



**PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION**

**IN-SERVICE APPLICATION**

Education offered by a treatment agency for agency staff. Other counselors may be invited to attend the in-service training. No fees for this training should be charged.

Application Fee for In-Service is as follows: Application and the first block of 10 continuing education units (CEUs) is \$50.00. The fee for over 10 CEUs requested on the application is \$5.00 per CEU. It is to your advantage to plan ahead when possible.

Requests for expedited processing of the application will require an additional fee of \$30.00 and applications will be processed within 2 business days of receipt of payment of this fee, with all necessary documents. Fees are non-refundable.

ICB will review applications to determine whether the information submitted meets AOD Counselor (CADC, CRADC, CSADC, CAADC), Preventionist (CPS, CSPS), Assessment and Referral Specialist (CARS), Problem and Compulsive Gambling Counselor (PCGC), Criminal Justice Addictions Professional (CCJP), Registered Dual Disorder Professional (RDDP), Associate Addictions Professional (CAAP), Recovery Support Specialist (CRSS), Medication Assisted Addictions Professional (MAATP), Co-Occurring Substance Use and Mental Health Disorder Professional I/II (CODP I/CODP II), Family Partnership Professional (CFPP), National Certified Recovery Specialist (NCRS), Veterans Support Specialist (CVSS), Peer Recovery Specialist (CPRS), Adolescent Treatment Endorsement (ATE), and Gender Competent Endorsement (GCE) criteria.

Please do not advertise which category your program is until you have received notification from ICB. You may indicate that you have applied for ICB CEUs for your training program.

**PLEASE SUBMIT APPLICATIONS 60 TO 90 DAYS PRIOR TO THE DATE OF THE EVENT.**

**APPLICATIONS WILL NOT BE ACCEPTED BY EMAIL.**

**REPEAT OF PROGRAM:** Once an application for in-service training has been awarded CEUs, the program number is valid for two years. The training programs may be repeated any number of times within this two-year period without submitting another application. You are required to notify ICB when a presentation is to be repeated.

**Maintain all information concerning the program for at least two years.**

## IN-SERVICE APPLICATION INSTRUCTIONS

Category 1, 2 and 3 continuing education units awarded by ICB.

**CATEGORY 1:** Education must be specific to alcohol and other drug for AOD Counselors, Preventionists, and Assessment and Referral Specialists, specific to gambling for Problem and Compulsive Gambling Counselors, specific to criminal justice for Criminal Justice Addiction Professionals, specific to alcohol and other drug abuse/dependency as related to the performance domains for Associate Addictions Professionals, specific to knowledge and skills related to mental health recovery and the role of peer support in the recovery process for Recovery Support Specialists, specific to alcohol and other drugs or MAAT for Medication Assisted Addiction Treatment Professionals, specific to knowledge and skills related to alcohol and other drug or mental health for CODP, specific to knowledge and skills related to the provision of services to children and families and the role of peer support to families for Family Partnership Professional, specific to residential extended care or recovery home services for National Certified Recovery Specialist, specific to knowledge and skills, as they relate to military culture; recovery and the role of the Veteran support specialist in the recovery process for Veteran Support Specialist, and specific to knowledge and skills related to recovery and the role of the peer support in the recovery process for Peer Recovery Specialist.

**CATEGORY 2:** Education must be specific to the knowledge and skills related to the core functions and domains, and/or knowledge areas of the credentials. For Associate Addictions Professionals, education must be specific to ethics and professional boundaries.

**CATEGORY 3:** Education must be specific to knowledge and skills related to the CODP Core Functions.

For Registered Dual Disorder Professionals, education must be alcohol and other drug abuse and co-morbidity specific.

For Adolescent Treatment Endorsement, education must be in adolescent specific alcohol and other drug addiction treatment performance domains.

For Gender Competent Endorsement, education must be in women specific alcohol and other drug addiction performance domains.

**To complete the application form, refer to the following instructions that correspond to the numbers on the application.**

1. Print the name of the organization offering the continuing education in-service program, address, city, state, zip code and telephone number.
2. Identify an individual who will assume primary responsibility for the continuing education in-service program and for completing the application process. This person will serve as the contact person to ICB in this application process. Also list the contact person's email address.
- 3a. Print the titles and dates of the in-service programs.
- 3b. Print the title, date and number of hours of each in-service program to be presented. Print or attach a summary of each in-service program.
- 3c. Print the name of the instructor and the instructor's qualifications. (You may submit a resume or vitae.)
4. ICB requires in-service programs awarded CEUs be evaluated by certified or board registered participants in attendance. Attach a copy of the evaluation form you will be using to evaluate your in-service.
5. ICB requires in-services awarded CEUs provide certified or board registered participants in attendance with a form to document successful completion of the program. The proof of completion form MUST contain:
  - Name of the sponsoring agency
  - Title of the in-service program
  - Date of the in-service program
  - Name of participant/registrant (Names should be typed. Please do not provide blank certificates to attendees.)
  - Number of ICB continuing education units
  - Assigned categories
  - ICB assigned program number
6. The application fee for continuing education in-service program is \$50.00. Attach a check or money order for \$50.00 made out to ICB. If requesting expedited processing, indicate request and include additional fee of \$30, for a total application fee of \$80.00.
7. The contact person of the sponsoring agency should read, sign, and date the application.
8. The contact person of the sponsoring agency should read, sign, and date the release statement.

If you need assistance please call the ICB office at (217) 698-8110.



**Illinois Certification Board, Inc.** d/b/a Illinois Alcohol & Other Drug Abuse Professional Certification Association Inc.

ALLOW 60-90 DAYS TO PROCESS THIS APPLICATION

**APPLICATION FOR ICB CONTINUING EDUCATION UNITS  
FOR AGENCY IN-SERVICES**

This application form is to be used by treatment agencies to request continuing education units (CEUs) from ICB for agency in-service education.

Please refer to the application instructions as you are completing this application form.

1. **Sponsor Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

2. **Contact Person:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

3a. **List of Agency In-Service Sessions:**

- 1) \_\_\_\_\_ Date: \_\_\_\_\_
- 2) \_\_\_\_\_ Date: \_\_\_\_\_
- 3) \_\_\_\_\_ Date: \_\_\_\_\_
- 4) \_\_\_\_\_ Date: \_\_\_\_\_
- 5) \_\_\_\_\_ Date: \_\_\_\_\_
- 6) \_\_\_\_\_ Date: \_\_\_\_\_
- 7) \_\_\_\_\_ Date: \_\_\_\_\_
- 8) \_\_\_\_\_ Date: \_\_\_\_\_
- 9) \_\_\_\_\_ Date: \_\_\_\_\_
- 10) \_\_\_\_\_ Date: \_\_\_\_\_

For all in-service sessions listed, attach a summary of each session, the number of hours, the name of the instructor and the instructors' qualifications to teach the topic listed.



**Please Copy This Form as Needed**

3b. **SUMMARY OF AGENCY IN-SERVICE SESSION**

Name of In-Service: \_\_\_\_\_

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

No. of Hours: \_\_\_\_\_

3c. **NAME OF INSTRUCTOR:** \_\_\_\_\_

How and why is the instructor qualified to teach in this area?

\_\_\_\_\_ Is the instructor ICB certified or board registered?

\_\_\_\_\_ Has instructor taught this subject before?

\_\_\_\_\_ Does the instructor have specialized training in the subject  
or in the alcoholism/addictions treatment field

**You may submit a resume of the instructor in lieu of 3c.**

4. **Evaluation of Program:** Attach a copy of the form to be used for the purpose of program evaluation.
5. **Proof of Completion:** Attach a copy of the form to be used to document program completion.
6. **Agency In-Service Application Fee:** The application fee is \$50.00 for 10 hours of agency in-service. **Remit application fee with the application.** The fee is non-refundable. Make checks or money orders payable to ICB. **Please note, a 3.75% service charge will be added to all credit/debit card transactions.**  
 Mark only if requesting expedited processing and include an additional \$30.00 for this request.

**Credit Card Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Expiration Date** \_\_\_\_\_  
 (VISA or Mastercard only)

(Please include the three-digit number listed near the signature line on the back of the credit card)

**Security Code:** \_\_\_\_\_

**Name on Card** \_\_\_\_\_

**Telephone Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Credit Card Billing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE REQUIRED FEE.**

**MAIL APPLICATION TO:** ICB, Inc.  
 401 East Sangamon Avenue  
 Springfield, IL 62702

7. **Agency In-Service Signature of Contact Person:**

I hereby certify that I have read the application packet and instructions and understand their requirements. I further certify that the information supplied in this application is true and accurate, to the best of my knowledge.

\_\_\_\_\_  
 (Signature of Contact Person)

\_\_\_\_\_  
 (Date)

8. **Release Statement:** Please read and sign the following.

In making application for continuing education program recognition, I give my permission for ICB and its representatives to gather and collect information from third parties pertaining to this application. I acknowledge that such communications shall be treated as confidential between ICB, its representatives and such third party.

I hereby certify that I have read this entire application and that all of the information contained herein is true and complete. I understand that intentionally false or misleading statements will result in being denied continuing education program approval.

I understand that the required application fee is non-refundable.

I further agree to hold ICB, their Board members, officers, committee members, general members, employees, and evaluators free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they, or any of them, may take in connection with the application and evaluation of this application and/or the failure of ICB to award continuing education units.

\_\_\_\_\_  
 (Signature of Contact Person)

\_\_\_\_\_  
 (Date)