

Application Instructions

CODP I and CODP II Board Registration

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

1. Application forms must be neatly printed or typewritten.
2. Materials must be stapled or paper clipped to keep them together. Application materials should not be put in binders, folders, report covers, etc.
3. The check or money order for the application fee of \$85.00 should be made payable to ICB. All fees are non-refundable. No refunds will be given.
4. Applicants should make a photocopy of the entire completed application, including all attachments for their records. The original copy of the application and copies of all other documents must be mailed to ICB. **(EMAILED applications will not be accepted!)**
5. Applications will be reviewed when they are received by ICB. A letter will be sent to applicants notifying them of any problems or missing parts of the application.
6. Applicants have the responsibility to notify ICB, in writing, of any changes to their names, work/home addresses and work/home telephone numbers
7. Applicants who have not completed their applications after one year will be required to reapply and start over with the application process.
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
401 East Sangamon Avenue
Springfield, IL 62702

APPLICATION FOR BOARD REGISTRATION

_____ Last Name First Name Middle Name			_____ Date of Birth
_____ Home Address			_____ Apt. Number
_____ City	_____ State	_____ Zip Code	_____ County
_____ / - Home Telephone	_____ / - Home Fax Number	_____ Home Email Address	
_____ Name of Employer			
_____ Employer's Mailing Address			_____ Suite Number
_____ City	_____ State	_____ Zip Code	_____ County
_____ / - Employer's Telephone Number		_____ / - Employer's Fax Number	

I would like for my mail to be sent to: Home Work Sex: Male Female

I am applying for board registration at the following level: I II

Please check one selection from each of the following areas:

Ethnic Origin

- Caucasian
- Black/African-American
- Native American or Alaskan Native
- Asian or Pacific Islander
- Other

Highest Education Level Completed

- High School Diploma or GED
- Vocational Certification
- Associate of Art
- Associate of Science
- Bachelor of Arts
- Bachelor of Science
- Master's Degree
- Doctorate

Primary Work Setting

- Mental Health
- Substance Use
- Developmental Disabilities
- Co-Occurring Disorder
- Inpatient Treatment
- Outpatient Treatment
- Crisis Intervention
- Case Management & Referral
- Residential
- Intensive Outpatient
- CILA
- Other

Primary Population Served

- Adults
- Adolescent
- Children
- Geriatrics
- Mixed

Please list any certifications, board registrations or licenses you hold:

Please note: ICB, Inc. reserves the right to request further information from all employers and other persons listed on the application. 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 a I/II 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.

WORK EXPERIENCE FORM

I hereby attest that the applicant is working in a position where a minimum of 50% of his/her time is spent providing direct services to clients meeting the COD symptomatology.

The applicant minimally has primary responsibility for providing COD direct services in individual and/or group settings, preparing treatment plans, documenting client progress notes and is clinically supervised by an individual who is knowledgeable in AOD/CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

Signature of Supervisor

Date

Signature of Applicant

Date

CO-OCCURRING DISORDER PROFESSIONAL I - A **Bachelor degree or higher** in human services or behavioral sciences, with at least nine semester hours of AOD education and nine semester hours in mental illness education, may waive 500 hours of the required work experience.

CO-OCCURRING DISORDER PROFESSIONAL II - A **Masters degree or higher** in human services or behavioral sciences, with at least nine semester hours of AOD education and nine semester hours in mental illness education, may waive 1000 hours of the required work experience.

Do you hold a BA/BS or MA/MS degree in human services or a behavioral science with at least 9 hours of AOD training and 9 semester hours in mental illness? YES NO

Please indicate what your degree is in: _____

Attach a copy of your degree and an original transcript indicating your major.

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** **Present** _____ **Hours of Work Per Week** _____
mo./day/yr.

Place of Employment: _____

Immediate Supervisor: _____

Title _____ **Telephone Number** (____) _____

Position/title _____

Date Employed:

From _____ To _____ Hours of Work Per Week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Immediate Supervisor: _____

Title _____ Telephone Number (____) _____

Position/title _____

Date Employed:

From _____ To _____ Hours of Work Per Week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Immediate Supervisor: _____

Title _____ Telephone Number (____) _____

OTHER CERTIFICATIONS/LICENSES: List any other certifications or licenses you hold and the state in which the credential is issued. If credential is national, please note.

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

SUPERVISED PRACTICAL EXPERIENCE

To Supervisor: Please complete this form indicating applicant’s supervised practical experience. This form is not intended to document applicant’s total number of hours worked, but rather the hours of face-to-face supervision you have provided the applicant. **Please Return This Form Directly To: ICB, 401 East Sangamon Avenue, Springfield, IL 62702.**

Name of Applicant: _____
 (Last) (First) (Mi)

I hereby attest to the fact that I have provided the applicant face-to-face supervision for the number of hours noted below.

Realizing that supervision may take place in a variety of settings and have many faces, ICB determined not to place limiting criteria on qualifications of a supervisor. Rather, it was determined that supervision should be as broadly defined as in the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration’s Technical Assistance Publication Number 21. TAP 21 defines supervision/clinical supervision as the administrative, clinical and evaluative process of monitoring, assessing and enhancing counselor performance. Supervised hours are understood to be face-to-face supervision. Hours the counselor spends providing COD counseling services are NOT counted as supervision.

Co-Occurring Disorder Professional I - Each core skill area must have at least 5 hours documented. (Total 120)

Co-Occurring Disorder Professional II - Each core skill area must have at least 10 hours documented. (Total 250)

<u>Core Skill Areas</u>	<u>Number of Hours Received In Each</u>
Admissions Screening.....	_____
Intake... ..	_____
Orientation	_____
Assessment.....	_____
Treatment Planning.....	_____
Counseling	_____
Case Management.....	_____
Crisis Intervention	_____
Client/Patient Education.....	_____
Referral	_____
Reports and Record Keeping.....	_____
Consultation with Other Professionals Regarding Treatment/Services.....	_____
Intervention.....	_____
Attitudes Towards Population	_____
Roles, Boundaries and Professional Relationship Dynamics	_____
Health and Safety.....	_____

Number of hours of face-to-face supervision I have provided the applicant: _____

Signature of Supervisor

Date

Name of Supervisor (Printed)

Title

Agency/Facility

EDUCATION FORM

Please reproduce this form as needed to record all RELEVANT education. 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 board registration.

Record of Education

Dates Attended _____ Clock Hrs/Credit Hrs _____

Course/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

AOD Specific () Ethics ()
Mental Illness Specific () Knowledge and Skills () Research Methods ()

Record of Education

Dates Attended _____ Clock Hrs/Credit Hrs _____

Course/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

AOD Specific () Ethics ()
Mental Illness Specific () Knowledge and Skills () Research Methods ()

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 board registration 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 registration as a Board Registered Professional. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of board registration.”

“I consent to the release of information contained in my application file and other pertinent data submitted to, or collected by the 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 board registration.”

“I certify that I have read and subscribe to ICB, Inc.’s Code of Ethics for Board Registered Professionals and *The Illinois Standard for Board Registered Co-Occurring Substance Use and Mental Health Disorder Professional I/II.*”

“I further certify that my Co-Occurring Disorder Professional Board Registered 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 board registration for which I am applying.”

Signature of Applicant **Date**

CODE OF ETHICS FOR BOARD REGISTERED CO-OCCURRING DISORDER PROFESSIONALS I/II

Principle 1: Legal and Moral Standards

The welfare and dignity of the client/patient are to be protected and valued above all else. Board Registered Professionals, in the practice of services, 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 the profession.

- a. The welfare and dignity of the client/patient are to be protected and valued above all else.
- b. Board Registered Co-Occurring Disorder Professionals shall not physically or verbally abuse their clients/patients.
- c. Board Registered Co-Occurring Disorder Professionals shall not misuse alcohol.
- d. Board Registered Co-Occurring Disorder Professionals shall not financially exploit their clients/patients.
- e. Board Registered Co-Occurring Disorder Professionals shall not misuse legal drugs.
- f. In some circumstances, Board Registered Professionals may themselves use properly prescribed, mood-altering drugs for necessary and appropriate medical reasons. Professionals should weigh their ability to serve in counseling relationships.
- g. Board Registered Co-Occurring Disorder Professionals shall not possess or use any illegal drugs under any circumstances.
- h. Board Registered Co-Occurring Disorder Professionals, who can legally prescribe controlled substances, must exercise clinical discretion in prescribing controlled substances that are mind-altering and/or addictive.
- i. Board Registered Co-Occurring Disorder Professionals acknowledge that the use of psychotropic medication in treatment of clients/patients is ethical when appropriately prescribed, and support the appropriate use of such medications.

Principle 2: Board Registered Professional/Client/Patient Relationships

In the provision of services, Board Registered Co-Occurring Disorder Professionals shall establish and maintain professional/client/patient relationships characterized by professionalism, respect and objectivity.

- a. Board Registered Co-Occurring Disorder Professionals shall not enter into counseling relationships with members of their own family, with close friends, with persons closely connected to them or others whose welfare might be jeopardized by such a dual relationship.
- b. Board Registered Co-Occurring Disorder Professionals shall ensure that services are offered in a respectful manner in an appropriate environment.
- c. Board Registered Co-Occurring Disorder Professionals shall not charge or collect a private fee or other form of compensation for services to a client/patient who is charged for those same services through the professional's agency. Co-Occurring Disorder Professionals shall not engage in fee splitting.
- d. Board Registered Co-Occurring Disorder Professionals in clinical or counseling practice must not use their relationship with clients/patients to promote personal gain or the profit of an agency or commercial enterprise of any kind.
- e. Board Registered Co-Occurring Disorder Professionals shall avoid continuing a counseling relationship (maintaining a case) for personal gain or satisfaction beyond the point where it is clear that the client/patient is not benefiting from the relationship.

- f. Board Registered Co-Occurring Disorder Professionals shall not give or receive a fee, commission, rebate or any other form of compensation for the referral of clients/patients.
- g. Board Registered Co-Occurring Disorder Professionals shall not abandon or neglect clients/patients in treatment and shall assist in making appropriate arrangements for the continuation of treatment, if appropriate, following termination of treatment.
- h. If Board Registered Co-Occurring Disorder Professionals determine an inability to be of professional assistance to clients/patients, 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 and are not obligated to continue the relationship in the event the client/patient declines suggested referrals.
- i. Board Registered Co-Occurring Disorder Professionals shall terminate a counseling relationship, securing client/patient agreement when possible, when it is reasonably clear that the client/patient is no longer benefiting from the services. Additionally, termination is expected when services are no longer required, when counseling no longer serves the client's/patient's needs or interests or when clients/patients do not pay the required fees.
- j. In promotional and marketing activities for services, Board Registered Co-Occurring Disorder Professionals shall respect the dignity and confidentiality of the clients/patients.
- k. Board Registered Co-Occurring Disorder Professionals shall not engage in any sexual relationship, conduct, contact, exploitation, or harassment with clients, former clients, clients' partners, clients' relatives, or any active client of any Office. (Office is defined as any place where the Public is invited to receive services, where records may be maintained and Certificates displayed, whether or not it is the Board Registered Co-Occurring Disorder Professional's principal place of business). This prohibition is in effect during the time of any active counseling relationship and in perpetuity once the counseling relationship has ended.

Principle 3: Non-Discrimination

Board Registered Co-Occurring Disorder Professionals must not discriminate against clients/patients or professionals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.

Principle 4: Competence

Board Recognized, Co-Occurring Disorder Registered Professional's responsibility is to provide competent professional services.

- a. Board Registered Co-Occurring Disorder Professionals shall not offer services outside the boundaries of the profession unless otherwise educated and trained, licensed or certified.
- b. Board Registered Co-Occurring Disorder Professionals shall not offer services outside their range of competency.

Principle 5: Confidentiality

Board Registered Co-Occurring Disorder Professionals shall preserve, protect and respect their clients/patients' right to confidentiality.

- a. Board Registered Co-Occurring Disorder Professionals shall comply with the federal and state laws, rules and regulations pertaining to client/patient confidentiality.
- b. Board Registered Co-Occurring Disorder Professionals shall guard professional confidences and shall reveal such confidences only in compliance with the law or only when there is a clear and imminent danger to an individual or society.
- c. Board Registered Co-Occurring Disorder Professionals must inform the client/patient and obtain agreement in areas likely to affect the client's/patient'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. Board Registered Co-Occurring Disorder Professionals must discuss the 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. Board Registered Co-Occurring Disorder Professionals 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 Board Registered Co-Occurring Disorder Professionals keep information confidential does not apply when the best interests of clients/patients, welfare of others, obligations to society or legal requirements demand that confidential information be revealed. Board Registered Co-Occurring Disorder Professionals must 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/patient's objection, because of legal requirements, Board Registered Co-Occurring Disorder Professionals shall request to the court that the disclosure not be required and explain why disclosures are harmful to clients/patients. Steps are taken to limit the extent of the unwanted disclosure. Professionals shall not, however, be obligated to violate any state or federal law or the order of competent jurisdiction.
- h. When a circumstance requires the disclosure of confidential information, only essential information is to be revealed. To the extent possible, clients/patients are informed before confidential information is disclosed.
- i. At the beginning of the counseling relationship, Board Registered Co-Occurring Disorder Professionals discuss with clients/patients the relevant limitations of confidentiality and the foreseeable uses of information generated through counseling services.
- j. Board Registered Co-Occurring Disorder Professionals shall explain that confidentiality cannot be guaranteed in group counseling and communicate that clearly to group members.

Principle 6: Inter Professional Relationships

Board Registered Co-Occurring Disorder Professionals shall establish and maintain professional relationships characterized by respect and mutual support.

- a. Board Registered Co-Occurring Disorder Professionals shall establish and maintain professional relationships with their clients/patients.
- b. Board Registered Co-Occurring Disorder Professionals shall respect the confidences shared by other colleagues/ professionals with respect to clients/patients.
- c. Board Registered Co-Occurring Disorder Professionals shall not knowingly solicit clients/patients of other colleagues/professionals.
- d. Board Registered Co-Occurring Disorder Professionals shall not knowingly withhold information that has been appropriately released by the client/patient from colleague/professionals that would enhance their treatment effectiveness.
- e. Board Registered Co-Occurring Disorder Professionals 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 in a treatment team with other professionals, Board Registered Co-Occurring Disorder Professionals will not abdicate their responsibility to protect and promote the welfare and best interests of the client/patient.

- g. When working within a treatment team, Board Registered Co-Occurring Disorder Professionals shall work to support, not damage or subvert the decisions made by the team.

Principle 7: Ethical Standards of Board Registered Co-Occurring Disorder Professionals

Principle 7.1: When making recommendation for positions, advancements, certification, etc., Board Registered Co-Occurring Disorder Professionals shall consider the welfare of the public and the profession above the needs of the individual concerned.

- a. Board Registered Co-Occurring Disorder Professionals shall not use another professional as a reference without first obtaining that person's permission.
- b. Board Registered Co-Occurring Disorder Professionals shall not lead a person to believe that he/she will receive a favorable recommendation when, in fact, such a recommendation will not be given.

Principle 7.2: Board Registered Co-Occurring Disorder Professionals shall establish and maintain an employer/employee relationship characterized by professionalism and respect for the agency's rules of operation.

Principle 7.3: Board Registered Co-Occurring Disorder Professionals 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 Board Registered Co-Occurring Disorder Professionals.
- b. In circumstances where Board Registered Co-Occurring Disorder Professionals violate ethical standards, it is the obligation of the Board Registered Co-Occurring Disorder Professional who knows firsthand of their activities to attempt to rectify the situation, and to notify the Executive Director of the ICB if such attempts fail.

Principle 7.4: Board Registered Co-Occurring Disorder Professionals respect their professional status and standing.

- a. Board Registered Co-Occurring Disorder Professionals shall not misrepresent their professional qualifications and affiliations.
- b. Board Registered Co-Occurring Disorder Professionals shall not aid or abet a person not duly registered as a professional in representing himself/herself as a Board Registered Co-Occurring Disorder Professional.

Principle 7.5: Board Registered Co-Occurring Disorder Professionals have an obligation to see that qualified, competent persons do counseling. Constructive efforts to achieve competent counseling services, such as registration, deserve support.

- a. Board Registered Co-Occurring Disorder Professionals shall submit accurate and honest information to the ICB for the purpose of obtaining, maintaining and recommending someone for registration.

Principle 7.6: In the conduct of research, Board Registered Co-Occurring Disorder Professionals should adhere to high standards and follow appropriate scientific procedures.

Principle 7.7: When Board Registered Co-Occurring Disorder Professionals accept the responsibility of teaching counseling or of supervising professionals, they should discharge these responsibilities with the same regard for standards required of all other professional activities.

Principle 7.8: As authors or editors, Board Registered Co-Occurring Disorder Professionals shall adhere to high standards abiding by the traditions established in the academic arena.

- a. Board Registered Co-Occurring Disorder Professionals must acknowledge and document materials and techniques used.
- b. Board Registered Co-Occurring Disorder Professionals, who conduct training in AOD, or counseling skills or techniques, must indicate to the audience the requisite training and qualifications required to properly perform these skills and techniques.
- c. Board Registered Co-Occurring Disorder Professionals must recognize joint authorship and major contributions of a professional character made by several persons to a common project. The author who has made the principle contribution to a publication must be identified by being listed first.
- d. Board Registered Co-Occurring Disorder Professionals must acknowledge, in footnotes or an introductory statement, minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- e. Board Registered Co-Occurring Disorder Professionals must acknowledge, through specific citations, unpublished, as well as published material that has directly influenced the research or writing.
- f. Board Registered Co-Occurring Disorder Professionals who compile and edit for publication, the contributions of others, must list oneself as editor, along with the names of those others who have contributed.
- g. Board Registered Co-Occurring Disorder Professionals must define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- h. Board Registered Co-Occurring Professionals must not use a client/patient in a demonstration role in a workshop setting where such participation would potentially harm the client/patient.

Principle 8: Resolving Ethical Issues

- a. Board Registered Co-Occurring Disorder Professionals shall take appropriate action when they possess information that raises doubts as to whether another professional is acting in an ethical manner.
- b. Board Registered Co-Occurring Disorder Professionals shall not initiate, participate in or encourage the filing of ethics complaints that are frivolous or intend to harm a professional rather than to protect clients/patients or the public.
- c. Board Registered Co-Occurring Disorder Professionals shall cooperate with investigations, proceedings and requirements of the ICB, ethics investigation or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.

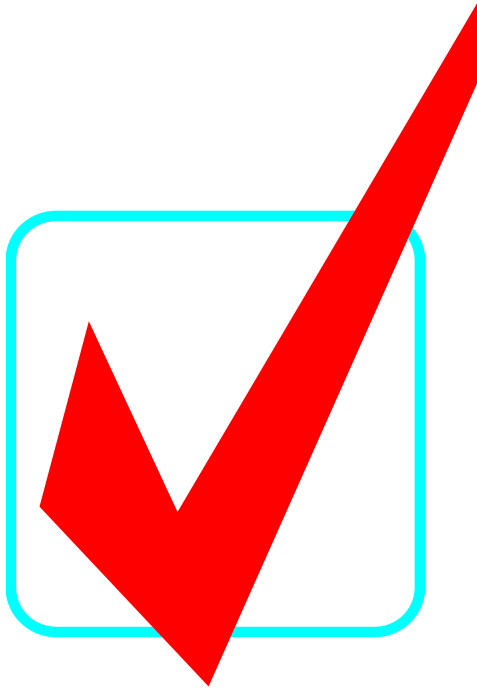
PERSONAL STATEMENT

As a Board Registered Co-Occurring Disorder Professional, 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** _____



Co-Occurring Disorder Professional Application Checklist

The following should be included in your Board Registration Application:

- _____ Application information
- _____ Employment forms including all documentation. These forms include a job description on agency letterhead signed and dated by applicant and supervisor. Attach an official transcript if using degree to waive work experience.
- _____ Supervisor form completed by your supervisor.
- _____ Education forms including all documentation.
- _____ Assurance and Release, signed and dated by applicant.
- _____ Code of Ethics signed, dated and notarized.

When application is complete, send all materials to ICB, 401 East Sangamon Avenue, Springfield, IL 62702. **Applications will not be accepted by email.**