



APPLICATION FOR RECOVERY COACH CREDENTIAL (RC)

**International Centre for Credentialing and Education for
Addiction Counsellors (ICCE)
In collaboration with**



NAADAC, the Association for Addiction Professionals, USA

The Colombo Plan
31 Wijerama Mawatha, Colombo 7,
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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 Botton

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. WHAT IS THE LANGUAGE THAT YOU PREFER TO APPLY

English Bahasa Indonesia

B. 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)

C. 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)

D. 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)

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

ICAP I ICAP II ICAP III None

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

Less than 25%

25% to 50%

51% to 75%

More than 75

G. TREATMENT OR MODALITY YOU PROVIDE:

Inpatient only

Outpatient only

Inpatient and Outpatient

Halfway House

Other

H. 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

I. EXPERIENCE IN DRUG ADDICTION TREATMENT:

Less than 1 years

1 - 2 years

2 - 5 years

5 - 10 years

More than 10 years

J. HIGHEST ACADEMIC LEVEL:

Less than High School

High School or Equivalent

Diploma

Bachelor's Degree

Master's Degree

Doctoral Degree

Other

K. 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 RECOVERY COACH CREDENTIAL (RC)

DIRECTIONS: Candidates applying for the ICCE Examination for Recovery Coach Credentials (RC) must have the following:

- One year of supervised experience in the area of Substance Use Disorders
- Evidence of two continued years of total abstinence from all kind of substances
- Evidence of 100 hours of education/training in SUD/Peer Recovery

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

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\$110 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