

## TABLE OF CONTENTS

Purpose .....	1
Requirements .....	1
Examination .....	1
Accountability.....	1
How to Apply.....	1
Review of Materials.....	2
Registration Time Period .....	2
Fees.....	2
Registration Maintenance and Renewal .....	3
Continuing Education Policy .....	3
Sources of Continuing Education.....	4
Validation of Continuing Education .....	4
Extension of Continuing Education .....	4
Inactive Status .....	4
Terminated Registration .....	6
Appeal Process.....	6
Disciplinary Review Process.....	7

## PURPOSE

**Mission** – To protect the public by providing competency based credentialing of Human Service Professionals

- To establish standards and procedures for the voluntary, Registered Dual Disorder Professional
- To assure competent, professional counseling to persons suffering from both alcohol/drug abuse or dependency and co-morbidity, and their family members
- To provide professional standards required for program licensing and accreditation and reimbursement
- To provide a respected credential of professional competency
- To provide a method for maintaining and updating professional standards

## REQUIREMENTS

The Registered Dual Disorder Professional (RDDP) is specifically developed for experienced mental health counselors. The RDDP promotes the cross credentialing of substance abuse and mental health counselors and provides a process by which they can demonstrate competencies in both areas of practice.

An applicant who holds a valid license as an Independent Practitioner and can provide proof of good standing with the State of Illinois Department of Financial and Professional Regulation (copy of current IDFPR license), can complete the application, pay the appropriate fees, and pass the ICRC advanced alcohol and other drug abuse examination would be granted a Dual Disorder Professional registration. The applicant does not have to demonstrate work experience, training and education, or previous clinical supervision. The Illinois Certification Board (ICB) will use the applicant's current license as an Independent Practitioner as equivalency.

## EXAMINATION

The RDDP credential requires successful completion of the examination.

Once all pieces of the application have been approved and the required fee received you will be notified by mail of the next available test date.

## ACCOUNTABILITY

This system is accountable to other professionals. The credentials are independent, private, freestanding and self-supporting, and the profession determines and maintains its own standards.

## HOW TO APPLY

Registration will be granted contingent upon documentation of eligibility, submission of all required application material, successful completion of the examination, and payment of all fees. The following outlines the application, review, and approval process.

1. Fill out all parts of the application. Print legibly or type application.
2. Attach a copy of your license as an Independent Practitioner.
3. Verify the completeness of the application by using the “Registered Dual Disorder Professional Checklist” included with the application.
4. Completed application materials and the application fee must be mailed to, ICB, 401 E. Sangamon Avenue, Springfield, IL 62702. **Applications will not be accepted by fax.**

**Review of Materials**

Upon receipt, the application and materials will be screened by ICB for completeness and correctness. The results may be one of the following:

- Application Approved – The application meets all of the standards and the applicant is now eligible to be scheduled for the examination.
- Application Pending – Some of the materials need clarification, submission, or resubmission of any part of the application. The applicant will be notified in writing of the problem(s). **Within one year of the application date, corrected materials must be submitted to ICB or the applicant will need to restart the application process.**
- Application Denied – Registration standards were not met resulting in denial of application.

**REGISTRATION TIME PERIOD**

Once the application receives approval and the applicant has passed the examination, an invoice for the biennial registration fee will be sent. Once payment is received, the registration will be issued. The registration encompasses two calendar years.

**FEES**

Application Fee .....	\$ 50.00
Examination Fee .....	\$175.00
Biennial Registration Fee.....	\$170.00
Extension Fee (maximum 6 months) (per month).....	\$ 10.00
Late Fee (maximum 6 months) (per month) .....	\$ 10.00
Returned Check Fee.....	\$ 35.00
Payment Plan Service Charge.....	\$ 15.00
Replacement Copy of Registration .....	\$ 15.00

**All fees are non-refundable. The fee schedule is subject to change without notice.**

## REGISTRATION MAINTENANCE AND RENEWAL

To maintain the high standards of the professional practice and to assure continuing awareness of new knowledge in the field, ICB requires RDDPs to renew their registration every two years. Professionals must notify ICB, in writing, of any change of address. They are required to pay a biennial registration fee and submit a copy of their current license as an Independent Practitioner and continuing education units (CEUs).

RDDPs will be notified that their registration is about to expire no fewer than 30 days prior to the expiration date. They will submit their biennial registration fee, current license, and CEUs to ICB by their expiration date. Forms for the documentation of CEUs are available on the ICB website and must be completed, signed, and submitted with proof of attendance. CEUs should not be submitted until notification of expiration. **CEUs will not be accepted by fax.**

RDDPs may arrange a payment plan for the biennial registration fee by selecting a payment option on the fee statement provided to the professional. Such requests must be received **PRIOR** to the expiration date. If 45 days have passed from the expiration date without payment of the fee and/or submission of license or CEUs, the registration will be terminated. A non-response to the notices will result in termination of registration.

### **Continuing Education Policy**

Ten (10) CEUs are required to maintain the credential and must be earned within the two-year credentialing period. CEUs are not transferable to any other credentialing period. CEUs obtained prior to the initial date of registration are not eligible to be used for maintaining credentials. CEU credit is only given once for a training event, even if it is repeated during different credentialing periods. A CEU is equivalent to one clock hour of instruction time. (Excluded is non-program time such as breaks, social hours, registration time, meal times). One college semester hour of credit is equivalent to 15 CEUs, one college trimester hour of credit is equivalent to 12 CEUs, and one college quarter hour of credit is equivalent to 10 CEUs.

### **All 10 CEUs, required to maintain registration, must be alcohol and other drug abuse and co-morbidity specific.**

Examples of RDDP education are pharmacology as it relates to dual disorder clients, effects of alcohol and other drugs on dual disorder clients, dynamics of the addiction process as it relates to the dual disorder population, AODA modalities with dual disorder clients, medical treatment issues related to the dual disorder population, detoxification/withdrawal for dual disorder clients, relapse as related to dual disorder clients, AODA rules/regulations as it relates to dual disorder services, history of AODA relating to the dual disorder population, counseling approaches with dual disorder clients, attitudes toward dual disorder populations, roles and boundaries for the dual disorder field, and dual disorder special populations.

## **Sources of Continuing Education Units**

- Recognized sources of education include, college courses, seminars, conferences, and in-service trainings.
- Structured individual continuing education, such as the ICB Bibliocredit Reading Program and other self-study programs, are available for continuing education units.
- Research papers, accepted for publication, reading, or discussion at a professional meeting or conference, and professional publications qualify for continuing education. The topic must pertain to alcohol and other drug abuse/addiction and co-morbidity issues. The work can be counted only once, even though presented in more than one format or location.

## **Validation of Continuing Education**

RDDPs must document they have obtained CEUs and submit the appropriate validation for each educational experience.

1. Certificates or other proof of completion for seminars, conferences, or in-service trainings.
2. Transcripts or other official grade reports for college or university courses.

## **Extension of Continuing Education Requirements**

RDDPs unable to meet the continuing education requirements for renewal may request an extension, in writing. Extensions are \$10.00 per month for up to six months from the expiration date. To request an extension, professionals must include the biennial registration fee plus \$10.00 per month with a written request.

Extensions will not be granted beyond six months. If at the end of six months of extensions professionals have not met the requirements for renewal, their registration will be terminated. They will not be permitted to place their registration on inactive status. Reinstatement will be through completing the full credentialing requirement.

## **INACTIVE STATUS**

ICB has established an Inactive Status to allow RDDPs, who are experiencing extenuating circumstances, a means to prevent their registration from expiring. Inactive status is for professionals who expect to be inactive for more than two years. This category allows them to avoid the full reapplication process.

Professionals in good standing unable to meet the continuing education requirements for registration maintenance due to health or extenuating personal reasons may place their registration on inactive status if they meet the requirements. The process for reactivation from inactive status will then be followed when they wish to activate their registration.

## **Eligibility for Inactive Status for those professionals who are:**

- Registered and in good standing, i.e., current with fees, proof of licensure and continuing education units
- Moving to another state but remaining active in the dual disorder field
- Retired
- Pursuing academic coursework and not active in dual disorder work for the duration of such course work
- On extended military active duty
- Experiencing health problems
- Experiencing extenuating personal circumstances
- Leaving the dual disorder field and choosing not to maintain registration via CEUs

**Insufficient hours of continuing education will not be accepted as rationale for requesting inactive status.**

### **Procedure for obtaining Inactive Status**

- Request “Inactive Status” in writing stating the specific reason(s) for the request
- Include documentation for eligibility in your request
- Surrender your current original RDDP registration to ICB. You will receive a letter from ICB acknowledging the registration is on inactive status.
- Pay a \$20.00 biennial fee.

During the period of inactive status, professionals are considered to be without ICB registration. They cannot refer to themselves in writing or verbally as “Registered Dual Disorder Professionals.”

### **Procedure for reactivating a certificate from Inactive Status**

#### **Dual Disorder professionals who have left the state and continued in the dual disorder field**

- Submit a written request for reactivation to ICB
- Document fulfillment of requirements for registration under the laws/rules of the jurisdiction in which the work experience is occurring
- Submit payment of appropriate fees

#### **Dual Disorder professionals because of a move back to Illinois**

- Submit a written request for reactivation to ICB
- Submit payment of appropriate fees based on level of certification

**Dual Disorder professionals who have left the dual disorder field but wish to reactivate their registration before two years have lapsed:**

- Submit a written request for reactivation to ICB
- Submit payment of appropriate fees
- Submit payment of reapplication fee
- Provide documentation of current CEU experience

**Dual Disorder professionals who wish to reactivate their registration and have been on inactive status for more than two years:**

- Submit a written request for reactivation to ICB
- Submit payment of appropriate fees
- Submit payment of reapplication fee
- Submit payment of examination fee
- Successfully complete the examination required for registration

## TERMINATED REGISTRATION

**Registration will be terminated for the following:**

1. Failure to pay maintenance fees.
2. Failure to document 10 continuing education units over the two-year period of registration and no request for extension or payment plan.
3. Failure to provide proof of current license as an Independent Practitioner.
4. Failure to comply with the conditions of an extension by the expiration date.
5. Ethics violations

**Notification procedure for termination of registration:**

ICB will give registered professionals written notice at least 30 days before the registration expires.

All requests for reinstatement must be put in writing and submitted to ICB. Telephone inquiries will not be accepted. A written response will be sent to the member.

## APPEAL PROCESS

When applicants are denied registration, question the results of the application review, question examination results or are subject to an action by ICB that they deem unjustified, they have the right to inquire and appeal. If, after having been provided an explanation or clarification of the action of ICB, the applicants (complainants) still think that an action taken is unjustified, they may appeal. Complainants may appeal the decision within 30 days of receipt of the notice of denial or any other action deemed unjustified by sending a certified letter to the Executive Director of ICB, 401 East Sangamon Avenue, Springfield, IL 62702.

If applicants wish to appeal their examination scores, they must submit a request to ICB within 30 days of the postmark of the examination score report. Applicants will be required to pay a fee to re-score the examination. Applicants should be aware that examination security and item banking procedures does not permit them to have access to examination questions, answer keys or other secure materials.

## DISCIPLINARY REVIEW PROCESS

RDDPs hold a unique position of trust and responsibility and must be aware at all times, of the ethical requirements imposed on them as a result of this special position.

ICB has established a “disciplinary review process” that provides an avenue through which complaints can be filed about the ethical conduct of ICB RDDPs or applicants to the ICB registration system.

If it is suspected that a breach of the Code of Ethics has occurred, it is suggested that this be brought to the professional’s attention first. If this does not result in a satisfactory outcome, the professional’s supervisor should be informed. If this action still does not result in a satisfactory outcome, an ethics complaint should be made to ICB.

The complainant will submit a request for an ethics complaint packet to ICB, 401 East Sangamon Avenue, Springfield, IL 62702.

The complainant will complete the packet and submit it to ICB. Once the ethics complaint packet is received by ICB the complaint will be investigated resulting in one of three findings.

- Dismissal of the complaint
- Return of the complaint to the Executive Director for further investigation; or
- Imposition of disciplinary action.

The complainant may appeal any decision within 30 days of receipt of the results of the complaint by sending a certified letter to the Executive Director of ICB.



# REGISTERED DUAL DISORDER PROFESSIONAL APPLICATION INSTRUCTIONS

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 \$50.00 should be made payable to ICB. All fees are non-refundable.
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.  
**(Faxed applications will not be accepted!)**
5. Applications will be reviewed when they are received by ICB. Within 30 days, 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 regarding documentation listed on the application forms.
9. Send completed application to: ICB  
401 East Sangamon Avenue  
Springfield, IL 62702

# APPLICATION FOR REGISTERED DUAL DISORDER PROFESSIONAL

PLEASE PRINT OR TYPE

Name _____ / /			
Last	First	Middle	Date of Birth
Home Address _____			
Apartment number (if applicable) _____			
City _____	State _____	Zip Code _____	
Home Telephone _____		Home Fax _____	
Email _____			
Employer Name _____			
Employer Address _____			
City _____	State _____	Zip Code _____	
Work Telephone _____	Extension _____	Work Fax _____	
I would like my mail sent to: <input type="checkbox"/> Home <input type="checkbox"/> Work    Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (check only one box)			

**Please check one selection from each of the following areas:**

<p><b><u>Ethnic Origin</u></b></p> <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other	<p><b><u>Highest Education Level Completed</u></b></p> <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate	
<p><b><u>Primary Work Setting</u></b></p> <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Residential <input type="checkbox"/> Intensive Outpatient <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> MISA	<input type="checkbox"/> Inpatient Treatment <input type="checkbox"/> Private Practice <input type="checkbox"/> Outpatient Treatment <input type="checkbox"/> Case Management & Referral <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Elementary/High School	<input type="checkbox"/> Department of Corrections <input type="checkbox"/> College/University <input type="checkbox"/> Domestic Violence <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Medical/Hospital <input type="checkbox"/> Other _____
<p><b><u>Primary Population Served</u></b></p> <input type="checkbox"/> Adults <input type="checkbox"/> Geriatrics <input type="checkbox"/> Adolescents <input type="checkbox"/> Mixed <input type="checkbox"/> Children	<p><b><u>Primary Profession</u></b></p> <input type="checkbox"/> Social Work <input type="checkbox"/> Psychology <input type="checkbox"/> Counseling <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Nursing	

Please indicate which license you hold as an Independent Practitioner:  
\_\_\_\_\_

**PLEASE NOTE: ICB MAY REQUEST FURTHER INFORMATION WITH REGARDS TO THE DOCUMENTATION PRESENTED IN THIS APPLICATION. THIS INFORMATION IS NOT AVAILABLE TO OTHERS OUTSIDE THE REGISTRATION PROCESS WITHOUT THE WRITTEN CONSENT OF THE APPLICANT. THIS INFORMATION WILL BE USED STRICTLY TO EVALUATE THE PROFESSIONAL COMPETENCE OF THE REGISTERED DUAL DISORDER PROFESSIONAL AND WILL BE KEPT CONFIDENTIAL BY ICB, INC.**

***Certifications / Licenses***

---

\_\_\_\_\_  
Credential

\_\_\_\_\_  
Credential #

National       State \_\_\_\_\_

\_\_\_\_\_  
Credential

\_\_\_\_\_  
Credential #

National       State \_\_\_\_\_

\_\_\_\_\_  
Credential

\_\_\_\_\_  
Credential #

National       State \_\_\_\_\_

All answers are correct to the best of my knowledge. I authorize any educational institution, employer, or other body having knowledge of my professional or academic status, to release information to the ICB.

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

\_\_\_\_\_  
Credentials

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**ASSURANCE AND RELEASE**

The Illinois Certification Board, Inc. (ICB) may request further information with regards to the documentation I have presented in this application. This information is not available to others outside the 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 Registered Dual Disorder Professional. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of 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 afore mentioned board.

I further agree to hold the ICB, it's 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 the subsequent examination, and/or the failure of ICB to issue the registration. In the event my license is either sanctioned, terminated or suspended by the Illinois Department of Financial and Professional Regulations, I agree to surrender my status as a Registered Dual Disorder Professional to ICB, Inc.

I further certify that my Registered Dual Disorder Professional 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 registration for which I am applying.

_____	_____	_____/_____/_____
Signature of Applicant	Credentials	Date

# CODE OF ETHICS FOR REGISTERED DUAL DISORDER PROFESSIONALS

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

The welfare and dignity of the client are to be protected and valued above all else. ICB Registered Dual Disorder Professionals, in the practice of dual disorder 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 Dual Disorder profession.

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

## **Principle 2: ICB Registered Dual Disorder Professionals/Client Relationships**

In the provision of dual disorder services, ICB Registered Dual Disorder Professionals shall establish and maintain counselor/client relationships characterized by professionalism, respect and objectivity.

- a. ICB Registered Dual 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. ICB Registered Dual Disorder Professionals shall ensure that services are offered in a respectful manner in an appropriate environment.
- c. ICB Registered Dual Disorder Professionals 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 professional's agency. Registered Dual Disorder Professionals shall not engage in fee-splitting.
- d. ICB Registered Dual Disorder Professionals 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 Registered Dual 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 is not benefiting from the relationship.
- f. ICB Registered Dual Disorder Professionals shall not give or receive a fee, commission, rebate or any other form of compensation for the referral of clients.

- g. ICB Registered Dual Disorder Professionals 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. If ICB Registered Dual Disorder Professionals 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 Registered Dual Disorder Professionals shall be knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, ICB Registered Dual Disorder Professionals are not obligated to continue the relationship.
- i. ICB Registered Dual Disorder Professionals 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 Registered Dual Disorder Professionals.
- j. In promotional and marketing activities for services, ICB Registered Dual Disorder Professionals shall respect the dignity and confidentiality of the clients.
- k. ICB Registered Dual Disorder Professionals 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)]. Registered Dual Disorder Professionals in all instances shall not engage in any sexual relationship, conduct or contact through means of any therapeutic deception.

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

ICB Registered Dual Disorder Professionals 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**

The ICB Registered Dual Disorder Professional's responsibility is to provide competent professional services.

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

### **Principle 5: Confidentiality**

ICB Registered Dual Disorder Professionals shall preserve, protect and respect their clients' right to confidentiality.

- a. ICB Registered Dual Disorder Professionals shall comply with the federal and state laws, rules and regulations pertaining to client confidentiality.
- b. ICB Registered Dual 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. ICB Registered Dual Disorder Professionals must inform the client and obtain agreement in areas likely to affect the client'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. ICB Registered Dual 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. ICB Registered Dual 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 ICB Registered Dual Disorder Professionals 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 Registered Dual Disorder Professionals 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 Registered Dual Disorder Professionals 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 to be informed before confidential information is disclosed.
- i. At the beginning of the counseling relationship, ICB Registered Dual Disorder Professionals discuss with clients the relevant limitations of confidentiality and the foreseeable uses of information generated through counseling services. ICB Registered Dual Disorder Professionals 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 Registered Dual Disorder Professionals shall establish and maintain professional relationships characterized by respect and mutual support.

- a. ICB Dual Disorder Professionals shall establish and maintain professional relationships with their clients.
- b. ICB Registered Dual Disorder Professionals shall respect the confidences shared by other colleagues/professionals with respect to clients.
- c. ICB Registered Dual Disorder Professionals shall not knowingly solicit the clients of other colleagues/professionals.
- d. ICB Registered Dual Disorder Professionals shall not knowingly withhold information that has been appropriately released by the client from colleagues/professionals that would enhance their treatment effectiveness.
- e. ICB Registered Dual 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, ICB Registered Dual Disorder Professionals 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 Registered Dual Disorder Professionals shall work to support, not damage or subvert, the decisions made by the team.

**Principle 7: Ethical Standards of ICB Registered Dual Disorder Professionals.**

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

- a. ICB Registered Dual Disorder Professionals shall not use another professional as a reference without first obtaining that person's permission.
- b. ICB Registered Dual 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: ICB Registered Dual 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: ICB Registered Dual 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 Registered Dual Disorder Professionals.
- b. In circumstances where ICB Registered Dual Disorder Professionals violate ethical standards, it is the obligation of ICB Registered Dual Disorder Professionals who know first hand of their activities to attempt to rectify the situation. If such attempts fail, ICB Registered Dual Disorder Professionals shall promptly notify the ICB Executive Director.

**Principle 7.4: ICB Registered Dual Disorder Professionals respect their professional status and standing.**

- a. ICB Registered Dual Disorder Professionals shall not misrepresent their professional qualifications and affiliations.
- b. ICB Registered Dual Disorder Professionals shall not aid or abet a person not duly registered as a Registered Dual Disorder Professional in representing himself/herself as an ICB Registered Dual Disorder Professional or at a counselor classification that is not true.

**Principle 7.5: ICB Registered Dual Disorder Professionals have an obligation to see that Dual Disorder counseling is done by qualified, competent persons. Constructive efforts to achieve competent dual disorder counseling services, such as certification, deserve support.**

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

**Principle 7.6: In the conduct of research, ICB Registered Dual Disorder Professionals should adhere to high standards and follow appropriate scientific procedures.**

**Principle 7.7: When ICB Registered Dual Disorder Professionals accept the responsibility of teaching dual disorder counseling or of supervising dual disorder 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, ICB Registered Dual Disorder Professionals shall adhere to high standards abiding by the traditions established in the academic arena.**

- a. ICB Registered Dual Disorder Professionals must acknowledge and document materials and techniques used.



- b. ICB Registered Dual Disorder Professionals who conduct training in dual disorder counseling skills or techniques must indicate to the audience the requisite training and qualifications required to properly perform these skills and techniques.
- c. ICB Registered Dual 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. ICB Registered Dual Disorder Professionals must acknowledge in footnotes or introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- e. ICB Registered Dual Disorder Professionals must acknowledge, through specific citations, unpublished, as well as published, material that has directly influenced the research or writing.
- f. ICB Registered Dual 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. ICB Registered Dual 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. ICB Registered Dual Disorder Professionals 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**

ICB Registered Dual Disorder Professionals shall take appropriate action when they possess information that raises doubts as to whether another dual disorder professional is acting in an ethical manner.

**PERSONAL STATEMENT**

As a Registered Dual 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** \_\_\_\_\_



## **RDDP Application Checklist**

The following should be included in your RDDP Application:

- \_\_\_\_\_ General Information forms
- \_\_\_\_\_ Copy of License for Independent Practice (must have current dates)
- \_\_\_\_\_ Assurance and Release signed and dated by applicant
- \_\_\_\_\_ Code of Ethics signed, dated and notarized
- \_\_\_\_\_ \$50.00 application fee

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

