



International Certificate Application/Renewal

- Check one:**
- | | | |
|---|---|---|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Advanced Counselor | <input type="checkbox"/> Clinical Supervisor |
| <input type="checkbox"/> Prevention Specialist | <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Co-Occurring Disorders |
| <input type="checkbox"/> 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 recertification date)

 Signature of board representative Date