

International Certification & Reciprocity Consortium (IC&RC)

Alcohol and Drug Counselor (ADC)

Application for Certification

1. Eligible applicants hold an active FCB Certified Addiction Counselor (CAC), Certified Addiction Professional (CAP), or Master’s Level Certified Addiction Professional (MCAP) credential in “applicant-in process” or “certified” status. The ADC credential will not be awarded until the applicant holds the FCB credential in “certified” status.
2. Applicants must live or work at least 51% of the time in Florida at the time of application.
3. Partial, incomplete or illegible applications will be returned to the applicant.
4. Failure to agree to follow Florida Certification Board (FCB) policies and procedures may be grounds to disqualify an applicant from certification.

Section 1: Applicant and Eligibility Information.

1. Provide your name in the same format and spelling as is associated with your FCB eligible credential.

Last Name	Middle Name/Initial	First Name	Suffix

2. Indicate your FCB eligible credential and status.

- | | |
|--|---|
| <input type="checkbox"/> MCAP, certified | <input type="checkbox"/> MCAP, applicant-in process |
| <input type="checkbox"/> CAP, certified | <input type="checkbox"/> CAP, applicant-in process |
| <input type="checkbox"/> CAC, certified* | <input type="checkbox"/> CAC, applicant-in process |

*Individuals who earned the CAC credential prior to March 2016 may be required to document additional work experience and/or training requirements. The FCB will review the applicants file and advise of any additional requirements that must be satisfied prior to approval for IC&RC ADC exam registration.

3. By my signature below, I affirm:

- a. At the time of this application, I live and/or work at least 51% of the time in the state of Florida.
- b. I have read, understand, and agree to follow the FCB’s IC&RC ADC policies and procedures.
- c. The information I have provided is correct and truthful.

Signature

Date

Section 2: Fee Structure and Invoicing Information.

Check each fee included with this application. Fees are non-refundable.

- Application fee: \$50. Exam fee: \$185 per attempt.

Indicate your payment method:

- My check or money-order is enclosed.

Check/MO Tracking Number: _____ Amount: _____

- Please invoice me for on-line payment by credit card (VISA, MasterCard, American Express)

- Credit card. Call the office to make a credit card payment. We will charge you a \$5 processing fee for each individual credit card payment manually processed by FCB staff.

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For FCB Use Only

Section 1: Eligibility Criteria Verification

- | | |
|--|---|
| <input type="checkbox"/> MCAP, certified | <input type="checkbox"/> MCAP, applicant-in process |
| <input type="checkbox"/> CAP, certified | <input type="checkbox"/> CAP, applicant-in process |
| <input type="checkbox"/> CAC, certified* | <input type="checkbox"/> CAC, applicant-in process |

***For "CAC, certified" applicants only:**

1. Is the applicant CAC certified? Yes No
 If "Yes" go to Question 3. If "No" go to Payment Section
2. Was the applicant certified prior to March 2016? Yes No
 If "Yes" go to Question 3. If "No" go to Payment Section
3. What degree did the applicant hold at the time of CAC award? HSD/GED AA/Vocational Degree
 If "HSD/GED" go to Payment Section. If "AA/Vocational Degree" go to Additional Documentation Section.

Date verified

Staff Signature

Section 2: Additional Documentation (only for applicants who are CAC's certified prior to March 2016)

4. Work Experience: Must document 1,000 additional hours of related work experience, for a total of 5,000 hours.
 Date Received _____ Date Approved _____ Staff Initials _____
5. Supervision: Must document an additional 100 hours of supervision with a minimum of 10 hours of supervision in each IC&RC performance domain.
 - a. Screening, Assessment, and Engagement
 - b. Treatment Planning, Collaboration, and Referral
 - c. Counseling
 - d. Professional and Ethical Responsibilities

Date Received _____ Date Approved _____ Staff Initials _____

Section 3: Payment Information

Form of payment: Check/Money Order FCB On-line Invoice Credit Card (phone payment)

Date Received _____ Date Approved _____ Staff Initials _____

Section 4: Exam and Credential Award Information

Date of Exam _____ Exam Score _____ Pass/Fail Status Pass Fail*

Date of ADC award: _____ ADC #: _____

*Attach FCB's IC&RC ADC Re-TEST Documentation Form until a passing score is earned on the exam.