INTERNATIONAL CERTIFICATION & IC&RC RECIPROCITY CONSORTIUM

International Certificate Application/Renewal

Check one:
☐ Counselor ☐ Advanced Counselor ☐ Clinical Supervisor
☐ Prevention Specialist ☐ Criminal Justice ☐ Co-Occurring Disorders
☐ Co-Occurring Disorders Diplomate

Return this completed application to your board. Your board will verify the information and forward the application to the IC&RC. Please allow three to four weeks for processing.

Name (Must be printed clearly) _____

Home Address: _____
Street Address Apt. #

_____
City State Zip Code

Telephone: _____ _____
Home Work

Email: _____

Current Board of Certification: _____

Your signature _____ Date _____

To be completed by IC&RC Member Board:

I verify that the certification of the applicant named above is in good standing with the _____.
(board acronym)

The credential is a _____ due to next renew on _____.
(credential acronym) (next recert date)

_____ _____
Signature of board representative Date