

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 a CAAP. This process includes validation from employers, supervisors, and instructors. An approved application means an applicant is eligible to sit for the written examination.

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 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.
Applications will not be accepted by email.
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 in process will be held by ICB for one year and then destroyed if not completed, thus requiring reapplication.
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

APPLICATION FOR CERTIFIED ASSOCIATE ADDICTIONS PROFESSIONAL

GENERAL INFORMATION

PLEASE PRINT OR TYPE

Name _____ (Last) (First) (MI)			
I would like my mail sent to: <input type="checkbox"/> Home or <input type="checkbox"/> Work		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address _____			Apt. # _____
City _____	State _____	Zip Code _____	County _____
(_____) _____ Home Telephone	(_____) _____ Home Fax		
_____			_____/_____/_____ Date of Birth
Home Email Address _____			
Current Employer _____		Job Title _____	
Employer's Mailing Address _____			Suite # _____
City _____	State _____	Zip Code _____	County _____
(_____) _____ Work Telephone	(_____) _____ Work Fax		
Work Email Address _____			

Highest Education Level Completed

- | | |
|---|--|
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Bachelor of Arts/Sciences |
| <input type="checkbox"/> Vocational Certificate | <input type="checkbox"/> Master of Arts/Sciences |
| <input type="checkbox"/> Associate of Arts/Sciences | <input type="checkbox"/> Doctorate |

Ethnic Origin

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Other |

Primary Work Setting

- | | |
|--|---|
| <input type="checkbox"/> Substance Use | <input type="checkbox"/> Co-Occurring Substance Use and Mental Health |
|--|---|

Primary Population Served

- | | | | | |
|---------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Adolescent | <input type="checkbox"/> Children | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Mixed |
|---------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|

PLEASE NOTE: ICB RESERVES THE RIGHT TO REQUEST FURTHER INFORMATION FROM ALL EMPLOYERS AND OTHER PERSONS LISTED ON THE APPLICATION FORM. ICB AND ITS REVIEW COMMITTEES RESERVE THE OPTION TO REQUEST AN ORAL INTERVIEW WITH THE APPLICANT. THIS INFORMATION WILL BE USED STRICTLY TO EVALUATE THE PROFESSIONAL COMPETENCE OF AN APPLICANT AND WILL BE KEPT CONFIDENTIAL BY ICB. FURTHER INFORMATION MAY BE REQUESTED IN ORDER TO VERIFY TRAINING, EMPLOYMENT, ETC. THIS INFORMATION IS NOT AVAILABLE TO OTHER PERSONS WITHOUT THE WRITTEN CONSENT OF THE APPLICANT.

VOLUNTEER OR EMPLOYMENT EXPERIENCE

I hereby attest that the applicant is in a position where a majority of the applicant's paid work and/or volunteer time is spent in the support of AOD Treatment.

Signature of Supervisor

_____/_____/_____
Date

Printed Name of Supervisor

Supervisor's Credentials

Signature of Applicant

_____/_____/_____
Date

BE SURE TO ATTACH A DESCRIPTION FOR YOUR CURRENT POSITION. The description must be on agency letterhead, dated, and signed by the applicant and the supervisor.

Name of Facility: _____ **Hours Per Week:** _____

Current Supervisor

Current Title

(_____) _____
Telephone

(_____) _____
Fax

Supervisor's Mailing Address

City

State

Zip Code

County

Date Supervision Began: ____/____/____

to **PRESENT**

YOUR DUTIES: _____

PLEASE ATTACH A JOB DESCRIPTION SIGNED BY YOU AND YOUR SUPERVISOR.

DOCUMENTATION OF SUPERVISION

To Supervisor: Please complete this form indicating that you provide supervision to the applicant and that you meet the guidelines of being credentialed by ICB or ICB.

Applicant's Last Name First Name Middle Name

I hereby attest to the fact that I provide the applicant supervision/mentoring as required by this application.

Supervision/Mentoring includes activities designed to provide training and improve skills in the domains of a CAAP. This supervision may be spent in being observed (either directly or indirectly) in performance of the Illinois Model domains and receiving individual or group feedback on the performance of the support tasks.

Signature of Supervisor _____ / _____ / _____
Date

Printed Name of Supervisor Supervisor's Credentials

Supervisor's Title (_____) _____
Phone Number

Supervisor's Employer

(Employer) City State Zip Code

EDUCATION

REPRODUCE THIS FORM IF NEEDED. Attach documentation (i.e. transcripts, certificates) supporting a High School Degree or GED.

Record of Education

Dates Attended _____ **Graduation Date** _____

Name of School _____

Record of Education

Dates Attended _____ **Graduation Date** _____

Name of School _____

Record of Education

Dates Attended _____ **Graduation Date** _____

Name of School _____

Record of Education

Dates Attended _____ **Graduation Date** _____

Name of School _____

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 ICB regarding my status.

Signature of Applicant

_____/_____/_____
Date

CODE OF ETHICS

Preamble

The Principles of Ethics are a model of standards of exemplary professional conduct. These Principles of the Code of Ethics for Certified Associate Addictions Professionals express the professionals' recognition of their responsibilities to the public, to service recipients, and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The Principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. These Principles should not be regarded as limitations or restrictions, but as goals for which CAAPs should constantly strive. They are guided by core values and competencies that have emerged with the development of the field.

I. Non-Discrimination

CAAPs must not discriminate against their clients, the public or others based on race, religion, age, sex, national ancestry, sexual orientation, economic condition or disabilities, including but not limited to HIV/AIDS. CAAPs should broaden their understanding and acceptance of cultural and individual differences and in so doing provide services and information sensitive to those differences.

II. Competence

CAAPs shall provide competent professional services to all in keeping with the ICB standards. CAAPs will strive continually to improve personal competence and quality of service delivery and to exercise professional responsibility to the best of their ability. Competence is derived from a synthesis of education and experience. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life. CAAPs should be diligent in executing responsibilities. Diligence imposes the responsibility to provide services carefully and promptly, to be thorough and to observe applicable, technical and ethical standards.

Due care requires CAAPs to plan and supervise adequately any professional activity for which they are responsible. CAAPs should recognize limitations and boundaries of competencies and not use techniques or offer services outside of their competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed.

When CAAPs are aware of unethical conduct or practice on the part of an agency or other professional, they have an ethical responsibility to report the conduct or practices to appropriate authorities.

III. Integrity

To maintain and broaden public confidence, CAAPs should perform all professional responsibilities with the highest sense of integrity. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or the lowering of principle. Personal gain and advantage should not compromise service and the public's trust. All information should be presented fairly and accurately. CAAPs should document and assign credit to all contributing sources used in published material or public statements. CAAPs should not misrepresent, either directly or by implication, their professional qualifications or affiliations. CAAPs should not be associated directly or indirectly with any services or products in a way that is misleading or incorrect. CAAPs should never knowingly make false statements to ICB or any other disciplinary authority.

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IV. Nature of Service

Above all, CAAPs shall do no harm to service recipients. Practices shall be respectful and non-exploitive. Services should protect the recipient from harm and the professional and the profession from blame. Where there is evidence of child or other abuse, CAAPs shall report the evidence to their supervisor immediately. Where there is evidence of impairment in a colleague or a service recipient, CAAPs should be supportive of assistance or treatment. CAAPs should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for themselves.

V. Confidentiality

Confidential information acquired while providing services shall be safeguarded from disclosure, including but not limited to verbal disclosure, unsecured maintenance of records, or recording of an activity or presentations without appropriate releases.

VI. Ethical Obligations for Community and Society

According to their consciences, CAAPs should be proactive on public policy and legislative issues. The public welfare and the individual’s right to services and personal wellness should guide the efforts of CAAPs who must adopt a personal and professional stance that promotes the well-being of all humankind.

Personal Statement

As a CAAP, 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.

I have read and understand the Code of Ethics for CAAPs. I will, to the best of my ability, adhere to and honor this Code in my professional and personal dealings. My signature below indicates my agreement with and willingness to abide by this Code of Ethics.

Signature of Applicant

_____/_____/_____
Date

Printed Name of Applicant

_____/_____/_____
Date

Signature of Notary

_____/_____/_____
Date

Notary Stamp

Application # _____

ASSURANCE AND RELEASE

The Illinois Certification Board, Inc. (ICB) may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

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

"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 aforementioned board."

"I further agree to hold ICB, its 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 subsequent examinations, and/or the failure of ICB to issue certification."

"I certify that I have read and subscribe to the ICB Code of Ethics and The Illinois Model for the CAAP."

"I further certify that my CAAP classification 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 certification for which I am applying."

Signature of Applicant

_____/_____/_____
Date



CAAP Checklist

The following must be included for application review:

- General Information forms and appropriate fees.
- Volunteer or Employment Experience form including all corresponding documentation (i.e., a job description on agency letterhead, signed and dated by applicant and supervisor, etc.).
- Documentation of Supervision form.
- Education form including all corresponding documentation.
- Code of Ethics signed, dated and notarized.
- Assurance and Release form signed and dated by applicant.

When the application is complete, send all materials to:

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Springfield, IL 62702

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