

# AODA COUNSELOR APPLICATION INSTRUCTIONS

## Advanced Accredited Training Program Applicants

The application is a brief sketch of the professional's qualifications and 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 an alcohol and other drug abuse (AODA) counselor. This process includes validation from instructors and supervisors.

1. Application forms must be neatly printed or typewritten.
2. The application 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 \$75.00 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 e-mailed to applicants notifying them of any problems or missing parts of the application. A valid e-mail address must be provided. Special considerations for lack of e-mail will be considered on a case by case basis.
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. Accredited Training Program Applicants have the responsibility to read The Illinois Model for the Certification of Alcohol and Other Drug Abuse Counselors and to sign the Assurance and Release form which verifies they have read it. The program coordinator will have provided this information to the applicant during the program.
10. Applicants who want to take the written examination before the application is completed, i.e., before requirements are fulfilled, must submit the following parts of the application:
  - a. General Information - Pages 2 and 3 (Mark Yes to Test on Page 2)
  - b. Assurance and Release – signed and dated – Page 4
  - c. Code of Ethics – signed, dated and notarized – Page 10
11. Send completed application to: Illinois Certification Board  
401 East Sangamon Avenue  
Springfield, IL 62702

**APPLICATION FOR AODA COUNSELOR CERTIFICATION  
(CADC)  
Advanced Accredited Training Program Applicants**

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 \_\_\_\_\_

Gender:  Male  Female

Name of Accredited Training Program: COLLEGE OF DUPAGE  
\_\_\_\_\_ Enrolled \_\_\_\_\_ Completed Date Completed \_\_\_\_\_

Letter of Completion:  
(signed by Accredited Training Program Coordinator upon the completion of the program)  
Submitted by  Student  Program Coordinator

I would like my mail sent to:  Home  Work

I would like to test before my application is complete:  Yes  No

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
- Hispanic
- Latino
- Other

**Highest Education Level Completed**

- High School Diploma or GED
- Bachelor of \_\_\_\_\_ of \_\_\_\_\_
- Vocational Certification
- Bachelor of Science
- Associate of Art
- Master's \_\_\_\_\_
- Associate of Science
- 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 \_\_\_\_\_
- Not Applicable

**Primary Population Served**

- Adults
- Adolescent
- Children
- Geriatrics
- Mixed
- Not Applicable

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

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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 committee 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.

## **ASSURANCE AND RELEASE**

### **Advanced Accredited Training Program Applicants**

The Illinois Certification Board (ICB) may request further information from all persons listed on the application form, in order to verify education and supervision, and accredited training program completion, 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 ICB and staff to investigate my background as it relates to information contained in this application for certification as a Certified AODA 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, 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 subsequent examinations, and/or the failure of ICB to issue certification.”**

**“I certify that I have read and subscribe to ICB, Inc.'s Code of Ethics for Certified AODA Professionals and The Illinois Model for the Certification of Alcohol and Other Drug Abuse Counselors.”**

**“I further certify that my AODA Counselor Certification 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 certification for which I am applying.”**

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**Signature of Applicant**

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**Date**

# ICB CODE OF ETHICS FOR CERTIFIED ALCOHOL AND OTHER DRUG ABUSE PROFESSIONALS

## SECTION 1 – NAME AND PURPOSE.

1.01: Name: This Code shall be known and may be cited as the Illinois Certification Board (“ICB”) Code of Ethics for Certified Alcohol and other Drug Abuse (AODA) Professionals (“Code of Ethics”), and it shall supersede any and all prior ethics codes.

1.02: Purpose: The ICB’s mission is to protect the public by providing competency based credentialing of human service professionals. An essential element of this protection is the requirement that Certified AODA Professionals maintain high ethical standards based on the principles of integrity, objectivity, professionalism, and respect. Consistent application of these standards protects the welfare and dignity of AODA clients, improves the outcome of AODA services, and advances the public standing of the AODA profession.

1.03: ICB Code of Procedure: The ICB Code of Procedure (“Code of Procedure”), supplements this Code of Ethics as described in Section 3, below.

## SECTION 2 – ETHICAL STANDARDS OF CONDUCT.

Certified AODA Professionals shall adhere to the following ethical standards as a condition of attaining and maintaining ICB Certification:

### 2.01: Personal Conduct Standards:

2.01.01: Certified AODA Professionals shall not abuse alcohol or legal drugs. This includes but is not limited to alcohol or drug related legal problems or any other alcohol or drug related conduct that reflects poorly on them or the AODA profession.

2.01.02: Certified AODA Professionals shall not possess or use illegal drugs.

2.01.03: Certified AODA Professionals who become aware that their personal use of alcohol or drugs may be problematic shall seek appropriate assistance and promptly notify the Illinois Certification’s Executive Director (“Director”) of that decision. Certified AODA Professionals shall cease their involvement in the provision of AODA services until any problematic use of alcohol or drugs is stable or resolved and does not affect their professional competency.

2.01.04: Certified AODA Professionals who become aware that serious personal issues may be problematic shall seek appropriate assistance and promptly notify the Director of that decision. Serious personal issues include but are not limited to physical or mental health concerns, process addictions, active legal charges, or any other issue that reflects poorly on them or the AODA profession. Certified AODA Professionals shall cease their involvement in the provision of AODA services until their personal issues are stable or resolved and do not affect their professional competency.

2.01.05: Certified AODA Professionals must inform the ICB if convicted of a felony, or any sexual or drug related offense, in any court of competent jurisdiction in this or any other

state, district, or territory of the United States or of a foreign country and cease their direct provision of any AODA clinical or intervention services in Illinois for two (2) years from the date of conviction or any related subsequent incarceration, whichever occurred first. The provisions of this Section shall in no way be deemed to waive or limit any right or remedy of the ICB under any other provision of the Code of Ethics and/or the Procedure Code.

2.01.06: Certified AODA Professionals must inform the ICB if they have a suspension or revocation of driving privileges for any alcohol or drug related driving offense and cease their direct provision of DUI evaluation or Risk Education in Illinois for two (2) years from the date of conviction or DUI summary suspension. The provisions of this Section shall in no way be deemed to waive or limit any right or remedy of the ICB under any other provision of the Code of Ethics and/or the Procedure Code.

2.02: Professional Conduct Standards:

2.02.01: Certified AODA Professionals shall not misrepresent their professional qualifications.

2.02.02: Certified AODA Professionals shall submit accurate information to ICB for the purposes of obtaining and maintaining certification.

2.02.03: Certified AODA Professionals shall consider the welfare of the public and the profession when making recommendations for positions, advancement, and certification.

2.02.04: Certified AODA Professionals who teach AODA counseling or supervise AODA counselors shall discharge these responsibilities with the same regard for standards required for all Certified AODA Professional activities.

2.02.05: Certified AODA Professionals shall adhere to high standards and follow appropriate scientific procedures when conducting research, including but not limited to adhering to current evidence informed practice and be in compliance with Institutional Review Board requirements.

2.02.06: Certified AODA Professionals shall not take credit for professional substance abuse services done by others. This includes services done by other Certified AODA Professionals, non-certified staff, or interns.

2.02.07: Certified AODA 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 counselor's organization. Certified AODA Professionals shall not engage in fee-splitting.

2.02.08: Certified AODA Professionals shall not use their relationship with their clients to promote personal gain, profit for an organization, or commercial enterprise of any kind for at least three (3) years after termination of services.

2.02.09: Certified AODA 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 as defined in Section 2.20 of the Code of Procedure. This prohibition is in effect during the time of any active counseling relationship and in perpetuity once the counseling relationship has ended.

2.02.10: Certified AODA Professionals shall not engage in any sexual relationship, conduct, contact, exploitation, or harassment with students or supervisees.

2.02.11: Certified AODA Professionals shall not practice or condone discrimination against clients, clients' partners, clients' family, or other professionals based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, social economic status, or any basis prescribed by law.

2.02.12: Certified AODA Professionals shall not knowingly solicit the clients of other colleagues/professionals or accept for treatment a person who is receiving services from another professional except by mutual agreement or after termination of services.

2.02.13: Certified AODA Professionals shall fully cooperate with all local, state, and federal authorities having jurisdiction in regard to routine onsite compliance inspections, investigations for cause, and requests for information.

2.02.14: Certified AODA Professionals may use social media (e.g. Facebook, Twitter, internet web pages or website, etc.) to advertise the offering of "Certified AODA Professional Services" as defined in Section 2.04 of the Code of Procedure, to promote human service professional work in general or the AODA profession in particular, or for any educational purposes relating to the foregoing. Certified AODA professionals may not use any social media for the making of any misleading or false claims, other improper advertising relating to Certified AODA Professional Services, or for any other purpose prohibited by (or that is otherwise in violation of) this Code of Ethics, the Code of Procedure, or any other canon, rule or regulation promulgated by the Director from time-to-time.

2.02.15: Certified AODA Professionals shall not engage in any other conduct or behavior which would bring the ICB and/or AODA profession into disrepute.

2.03: Confidentiality Standards:

2.03.01: Certified AODA Professionals shall be familiar and comply with all federal and state laws regarding confidentiality.

2.03.02: Certified AODA Professionals shall inform clients at the beginning of the counseling relationship the limits of confidentiality laws and the foreseeable uses of information generated through counseling services.

2.03.03: Certified AODA Professionals shall maintain confidentiality unless it is in the best interest of the clients, the welfare of others, an obligation to society, or legal requirements demand that confidential material be revealed. Certified AODA Professionals shall consult with his or her Managing AODA Professional as defined in Section 2.19 of the Code of Procedure and/or legal counsel, when unsure if an exception to confidentiality exists.

2.03.04: Certified AODA Professionals shall only reveal essential information when circumstances require the disclosure of confidential material. To the extent possible, clients will be informed before confidential material is disclosed.

2.03.05: Certified AODA Professionals shall accurately document all AODA services and safely store client records according to state and federal confidentiality laws.

2.04 Service Delivery Standards:

2.04.01: Certified AODA Professionals must exercise clinical discretion when prescribing substances with abuse potential to clients with known or suspected substance related and addictive disorders.

2.04.02: Certified AODA Professionals shall not enter into counseling relationships with members of their own family, close friends, persons closely connected to them, or others whose welfare might be jeopardized by such a dual relationship.

2.04.03: Certified AODA Professionals shall not initiate a counseling relationship and shall terminate any active counseling relationship when the client no longer needs services, the client is not benefiting from services, other services are more appropriate, the client does not pay agreed upon fees, or the Certified AODA Professional has personal issues preventing the effective delivery of services. Certified AODA Professionals shall be knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referrals, Certified AODA Professionals are not obligated to continue the relationship.

2.04.04: Certified AODA 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.

2.04.05: Certified AODA Professionals shall ensure that services are offered in a respectful environment that meets all local, state, and Federal safety and accessibility requirements.

2.04.06: Certified AODA Professionals shall not physically, emotionally, financially or verbally abuse their clients.

2.04.07: Certified AODA Professionals shall not offer services outside their range of competency.

2.04.08: Certified AODA Professionals shall not offer services outside the boundaries of the AODA profession unless otherwise qualified through education, training, licensure, or certification.

2.05: Ethics Violation Reporting Standards:

2.05.01: Certified AODA Professionals with personal knowledge of another Certified AODA Professional's possible violation of ethical standards shall attempt to clarify or rectify the situation if practical. If such attempts fail and they possess information that raises doubts as to whether another Certified AODA Professional is acting in an ethical manner, Certified AODA Professionals shall promptly submit an ethics Complaint to the ICB Executive Director.



2.05.02: Certified AODA Professionals shall not initiate, participate in, or encourage the filings of ethics complaints that are frivolous or intended to harm a Certified AODA Professional rather than to protect clients or the public.

2.05.03: Certified AODA Professionals shall fully and completely cooperate with investigations, proceedings, and requirements of any ICB ethics investigation or any other investigations of any ethics committees of other duly constituted associations or boards having jurisdiction over matters under this Code of Ethics or the Code of Procedure.

### **SECTION 3 – VIOLATIONS-CODE OF PROCEDURE**

3.01: Code of Procedure: All alleged violations of this Code of Ethics and any complaints filed there under shall be administered pursuant to the Code of Procedure, as amended from time-to-time.

3.02: Conflict: The provisions of the Code of Procedure (including any definitions therein) are incorporated into this Code of Ethics by reference. The intent of the Code of Procedure is to supplement this Code of Ethics and in the event of any direct conflict between the terms of this Code of Ethics with any provisions of the Code of Procedure, the provisions of this Code of Ethics shall control.

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## PERSONAL STATEMENT

As a Certified Alcohol and Other Drug Abuse 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.

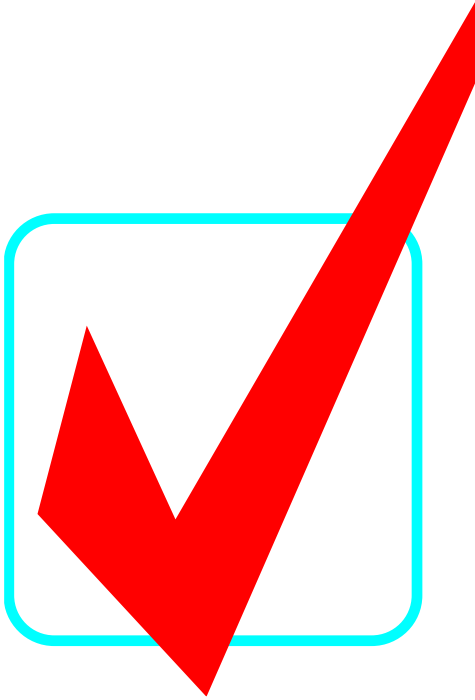
My signature below indicates my agreement with and willingness to abide by this Code of Ethics.

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

Signature of Notary \_\_\_\_\_ Date \_\_\_\_\_

Notary Stamp \_\_\_\_\_

***Please Note:*** Applicants need only to submit this page of the Code of Ethics, not the entire Code of Ethics, Pages 5-9 should be kept for your personal file.



## **Application Checklist – Advanced Accredited Training Program Applicant**

This checklist is for applicants to verify for themselves that all documentation is included in their application. Applicants do not need to include this checklist with their application.

The following should be included in your Certification Application:

- \_\_\_\_\_ Application information – Pages 2 and 3
- \_\_\_\_\_ Marked Yes or No to Test on Page 2
- \_\_\_\_\_ Letter of Completion from Accredited Training Program (When Completed)
- \_\_\_\_\_ Assurance and Release signed and dated by applicant – Page 4  
(Signature verifies applicant has read the Counselor Model)
- \_\_\_\_\_ Code of Ethics signed, dated and notarized – Page 10
- \_\_\_\_\_ Application Fee

Mail application to ICB, 401 East Sangamon Avenue, Springfield, IL 62702. **Applications will not be accepted by fax.**

# College of DuPage CADC Proctor Fee Waiver Request Form

Bring completed form to Specialized Testing Services (BIC 2407) on test day.  
Do NOT return this form with your application

## TESTING CHECKLIST:

- GOVERNMENT ISSUED ID
- REGISTRATION E-MAIL WITH EXAM CODE
- COMPLETED FORM WITH SIGNATURE

Name _____		
Last	First	Middle
City _____	State _____	Zip Code _____
Home Telephone _____		
Email _____		
Name of Accredited Training Program: <u>COLLEGE OF DUPAGE</u>		

<b><u>***College of DuPage - Internal Use Only***</u></b>	
<b>Human Services Coordinator signature upon approval to test.</b>	
Signature: _____	Date: _____
Test Date: _____	
<i>Return to Human Services Coordinator upon completion of testing, BIC 2603</i>	

**VALID ONLY AT COLLEGE OF DUPAGE TESTING CENTER**