



Illinois Certification Board, Inc.

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

Joseph Troiani, CADC, President, Board of Directors, Chris Boyster, Executive Director
401 East Sangamon Avenue - Springfield, IL 62702 (217)-698-8110

Request for Non-Member Credential Verification

The Illinois Certification Board (ICB) will provide individuals information regarding his/her past membership providing the records are still available. There will be a processing fee of \$20. The individual must pay with a Visa or Master card only. Please use the credit card payment form that is on our website under the general forms section. Please allow 7 to 10 business days for processing. All fees are non-refundable.

☐ I am a former credentialed ICB member and I'm requesting verification of my past certification/board registration

Your Name (please print legibly) _____

Date of Birth _____ Past Credential Number (if known) _____

Verification letter will include, initial issue date of credential, the most current and/or termination date and the credential level in which the individual was certified, along with notation of any disciplinary actions taken against the individual during their certification period. If you have a specific form that needs to be completed, please attached it to this form. If you need additional information please describe below.

Please provide ICB with the address in which you would like the information mailed or emailed.

☐ Email _____

☐ Mail _____

Once your request has been submitted, please allow 7 to 10 business days to process.

Please be sure the payment form is submitted with this form.

To Protect the Public by providing competency based credentialing of Human Service Professionals

WEBSITE: www.IAODAPCA.ORG EMAIL: INFO@IAODAPCA.ORG

