



**APPLICATION FOR ICCE EXAMINATION
AND
INTERNATIONAL CERTIFIED ADDICTIONS PROFESSIONAL (ICAP)
CREDENTIAL**

**International Centre for Credentialing and Education for Addiction Professional
(ICCE)**

In collaboration with



NAADAC, the Association for Addiction Professionals, USA

The Colombo Plan Secretariat,
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PART I - APPLICATION FOR THE ICCE EXAMINATION

Instructions to fill out this PDF document

1. Position the mouse pointer inside a field and click
2. Enter text
3. After entering text, press Tab to accept and to go to the next field
4. Once you have filled in the appropriate fields, click the Print button on the bottom of the form.
5. Go to *File> Save As*, and Enter your name as the file name and Click *Save* Button

SECTION 1: CANDIDATE INFORMATION *(To be filled in block letters)*

Title (Mr. /Ms. / Mrs. / Dr.)

First Name

Middle Name

Last Name

Home Address- Apartment/ House Number

House Number and Street

City

State

Postal Code

Country

Phone Number/s: Home

Office

Mobile

Email Address 1:

Email Address 2:

SECTION 2: ELIGIBILITY AND BACKGROUND INFORMATION

Check the appropriate answer

A. FOR WHICH EXAMINATION ARE YOU APPLYING

- ICCE I ICCE II ICCE III

B. WHAT IS THE LANGUAGE THAT YOU PREFER TO APPLY

- English Spanish Portuguese Bahasa Indonesia Bahasa Malaysia Dari
 Korean Thai Pashto Urdu Russian Vietnamese Laotian Bengali

C. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- Yes No

If Yes, indicate date, month, year and name under which the examination was taken.

Date

Name of the Examination

D. ARE YOU CURRENTLY CERTIFIED IN ADDICTION COUNSELLING BY THE ICCE?

- ICAP I ICAP II ICAP III None

E. HOW DID YOU ACQUIRE YOUR DRUG ADDICTION TREATMENT TRAINING?

- Specialty training in alcohol/drug abuse counselling
 Alcohol/drug abuse counselling course as part of degree program
 Continuing education courses
 On-the-job training
 Other (Please specify)

F. IN WHAT TYPE OF SETTING DO YOU PRACTISE?

- Private Practice
 Private Treatment Centre
 Treatment Centres run by Non Profitable Organisations
 Hospital Programme
 State / Government Agency
 Employee Assistance Programme
 Other (Please specify)

G. IN WHICH OF THE FOLLOWING DO YOU SPEND AT LEAST TEN HOURS PER WEEK?

- Counselling Clients with Alcohol/Drug-related Problems
 Other Counselling
 Clinical Supervision
 Assessment and Referral
 Prevention/Community Service
 Outreach
 Research/Evaluation
 Administration
 Professional and Staff Development
 Other (Please specify)

H. PERCENT OF WORKING TIME CURRENTLY SPENT IN DRUG ADDICTION TREATMENT?

- Less than 25%
- 25% to 50%
- 51% to 75%
- More than 75

I. TREATMENT OR MODALITY YOU PROVIDE:

- Inpatient only
- Outpatient only
- Inpatient and Outpatient
- Halfway House
- Other

J. PROFESSIONAL BACKGROUND:

- Counsellor
- Rehabilitation Therapist
- Facility Coordinator / Manager
- Social Worker
- Psychologist
- Nurse/ Allied Health Staff
- Physician other than Psychiatrist
- Psychiatrist
- Peer Counsellor/ Outreach Worker
- Other

K. EXPERIENCE IN DRUG ADDICTION TREATMENT:

- Less than 1 years
- 1 - 2 years
- 2 - 5 years
- 5 - 10 years
- More than 10 years

L. HIGHEST ACADEMIC LEVEL:

- Less than High School
- High School or Equivalent
- Diploma
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other

M. YOUR CURRENT POSITION /DESIGNATION AT WORK

SECTION 3: OPTIONAL INFORMATION

Note: Information related to nationality, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Nationality

Age

Gender

I certify that the information given in this application is accurate, correct, and complete.

Candidate's Signature:

Date

For Office Use Only

Fee

Cash TT

Signature of the ICCE official

PART II APPLICATION FOR THE ICCE CERTIFICATION EXAMINATION FOR ADDICTION COUNSELLORS

DIRECTIONS: Candidates applying for the ICCE I Examination and International Certified Addictions Professional I (ICAP I) Credentials must have at least 1 year of full-time, or 1500 hours of supervised working experience in drug and alcohol related field.

Candidates applying for the ICCE II Examination and International Certified Addictions Professional II (ICAP II) Credentials must have at least 2 years of full-time or 3,000 hours of supervised experience as an Alcohol and/or drug abuse counsellor.

Candidates applying for the ICCE III Examination and International Certified Addictions Professional III (ICAP III) Credentials must have at least five years full-time, or 8,000 hours of supervised experience in Alcohol and Drug Abuse Counselling.

NOTE: Failure to complete all requested information in both Part I and II will delay the processing of your application and may make you ineligible to sit for the examination.

SECTION 1. PERSONAL AND EXAMINATION DATA

Name:

(Print: Last First Middle)

Mailing Address:

City State Zip

Applying for: ICCE I ICCE II ICCE III

Telephone: Work:

Home:

FAX:

E-mail:

SECTION 2. CURRENT STATE LICENSE/CERTIFICATION

(Enter information requested and enclose copy of State/ the ICCE Certification if applicable)

Credential Issuing State/Authority

Expiration Date

Number

SECTION 3. CAREER HISTORY IN ALCOHOL AND/OR DRUG ABUSE COUNSELLING

(Job experience/s to be verified by the supervisor/s. List current position first.)

(1) Institution/Practice Site:

Address:

Dates: From to Position Title

Job Description:

Name and Signature of the Supervisor

Telephone:

(2) Institution/Practice Site:

Address:

Dates: From to Position Title

Job Description:

Name and Signature of the Supervisor

Telephone:

(3) Institution/Practice Site:

Address:

Dates: From to Position Title

Job Description:

Name and Signature of the Supervisor

Telephone:

(4) Institution/Practice Site:

Address:

Dates: From to Position Title

Job Description:

Name and Signature of the Supervisor

Telephone:

SECTION 4. LIST OF DOCUMENTS TO BE SUBMITTED BY THE CANDIDATE

- (1) Detailed CV of the candidates (*signed by the candidates with date*)
- (2) Narrative description of the most recent work experience in addiction treatment (*verified and recommended by your supervisor on organisation's letter head*)
- (3) Certified true copies of the training certificates, (*Attended in the last 5 years*)
- (4) Certified true copies of School / University certificates (*As mentioned in the CV*)
- (5) An examination fee of US\$100 to be submitted after the approval of application

Bank Details for Payment

A/C Name : COLOMBO PLAN COUNCIL - ICCE CSI

A/C Number : 72950509

Bank: : Bank of Ceylon (Super Grade)
International Department,
1st Floor, BOC Merchant Tower,
28, St. Michael's Road, Colombo 03,
Sri Lanka

Sift Code : BCEYLKLX