="checkbox"/> Occupational Therapy |
|---|--|

Application Number _____

All answers are correct to the best of my knowledge. I authorize any educational institution, employer, or other body having knowledge of my professional or academic status, to release information to ICB.

Signature of Applicant

_____/_____/_____
Date

Please Note: The Illinois Certification Board, Inc. may request further information with regards to the documentation presented in this application. This information is not available to others outside the credentialing process without the written consent of the applicant. This information will be used strictly to evaluate professional competence of the applicant and **WILL BE KEPT CONFIDENTIAL BY ICB.**

WORK EXPERIENCE FORM

I hereby attest that the applicant is working in a paid position where a minimum of 51% of his/her time is spent providing direct, primary alcohol and other drug addiction counseling services to women.

The applicant minimally has primary responsibility for providing alcohol and drug counseling in individual and/or group settings, preparing treatment plans, documenting client progress notes and is clinically supervised by an individual who is knowledgeable in addiction treatment.

Signature of Supervisor Date

Signature of Applicant Date

To obtain this seal of endorsement, the applicant must be a Certified Alcohol and Other Drug Abuse Counselor and/or Licensed Practitioners of the Healing Arts pursuant to Title 77, Part 2060.309 and can provide proof that they are certified or licensed in good standing.

_____ I am a Certified Alcohol and Other Drug Abuse Counselor.

(Attach a copy of your current certification)

_____ I am a Licensed Practitioner of the Healing Arts.

(Attach a copy of your current license)

BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR CURRENT POSITION. Job description must be on agency letterhead and dated and signed by applicant and supervisor. All relevant former employment must be verified by job descriptions from employers.

Position/title _____

Date Employed:

From _____ to _____ hrs. of work per week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Immediate Supervisor Signature: _____

Title _____ Telephone Number (____) _____

Application Number _____

Position/title _____

Date Employed:

From _____ to _____ hrs. of work per week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Immediate Supervisor Signature _____

Title _____ Telephone Number (____) _____

Position/title _____

Date Employed:

From _____ to _____ hrs. of work per week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Immediate Supervisor Signature: _____

Title _____ Telephone Number (____) _____

All answers are correct to the best of my knowledge. I authorize any educational institution or, other body having knowledge of my academic status, to release information to IAODAPCA regarding my status.

Signature of Applicant _____ Date _____

Application Number _____

SUPERVISED PRACTICAL EXPERIENCE

To Clinical Supervisor: Please complete this form indicating the applicant's supervised practical training. This form is not intended to document the applicant's total number of hours worked, but rather the hours of supervision you have provided the applicant. PLEASE RETURN THIS FORM DIRECTLY TO ICB, 401 East Sangamon Avenue, Springfield, IL, 62702.

Applicant's Last Name	First Name	Middle Name
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I hereby attest to the fact that I have provided the applicant supervision for the number of hours noted below.

The applicant has been provided supervision while performing the tasks specific to the performance domains.

- Assessment of Women
- Case Management of Women
- Professional Responsibility with Women
- Counseling of Women

All of these hours have been spent observing (directly or indirectly) the applicant in the performance of alcohol and other drug addiction treatment services with women and receiving individual or group feedback on the performance of such services.

Total number of hours of supervision I have provided the applicant _____ (minimum 25)

Supervisor's Signature

/ /

Date

Supervisor's Printed Name

Supervisor's Title

Supervisor's Employer

/ /

Employer Phone Number

Address

City

State

Zip Code

EDUCATION FORM

Please reproduce this form as needed to record all RELEVANT education specific to GCE performance domains. Be sure to attach documentation (i.e. transcripts, certificates) that supports participation. Lack of documentation will result in the inability to apply these hours towards endorsement.

Record of Education

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

Record of Education

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

LETTER OF SUPPORT

ICB believes that credentials should be based on input from a variety of sources, especially the observations of persons who have known the applicant professionally. For this reason, all applicants are required to provide this form as a letter of support from a professional who is credentialed through ICB and/or is a Licensed Independent Practitioner, and has worked with the applicant in a professional capacity.

APPLICANTS NAME: _____

I have worked with this applicant and can attest that he/she has demonstrated the skills and abilities required for providing alcohol and other drug addiction treatment specifically to women.

I certify that this letter truthfully reflects my support of the applicant, and I hereby recommend this applicant for the Gender Competent Endorsement.

NAME: _____

SIGNATURE: _____

CREDENTIAL/LICENSE: _____

DATE: _____

COMMENTS (Required): _____

ASSURANCE AND RELEASE

The Illinois Certification Board, Inc. (ICB) may request further information with regards to the documentation I have presented in this application. This information is not available to others outside the registration process without written consent of the applicant.

I give my permission for ICB and staff to investigate my background as it relates to information contained in this application for the Gender Competent Endorsement. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of registration.

I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by ICB, to officers, members, and staff of the afore mentioned board.

I further agree to hold ICB, it's officers, board members, employees, and examiners free from 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 the subsequent examination, and/or the failure of ICB to issue the registration. In the event my endorsement and/or license is either sanctioned, terminated or suspended, I agree to surrender my Gender Competent Endorsement.

I further certify that my Gender Competent Endorsement and status is public knowledge.

I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the endorsement for which I am applying.

Signature of Applicant

____/____/____
Date

CODE OF ETHICS FOR GENDER COMPETENT ENDORSEMENT

Principle 1: Legal and Moral Standards

Professionals with Gender Competent Endorsement (GCE), in the practice of alcohol and other drug addiction treatment services for women, show respect and regard for the laws of the communities in which they work. They recognize that violations of legal standards may damage their own reputation and that of their profession.

- a. The welfare and dignity of the client are to be protected and valued above all else.
- b. Professionals with GCE shall not physically or verbally abuse their clients.
- c. Professionals with GCE shall not abuse alcohol.
- d. Professionals with GCE shall not financially exploit their clients.
- e. Professionals with GCE shall not abuse legal drugs.
- f. In some circumstances, Professionals with GCE may themselves use properly prescribed, mood-altering drugs for necessary and appropriate medical reasons. In such circumstances, they should weigh their ability to serve in counseling relationships.
- g. Professionals with GCE shall not possess or use any illegal drugs under any circumstances.
- h. Professionals with GCE who can legally prescribe controlled substances must exercise clinical discretion in prescribing controlled substances that are mind-altering and/or addictive.

Principle 2: Professionals with Gender Competent Endorsement/Client Relationships

In the provision of alcohol and other drug addiction treatment services for adolescents, Professionals with Gender Competent Endorsement shall establish and maintain counselor/client relationships characterized by professionalism, respect and objectivity.

- a. Professionals with GCE shall not enter into counseling relationships with members of their own family, close friends, persons closely connected to them or others whose welfare might be jeopardized by such a dual relationship.
- b. Professionals with GCE shall ensure that services are offered in a respectful manner in an appropriate environment.
- c. Professionals with GCE shall not charge or collect a private fee or other form of compensation for services to a client who is charged for those same services through the counselor's agency. They shall not engage in fee-splitting.
- d. Professionals with GCE in clinical or counseling practice must not use their relationship with clients to promote personal gain or the profit of an agency or commercial enterprise of any kind.
- e. Professionals with GCE shall avoid continuing a counseling relationship for personal gain or satisfaction beyond the point where it is clear that the client is not benefiting from the relationship.
- f. Professionals with GCE shall not give or receive a fee, commission, rebate or any other form of compensation for the referral of clients.
- g. Professionals with GCE shall not abandon or neglect clients in treatment and shall assist in making appropriate arrangements for the continuation of treatment, if appropriate, following termination, of treatment.

- h. If Professionals with GCE determine an inability to be of professional assistance to clients, they shall either avoid initiating the counseling relationship or immediately terminate that relationship. In either event, they shall be knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, Professionals with GCE are not obligated to continue the relationship.
- i. Professionals with GCE shall terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, or when clients do not pay their fees.
- j. In promotional and marketing activities for services, Professionals with GCE shall respect the dignity and confidentiality of their clients.
- k. Professionals with GCE shall not engage in any sexual relationship, conduct or contact with clients during the time of the counseling relationship or for at least one year thereafter, or if the client or former client becomes or remains "emotionally dependent" on the counselor [as defined under Illinois Law at 740 ILCS 140/1(a)]. Professionals with GCE in all instances shall not engage in any sexual relationship, conduct or contact through means of any therapeutic deception.

Principle 3: Non Discrimination

Professionals with GCE must not discriminate against clients or other professionals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.

Principle 4: Competence

Professionals with GCE have the responsibility to provide competent professional services.

- a. Professionals with GCE shall not offer services outside the boundaries of their profession unless otherwise educated and trained.
- b. Professionals with GCE shall not offer services outside their range of competency.

Principle 5: Confidentiality

Professionals with Gender Competent Endorsement shall preserve, protect and respect their clients' right to confidentiality.

- a. Professionals with GCE shall comply with the federal and state laws, rules and regulations pertaining to client confidentiality.
- b. Professionals with GCE shall guard professional confidences and shall reveal such confidences only in compliance with the law or when there is a clear and imminent danger to an individual or society.
- c. Professionals with GCE must inform the client and obtain agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes and observation of an interview by another person.
- d. Professionals with GCE must discuss information obtained in clinical or consulting relationships only in appropriate settings and only for professional purposes clearly concerned with the case. Written and oral reports must present only data germane to the purpose of the evaluation and every effort must be made to avoid undue invasion of privacy.
- e. Professionals with GCE must use clinical and other material in classroom teaching and writing only when the identities of the persons involved are adequately disguised.

- f. The general requirement that Professionals with GCE keep information confidential does not apply when the best interests of clients, welfare of others, obligations to society, or legal requirements demand that confidential information be revealed. Professionals with GCE shall consult with other professionals when they are unsure of whether an exception to confidentiality exists.
- g. Before confidential information is disclosed over the client's objection, because of legal requirements, Professionals with GCE shall request to the court that the disclosure not be required and explain why disclosures are harmful to clients. Steps are taken to limit the extent of the unwanted disclosure. A professional shall not, however, be obligated to violate any state or federal law, or the order of competent jurisdiction.
- h. When circumstances require the disclosure of confidential information, only information that is essential is to be revealed. To the extent possible, clients are to be informed before confidential information is disclosed.
- i. At the beginning of the counseling relationship, Professionals with GCE discuss with clients the relevant limitations of confidentiality and the foreseeable uses of information generated through counseling services. Professionals with GCE shall explain that confidentiality cannot be guaranteed in group counseling and communicate that clearly to group members.

Principle 6: Inter-Professional Relationships

Professionals with Gender Competent Endorsement shall establish and maintain professional relationships characterized by respect and mutual support.

- a. Professionals with GCE shall establish and maintain professional relationships with their clients.
- b. Professionals with GCE shall respect the confidences shared by other colleagues/professionals with respect to clients.
- c. Professionals with GCE shall not knowingly solicit the clients of other colleagues/professionals.
- d. Professionals with GCE shall not knowingly withhold information that has been appropriately released by the client from colleagues/professionals that would enhance their treatment effectiveness.
- e. Professionals with GCE shall not knowingly accept for treatment a person who is receiving services from another professional except by agreement with that worker or after the termination of the case by that worker.
- f. When working within a treatment team, Professionals with GCE will not abdicate their responsibility to protect and promote the welfare and best interests of the client.
- g. When working within a treatment team, Professionals with GCE shall work to support, not damage or subvert, the decisions made by the team.

Principle 7: Ethical Standards of Professionals with Gender Competent Endorsement.

Principle 7.1: Professionals with Gender Competent Endorsement shall establish and maintain an employer/employee relationship characterized by professionalism and respect for the agency's rules of operation.

Principle 7.2: Professionals with Gender Competent Endorsement shall strive at all times to maintain high standards in the services they offer.

- a. The maintenance of high standards of competency is a responsibility shared by all Professionals with GCE.

- b. In circumstances where Professionals with GCE violate ethical standards, it is the obligation of Professionals with GCE who know first hand of their activities to attempt to rectify the situation. If such attempts fail, Professionals with GCE shall promptly notify the ICB Executive Director.

Principle 7.3: Professionals with Gender Competent Endorsement respect their professional status and standing.

Professionals with GCE shall not misrepresent their own or other professionals qualifications and affiliations.

Principle 7.4: Professionals with Gender Competent Endorsement have an obligation to see that alcohol and other drug addiction treatment for women is done by qualified, competent persons.

Professionals with GCE shall submit accurate and honest information to ICB for the purpose of obtaining, maintaining and recommending someone for endorsement.

Principle 8: Resolving Ethical Issues

Professionals with Gender Competent Endorsement shall take appropriate action when they possess information that raises doubts as to whether another alcohol and other drug addiction treatment professional is acting in an ethical manner.

PERSONAL STATEMENT

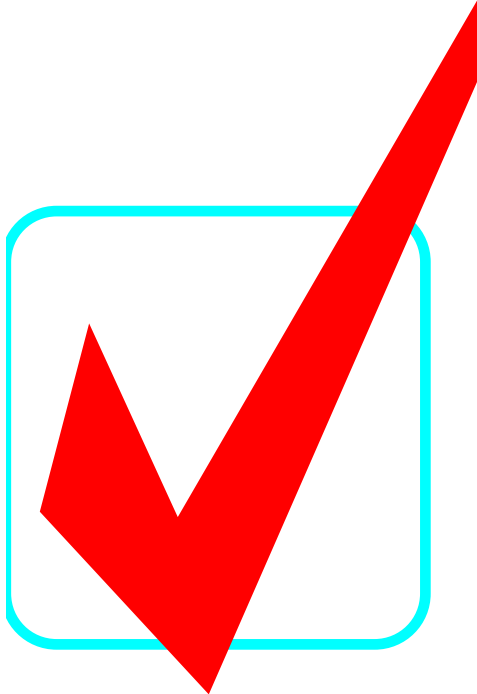
As a Professional with GCE, I shall strive at all times to maintain the highest standards in all services I provide, valuing competency and integrity over expediency or ability, providing services only in those areas where my training and experience meet established standards. I shall always recognize that I have assumed a heavy social and vocational responsibility due to the intimate nature of my work, which touches the lives of other human beings.

My signature below indicates my agreement with and willingness to abide by this Code of Ethics.

Signature of Applicant _____ **Date** _____

Signature of Notary _____ **Date** _____

Notary Stamp _____



Gender Competent Endorsement Checklist

The following should be in your Application for the Gender Competent Endorsement

- _____ General Information Sheet.....page 2-3
- _____ Work Experience Form....page 4-5
(Attach Job Description)
- _____ Supervised Practical Experience....page 6
- _____ Education Form....page 7
(Attach documentation of completion)
- _____ Letter of Support from a credentialed professional.....page 8
(Credentialed through IAODAPCA and/or Licensed Independent Practitioner)
- _____ Assurance and Release (Signed and dated).... page 9
- _____ Code of ethics (Signed and dated)..... page 13

Mail all application materials to:

Illinois Certification Board, Inc.
401 East Sangamon Avenue
Springfield, IL 62702

Applications will not be accepted by fax.