INTERNATIONAL CERTIFICATION & IC&RC RECIPROCITY CONSORTIUM

Application for Reciprocity

Instructions:
1. Complete this application and sign the release and authorization.
2. Include payment (Check or Money Order- payable to IC&RC, Visa or MasterCard) for the Non-Refundable application fee of $100.00 ($90 if you are reciprocating from/to the USAF/USN).
   Note: Counselor with CCS is $100 total, otherwise fee is $100 each credential.
3. Make a copy for your records.
4. Mail completed application and fee to your current IC&RC member board.

Your current board will send your application and fee, along with a Credential Verification Form, to the IC&RC Office. The IC&RC will review your application. If there is a problem with your application, you will be notified. If approved, the IC&RC will forward an approved reciprocity notification to your requested board. You will then receive a certificate and/or confirmation from your new certification board If you have not heard from your requested board within 3 weeks, please contact them – ask your board for the phone number. *Please print or type.*

Name: _____ Daytime Phone: _____

Address: _____

City/Providence, State/Country, Zip: _____

Email: _____

What credential will you be reciprocating?

☐ Counselor ☐ Advanced Counselor ☐ Clinical Supervisor ☐ Prevention Specialist

☐ Criminal Justice ☐ Co-Occurring Disorders ☐ Co-Occurring Disorders Diplomate

I am currently certified by: _____
(Name of Current Board)

I wish to remain certified with this board (check one): ☐ Yes ☐ No

I wish to reciprocate to: _____
(Name of Requested Board)

Release/Authorization – This form expires 60 days from the date of signature.

I hereby authorize my current IC&RC member board to release any/all information to the requested IC&RC member board regarding my qualifications, including but not limited to, work experience, supervision, training, written and/or oral examination results and any disciplinary action taken as a result of an/a ethical /professional violation of said board's code of conduct.

_____ _____
Signature Date

For Credit Card Users: ☐ Master Card ☐ Visa

_____ _____
Full Name Account Number + 3 digit security code

_____ _____
Billing address if different from above Expiration Date (MM/YY)

_____ _____
City State Zip Signature