

# PCGC APPLICATION INSTRUCTIONS

The initial application is a brief sketch of the professional's qualifications. This is meant to be an assessment for review purposes. The application is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the functions of a problem and compulsive gambling counseling professional. This process includes validation from employers, supervisors and trainers. An approved application means an applicant is eligible to sit for the problem and compulsive gambling counselor examination.

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.
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 PCGC**

PLEASE PRINT OR TYPE

Name \_\_\_\_\_ / /  
Last First Middle Date of Birth

Home Address \_\_\_\_\_

Apartment number (if applicable) \_\_\_\_\_

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

County \_\_\_\_\_ Home Telephone \_\_\_\_\_ Home Fax \_\_\_\_\_

Email \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

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

County \_\_\_\_\_ Work Telephone \_\_\_\_\_ Work Fax \_\_\_\_\_

I would like my mail sent to:  Home  Work Sex:  Male  Female  
(check only one box)

Employment Setting: Institutional Setting \_\_\_\_\_ Adult \_\_\_\_\_ Juvenile \_\_\_\_\_

\_\_\_\_\_ Community Based Substance Abuse Treatment Program

\_\_\_\_\_ Community Based Mental Health Treatment Program

\_\_\_\_\_ Hospital Based/Associated Treatment Program

\_\_\_\_\_ Criminal Justice Based Treatment Program

\_\_\_\_\_ Community Corrections (Probation/Parole/  
Supervision Agencies)

\_\_\_\_\_ Court Mandated (Drug Court, Pretrial/Diversion)

\_\_\_\_\_ Private Practice

\_\_\_\_\_ Other (Please Specify)

Please indicate if you hold any certifications/board registrations/licenses:

\_\_\_\_\_

\_\_\_\_\_

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**

- No High School Diploma or GED
- 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 Abuse
- Developmental Disabilities
- MISA

- Inpatient Treatment
- Outpatient Treatment
- Crisis Intervention
- Case Management & Referral

- Residential
- Intensive Outpatient
- CILA
- Other \_\_\_\_\_

**Primary Population Served**

- Adults
- Adolescent
- Children
- Geriatrics
- 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 a counselor 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.

I hereby attest to the fact that I, the applicant, am a treatment professional providing services in a setting which provides either counseling, service coordination, behavior management or behavior shaping to individuals. Further, 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 academic status.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**WORK EXPERIENCE FORM**

**IMPORTANT:** To determine eligibility of current and previous employment, the following must apply and be clearly documented by the applicant.

You must be a treatment professional providing services in a setting that provides counseling, service coordination, behavior management or behavior shaping to adults or juvenile individuals.

**APPLICANT NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MI)

List your most recent work experience first. Applicants in private practice must send statement of such on their practice letterhead. 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.

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

Title \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Application # \_\_\_\_\_

Position/title \_\_\_\_\_

Date Employed:

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

Place of Employment: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

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: \_\_\_\_\_

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 the ICB regarding my status.

---

Signature of Applicant

Date

**SUPERVISED PRACTICAL EXPERIENCE**

**To Supervisor:** Please complete this form indicating applicant’s supervised practical training. 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 THE FORM DIRECTLY TO ICB, 401 East Sangamon Avenue, Springfield, IL 62702.**

**APPLICANT NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MI)

**EDUCATION LEVEL:** \_\_\_\_\_

**I hereby attest to the fact that the applicant is a treatment professional providing services in a setting which provides either counseling, service coordination, behavior management or behavior shaping to adult or juvenile individuals and that I have provided the applicant face-to-face supervision for the number of hours noted below.**

**Number of hours of face-to-face supervision I have provided the applicant :** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor’s Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Agency/Facility**

\_\_\_\_\_  
**Telephone Number**



**EDUCATION FORM**

Please reproduce this form as needed to record all RELEVANT education. Be sure to attach documentation (i.e. transcripts, certificates) which supports participation. Lack of appropriate documentation will result in the inability to apply these hours toward certification.

**Record Of Education**

Dates Attended \_\_\_\_\_ Clock Hours/Credit Hours \_\_\_\_\_

Course/Program Title \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Briefly Describe The Content Of Education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Addiction Specific ( ) Gambling Specific ( )

**Record Of Education**

Dates Attended \_\_\_\_\_ Clock Hours/Credit Hours \_\_\_\_\_

Course/Program Title \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Briefly Describe The Content Of Education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Addiction Specific ( ) Gambling Specific ( )

**Record Of Education**

Dates Attended \_\_\_\_\_ Clock Hours/Credit Hours \_\_\_\_\_

Course/Program Title \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Briefly Describe The Content Of Education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Addiction Specific ( ) Gambling Specific ( )



**ASSURANCE AND RELEASE**

The Illinois Certification Board (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 Illinois Certification Board and staff to investigate my background as it relates to information contained in this application for certification as a Problem and Compulsive Gambling Counselor. 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 the ICB, to officers, members and staff of the aforementioned board.”

“I further agree to hold the 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 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

# **CODE OF ETHICS FOR CERTIFIED PROBLEM AND COMPULSIVE GAMBLING COUNSELORS**

## **Principle 1: Legal and Moral Standards**

The welfare and dignity of the client are to be protected and valued above all else. ICB Certified Counselors of Problem and Compulsive Gambling, in the practice of Problem and Compulsive Gambling Treatment 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 Gambling Treatment profession.

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

## **Principle 2: ICB Certified Problem and Compulsive Gambling Counselors /Client Relationships**

In the provision of alcohol and other drug abuse/dependency services, ICB Certified Problem and Compulsive Gambling Counselors shall establish and maintain counselor/client relationships characterized by professionalism, respect and objectivity.

- a. ICB Certified Problem and Compulsive Gambling Counselors 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. ICB Certified Problem and Compulsive Gambling Counselors shall ensure that services are offered in a respectful manner in an appropriate environment.
- c. ICB Certified Problem and Compulsive Gambling Counselors 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. ICB Certified Problem and Compulsive Gambling Counselors shall not engage in fee splitting.

- d. ICB Certified Problem and Compulsive Gambling Counselors 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. ICB Certified Problem and Compulsive Gambling Counselors shall avoid continuing a counseling relationship (maintaining a case) for personal gain or satisfaction beyond the point where it is clear that the client is not benefiting from the relationship.
- f. ICB Certified Problem and Compulsive Gambling Counselors shall not give or receive a fee, commission, rebate or any other form of compensation for the referral of clients.
- g. ICB Certified Problem and Compulsive Gambling Counselors 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. ICB Certified Problem and Compulsive Gambling Counselors 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, ICB Certified Problem and Compulsive Gambling Counselors shall be knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, ICB Certified Problem and Compulsive Gambling Counselors are not obligated to continue the relationship.
- i. ICB Certified Problem and Compulsive Gambling Counselors 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 the fees charged by the ICB Certified Problem and Compulsive Gambling Counselors.
- j. In promotional and marketing activities for services, ICB Certified Problem and Compulsive Gambling Counselors shall respect the dignity and confidentiality of the clients.
- k. ICB Certified Problem and Compulsive Gambling Counselors 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)]. ICB Certified Problem and Compulsive Gambling Counselors in all instances shall not engage in any sexual relationship, conduct or contact through means of any therapeutic deception.

### **Principle 3: Non Discrimination**

The ICB Certified Problem and Compulsive Gambling Counselors must not discriminate against clients or professionals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.

### **Principle 4: Competence**

ICB Certified Problem and Compulsive Gambling Counselors Professional's responsibility is to provide competent professional services.

- a. ICB Certified Problem and Compulsive Gambling Counselors shall not offer services outside the boundaries of the Problem and Compulsive Gambling profession unless otherwise educated and trained, licensed or certified.
- b. ICB Certified Problem and Compulsive Gambling Counselors shall not offer services outside their range of competency.

## **Principle 5: Confidentiality**

ICB Certified Counselors of Problem and Compulsive Gambling shall preserve, protect and respect their clients' right to confidentiality.

- a. ICB Certified Problem and Compulsive Gambling Counselors shall comply with the federal and state laws, rules and regulations pertaining to client confidentiality.
- b. ICB Certified Problem and Compulsive Gambling Counselors 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. ICB Certified Problem and Compulsive Gambling Counselors must inform the client and obtain agreement in areas likely to affect the clients' participation including the recording of an interview, the use of interview material for training purposes and observation of an interview by another person.
- d. ICB Certified Problem and Compulsive Gambling Counselors 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. ICB Certified Problem and Compulsive Gambling Counselors 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 ICB Certified Problem and Compulsive Gambling Counselors 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. ICB Certified Problem and Compulsive Gambling Counselors 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, ICB Certified Problem and Compulsive Gambling Counselors 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 counselor 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 informed before confidential information is disclosed.
- i. At the beginning of the counseling relationship, ICB Certified Problem and Compulsive Gambling Counselors discuss with clients the relevant limitations of confidentiality and the foreseeable uses of information generated through counseling services.
- j. ICB Certified Problem and Compulsive Gambling Counselors shall explain the fact that confidentiality cannot be guaranteed in group counseling and communicate that clearly to group members.

## **Principle 6: Inter Professional Relationships**

ICB Certified Problem and Compulsive Gambling Counselors shall establish and maintain professional relationships characterized by respect and mutual support.

- a. ICB Certified Problem and Compulsive Gambling Counselors shall establish and maintain professional relationships with their clients.
- b. ICB Certified Counselors of Problem and Compulsive Gambling shall respect the confidences shared by other colleagues/ professionals with respect to clients.
- c. ICB Certified Counselors of Problem and Compulsive Gambling shall not knowingly solicit the clients of other colleagues/ professionals.
- d. ICB Certified Counselors of Problem and Compulsive Gambling shall not knowingly withhold information that has been appropriately released by the client from colleague/professionals that would enhance their treatment effectiveness.
- e. ICB Certified Counselors of Problem and Compulsive Gambling 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, ICB Certified Counselors of Problem and Compulsive Gambling will not abdicate their responsibility to protect and promote the welfare and best interests of the client.
- g. When working within a treatment team, ICB Certified Counselors of Problem and Compulsive Gambling shall work to support, not damage or subvert, the decisions made by the team.

**Principle 7: Ethical Standards of ICB Certified Counselors of Problem and Compulsive Gambling.**

**Principle 7.1: When making recommendation for positions, advancements, certification, etc., ICB Certified Counselors of Problem and Compulsive Gambling shall consider the welfare of the public and the profession above the needs of the individual concerned.**

- a. ICB Certified Counselors of Problem and Compulsive Gambling shall not use another professional as a reference without first obtaining that person's permission.
- b. ICB Certified Counselors of Problem and Compulsive Gambling 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: ICB Certified Counselors of Problem and Compulsive Gambling shall establish and maintain an employer/employee relationship characterized by professionalism and respect for the agency's rules of operation.**

**Principle 7.3: ICB Certified Counselors of Problem and Compulsive Gambling 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 ICB Certified Counselors of Problem and Compulsive Gambling.
- b. In circumstances where ICB Certified Counselors of Problem and Compulsive Gambling violate ethical standards, it is the obligation of ICB Certified Counselors of Problem and Compulsive Gambling who know first hand of their activities to attempt to rectify the situation. If such attempts fail, ICB Certified Counselors of Problem and Compulsive Gambling shall promptly notify the ICB Executive Director.

**Principle 7.4: ICB Certified Counselors of Problem and Compulsive Gambling respect their professional status and standing.**

- a. ICB Certified Counselors of Problem and Compulsive Gambling shall not misrepresent their professional qualifications and affiliations.
- b. ICB Certified Counselors of Problem and Compulsive Gambling shall not aid or abet a person not duly certified as a Problem and Compulsive Gambling Counselor in representing himself/herself as an ICB Certified Counselor of Problem and Compulsive Gambling or at a counselor classification which is not true.

**Principle 7.5: ICB Certified Counselors of Problem and Compulsive Gambling have an obligation to see that AODA counseling is done by qualified, competent persons. Constructive efforts to achieve competent problem and compulsive gambling counseling services, such as certification, deserve support.**

- a. ICB Certified Counselors of Problem and Compulsive Gambling shall submit accurate and honest information to ICB for the purpose of obtaining, maintaining and recommending someone for certification.

**Principle 7.6: In the conduct of research, ICB Certified Counselors of Problem and Compulsive Gambling should adhere to high standards and follow appropriate scientific procedures.**

**Principle 7.7: When ICB Certified Counselors of Problem and Compulsive Gambling accept the responsibility of teaching counseling or of supervising problem and compulsive gambling counselors, they should discharge these responsibilities with the same regard for standards required of all other professional activities.**

**Principle 7.8: As authors or editors, ICB Certified Counselors of Problem and Compulsive Gambling shall adhere to high standards abiding by the traditions established in the academic arena.**

- a. ICB Certified Counselors of Problem and Compulsive Gambling must acknowledge and document materials and techniques used.
- b. ICB Certified Counselors of Problem and Compulsive Gambling who conduct training in problem and compulsive gambling counseling skills or techniques must indicate to the audience the requisite training and qualifications required to properly perform these skills and techniques.
- c. ICB Certified Counselors of Problem and Compulsive Gambling 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. ICB Certified Counselors of Problem and Compulsive Gambling must acknowledge in footnotes or introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- e. ICB Certified Counselors of Problem and Compulsive Gambling must acknowledge, through specific citations, unpublished, as well as published material that has directly influenced the research or writing.
- f. ICB Certified Counselors of Problem and Compulsive Gambling 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. ICB Certified Counselors of Problem and Compulsive Gambling must define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- h. ICB Certified Counselors of Problem and Compulsive Gambling must not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.

**Principle 8: Resolving Ethical Issues**

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

**PERSONAL STATEMENT**

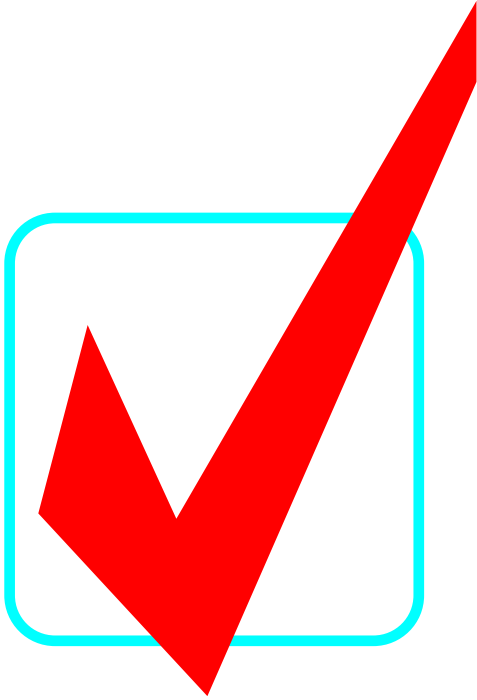
**As a Certified Problem and Compulsive Gambling Counselor, I shall strive at all times to maintain the highest standards in all services I provide, valuing competency and integrity over expediency or ability, providing services only in those areas where my training and experience meet established standards. 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** \_\_\_\_\_



## PCGC Application Checklist

The following should be included in your PCGC Application:

- \_\_\_\_\_ Application information
- \_\_\_\_\_ Work Experience 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.
- \_\_\_\_\_ Supervised Practical Experience 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.