



# CCDP Application

Certified Co-Occurring Disorders  
Professional

## DIRECTIONS/CHECKLIST

- Official transcript required sent directly from college/university to the DCB Office. It is recommended you request transcripts approximately three weeks prior to sending in your application.
- Certificates of attendance for trainings.
- Current job description signed and dated by applicant and supervisor.
- Previous relevant employment documentation (if needed). Acceptable documentation includes a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed.
- Sign and date the Code of Ethical Conduct.
- Release form notarized.
- Supervision form completed and signed by supervisor.
- If you have ever received any disciplinary action from another certification or licensing authority, please include a letter of explanation with your application.
- If you have ever been convicted of a felony, please include a letter of explanation with your application.
- Fee of \$350. May be paid by check/money order (payable to DCB) or with Visa, MasterCard or Discover. One-half of fee is refundable if application is denied or cancelled prior to the exam – no refund if application is denied or cancelled after exam. If an employer or organization is covering the cost of your application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

If there are any problems with the application, you will be notified by email. Applications are open for a period of one year after the date of review. If an applicant fails to fulfill all certifications requirements within that year, the application will be closed and no refund will be issued.

*Keep a photocopy of the entire application.*

Applicants can email, mail or fax completed application, copies of certificates of attendance, attachments, and fee to:

DCB  
298 S. Progress Avenue  
Harrisburg, PA 17109  
Phone: (717) 540-4456 Fax: (717) 540-4458  
Website: [www.delawarecertificationboard.org](http://www.delawarecertificationboard.org) Email: [info@delawarecertificationboard.org](mailto:info@delawarecertificationboard.org)

## REQUIREMENTS FOR CCDP

### Employment

- Three years (6000 hours) of employment of which one year (2000) hours is in counseling and two years (4000 hours) are providing integrated services to clients with co-occurring disorders obtained over the last 10 years. Applicant must spend at least 51% of his/her time providing direct services.
- Supervised work experience is defined as paid professional experience in the delivery of counseling services to individuals, families or groups with mental illness, substance abuse disorders or co-occurring disorders or delivery of supervision to those providing said counseling services and must be in the domains.
- Applicant must be currently employed in a co-occurring disorders counseling position at the time application is submitted.
- Current job description dated and signed by supervisor and applicant.

### Supervision

- 200 hours with a minimum of 20 hours in each domain.

### Education

- Bachelor's degree in co-occurring disorders or behavioral science with a clinical application from an accredited college or university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. An official transcript sent directly from college/university is required.
- 200 hours of education relevant to the field of addiction, of which 140 hours are co-occurring specific that includes a focus on both substance use and mental disorders and considers the interactive relationship between the disorders; 30 hours of addiction specific training, including six hours of counselor specific ethics and 30 hours of mental health specific training.
- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and DCB approved distance education.
- Education must be specifically related to the tasks within the domains.
- Education in CPR/First Aid and computer learning will be acceptable for a maximum of six hours each.
- Three college credits are equivalent to 45 hours.
- Education, as defined above, applicant provides to others may also be used providing it is verified in writing by sponsoring school or agency.

### Examination

- Pass the IC&RC Examination for Co-Occurring Disorders Professionals.

### Other

- Signed and dated Code of Ethical Conduct.
- Signed, dated and notarized Release.
- Applicant must either live or work in DE at time of application at least 51% of the time.

### Domains

1. Screening & Assessment
2. Crisis Prevention & Management
3. Treatment & Recovery Planning
4. Counseling
5. Management & Coordination of Care
6. Education of the Person, Their Support System & the Community
7. Professional Responsibility

### Fees

Certification:	\$350	<i>(fee must accompany application and materials)</i>
Retest:	\$150	
Exam Cancellation:	\$150	

## CERTIFICATION TIME PERIOD

DCB certification encompasses two calendar years commencing on the date of successful completion of the examination. Two dates, date of issue and valid through, will appear on the certificate along with a certification number.

## APPEAL PROCESS

The purpose of appeal is to determine if DCB accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to DCB in writing within 30 days of the notification of the board's action. A person shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. Applicant will be notified in writing as to the findings of the Executive Committee.

## EXAMINATION INFORMATION

**Type:** This credential requires successful completion of the IC&RC exam which is offered as an on-demand computer based exam administered at an approved testing site. Three hours are permitted to complete the 150 question, multiple choice exam. Candidates will be notified by DCB, once application for certification is approved, on how to register for the computer based exam.

**Dates:** The IC&RC exam is offered on-demand at approved testing centers thereby allowing candidates to test on a date and time convenient for them. Candidates will receive information from DCB on registering for on-demand testing once application for certification is approved.

**Content:** The IC&RC Job Analysis for this credential identified domains which make up the questions in the exam. Within each domain are several identified tasks that provide the basis for questions in the exam.

**Candidate Guide:** The domains, including the task statements per domain, sample exam questions, and a list of references are included in the free Candidate Guide. Candidate Guides are available from the DCB website at [www.delawarecertificationboard.org](http://www.delawarecertificationboard.org) by clicking on "Testing."

**Study Guides:** Professional study guides have been published for several of the exams. Study Guides are available for sale from <http://internationalcredentialing.org/StudyGuides>.

**Locations:** There are several computer based testing sites in Delaware. Candidates can choose the testing site that is closest for their travel.

**Special Situations:** Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing, to DCB no fewer than 60 days prior to the scheduled exam date. With the written request, candidate must provide official documentation of the disability or religious issue. Contact DCB on what constitutes official documentation. DCB will make arrangements for appropriate modifications to its procedures when documentation supports this need.

**Cancellation/Rescheduling Policy:** Candidates are required to arrive on time for their exam. Candidates who arrive late will not be permitted to test and will be charged a \$150.00 cancellation/rescheduling fee. Candidates who cancel or reschedule their exam less than five days prior to their scheduled date will be charged the full testing fee. Candidates who cancel or reschedule more than five days before their scheduled date will be charged a \$25.00 cancellation/rescheduling fee.

**Retest:** Candidates failing the exam can retest after a 60 day wait period from date of last taking the exam. Candidates will be sent retest instructions from DCB. Additionally, candidates will have three (3) opportunities to re-take an examination beyond their original first failed examination. If a candidate re-tests their allotted three times and fails on their third and final opportunity, the candidate must submit a plan of study to DCB and wait a mandatory one-year from the date of the final failed examination before they will be permitted to re-test again.

## **RECERTIFICATION**

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, DCB requires recertification every two years.

To be recertified as a CCDP, an individual must:

1. Hold a current and valid certificate issued by DCB;
2. Acquire 45 hours of DCB approved co-occurring specific education including three hours in professional ethics and responsibilities received within the two year recertification cycle.
3. Verify that you have reviewed, read and will uphold by practice the DCB Code of Ethical Conduct for professional behavior;
4. Complete an application and pay the recertification fee.

## **LAPSED CERTIFICATION**

The completed recertification application should be received at DCB prior to the expiration date. If the application is incomplete, applicant will be notified by phone or email depending on what has been indicated by applicant.

A credential is valid for a two year period. If your credential lapses, you have 12 months from your expiration date to recertify. After 12 months, you must re-apply for your credential(s) and complete all the requirements for initial certification

## **INTERNATIONAL CERTIFICATION & RECIPROCITY CONSORTIUM (IC&RC)**

The purpose of the IC&RC is:

- to promote uniform professional standards and quality assurance for the alcohol and drug profession and to give the profession greater visibility throughout the United States and other countries;
- to negotiate reciprocity agreements for alcohol and drug professionals with certification bodies throughout the United States and other countries;
- to provide support services, including consultation and training to all states in all areas of certification, such as establishment of standards, evaluation of competence, establishment and training of boards and committees;
- to provide information on certification and certification activities throughout the United States and other countries;
- to provide an International Certificate (ICCDP) for counselors meeting specified qualifications certified by individual IC&RC member certification boards. Addiction Professionals who hold a reciprocal level credential through DCB are eligible for an International Certificate from IC&RC. DCB will add a seal to your certificate indicating the international status of your certification. If you would like to receive an international certificate you can download the necessary form at [www.internationalcredentialing.org](http://www.internationalcredentialing.org).
- to promote uniform professional standards in CCDP specialty disciplines.

Certified professionals in the state of Delaware have reciprocity with many certifying bodies throughout the United States and other countries as well as all of the armed services. For reciprocity process and/or a listing of member boards, please call the DCB Office.

# APPLICATION FOR CCDP

Please type or print only.

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Please print your name as it should appear on your certificate*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

College/University: \_\_\_\_\_ Name on Transcript: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer City: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

County: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby attest that the applicant is working in a position where a minimum of 51% of his/her time is spent providing direct, primary co-occurring disorders counseling OR that the applicant is working in a position where a minimum of 51% of his/her time is spent providing supervision of counseling.

The applicant has primary responsibility for providing or supervising co-occurring disorders counseling in individual and/or group settings, preparing treatment plans, documenting client progress and is clinically supervised by an individual who is knowledgeable in co-occurring disorders.

\_\_\_\_\_  
Supervisor's Signature

Why are you pursuing certification? \_\_\_\_\_  
*(required)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received any disciplinary action from another certification or licensing authority?  Yes  No  
*If yes, please explain in full on a separate sheet.*

Have you ever been convicted of a felony?  Yes  No  
*If yes, please explain in full on a separate sheet.*

Check/MO (payable to DCB)  
 Credit Card (Visa, MasterCard or Discover) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3-digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*  
\_\_\_\_\_

**PREVIOUS RELEVANT EMPLOYMENT, IF APPLICABLE**

*Include letter (on company letterhead) from previous employer verifying your duties and dates employed.*

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

## SUPERVISION

To Supervisor: Please complete this form indicating applicant's on-the-job supervision. This form is not intended to document applicant's total number of hours worked but rather the hours of on-the-job supervision you have provided the applicant. Supervision is a formal or informal process that is administrative, evaluative, clinical, and supportive. It can be provided by more than one person, it ensures quality of clinical care, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

Applicant's Name: \_\_\_\_\_

I hereby attest that a minimum of 200 hours of supervision in the domains have been attained by the above-named applicant. At least 20 hours in each of the domains were received as outlined below.

### CCDP DOMAINS

### # OF HOURS RECEIVED IN EACH

1. Screening & Assessment	_____
2. Crisis Prevention & Management	_____
3. Treatment & Recovery Planning	_____
4. Counseling	_____
5. Management & Coordination of Care	_____
6. Education of the Person, Their Support System & the Community	_____
7. Professional Responsibility	_____
<b>TOTAL MUST BE AT LEAST 200 HOURS</b>	_____

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date



# CCDP/CCDPD CODE OF ETHICAL CONDUCT

## UNLAWFUL CONDUCT

- Rule 1.1** Once certified, a co-occurring disorders professional shall not be convicted for any misdemeanor or felony relating to the individual's ability to provide substance abuse and other behavioral health services as determined by DCB.
- Rule 1.2** A co-occurring disorders professional shall not be convicted of any crime that involves the use of any controlled or psychoactive substance.

## SEXUAL MISCONDUCT

- Rule 2.1** A co-occurring disorders professional shall, under no circumstances, engage in sexual activities or sexual contact with persons served, whether such contact is consensual or forced.
- Rule 2.2** A co-occurring disorders professional shall not engage in sexual activities or sexual contact with persons' relatives or other individuals with whom persons served maintain a close personal relationship when there is a risk of exploitation or potential harm to the person.
- Rule 2.3** A co-occurring disorders professional shall not engage in sexual activities or sexual contact with former persons served because of the potential harm to the person.
- Rule 2.4** A co-occurring disorders professional shall not provide clinical services to individuals with whom they have had a prior sexual relationship.

## FRAUD-RELATED CONDUCT

- Rule 3.1** A co-occurring disorders professional shall not:
1. present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;
  2. prepare, make, or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss, or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or
  3. present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information, which would affect a future claim or benefit application, or be paid under any employee benefit program;
  4. seek to have an employee commit fraud or assist in an act of commission or omission to aid fraud related behavior.
- Rule 3.2** An individual shall not use misrepresentation in the procurement of certification or recertification, or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.

- Rule 3.3** An individual shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.
- Rule 3.4** A co-occurring disorders professional shall not provide service under a false name or a name other than the name under which his or her certification or license is held.
- Rule 3.5** A co-occurring disorders professional shall not sign or issue, in their professional capacity, a document or a statement that the professional knows or should have known to contain a false or misleading statement.
- Rule 3.6** A co-occurring disorders professional shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.
- Rule 3.7** A co-occurring disorders professional who participates in the writing, editing, or publication of professional papers, videos/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the co-occurring disorders professional should seek permission from the author/creator of such materials. The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of the Code of Ethical Conduct.

#### **EXPLOITATION OF CLIENTS**

- Rule 4.1** A co-occurring disorders professional shall not develop, implement, or maintain exploitative relationships with persons served and/or family members of persons served.
- Rule 4.2** A co-occurring disorders professional shall not misappropriate property from persons served and/or family members of persons served.
- Rule 4.3** A co-occurring disorders professional shall not enter into a relationship with a person which involves financial gain to the co-occurring disorders professional or a third party resulting from the promotion or the sale of services unrelated to the provision of services or of goods, property, or any psychoactive substance.
- Rule 4.4** A co-occurring disorders professional shall not promote to a person for their personal gain any treatment, procedure, product, or service.
- Rule 4.5** A co-occurring disorders professional shall not ask for nor accept gifts or favors from persons served and/or family members of persons.
- Rule 4.6** A co-occurring disorders professional shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a person referral.
- Rule 4.7** A co-occurring disorders professional shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the co-occurring disorders professional is employed.

## PROFESSIONAL STANDARDS

- Rule 5.1** A co-occurring disorders professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, or physical disability.
- Rule 5.2** A co-occurring disorders professional who fails to seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning shall be in violation of this rule. Where any such conditions exist and impede their ability to function competently, a co-occurring disorders professional must request inactive status of their DCB credential for medical reasons for as long as necessary.
- Rule 5.3** A co-occurring disorders professional shall meet and comply with all terms, conditions, or limitations of a certification or license.
- Rule 5.4** A co-occurring disorders professional shall not engage in conduct that does not meet the generally accepted standards of practice.
- Rule 5.5** A co-occurring disorders professional shall not perform services outside of their area of training, expertise, competence, or scope of practice.
- Rule 5.6** A co-occurring disorders professional shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.
- Rule 5.7** The co-occurring disorders professional shall not permit publication of photographs, disclosure of person or community served names or records, or the nature of services being provided without securing all requisite releases from the person, or parents or legal guardians of the persons.
- Rule 5.8** The co-occurring disorders professional shall not discontinue professional services to a person nor shall they abandon the person without facilitating an appropriate closure of professional services for the person.
- Rule 5.9** A co-occurring disorders professional shall not fail to obtain an appropriate consultation or make an appropriate referral when the person's problem is beyond their area of training, expertise, competence, or scope of service.
- Rule 6.0** A co-occurring disorders professional shall maintain respect for institution policies and management functions of the agencies and institutions within which the services are being performed but will take initiative toward improving such policies when it will better serve the interest of the person. The CCDP/CCDPD should adhere to any agency or institutional rules/regulations unless doing so violates a person's confidentiality.

## SAFETY & WELFARE

- Rule 6.1** A co-occurring disorders professional shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to a recipient of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the professional to safely and competently provide services.
- Rule 6.2** All co-occurring disorders professional are mandated child abuse reporters.

## RECORD KEEPING

**Rule 7.1** A co-occurring disorders professional shall not falsify, amend, or knowingly make incorrect entries or fail to make timely essential entries into the person record.

### ASSISTING UNQUALIFIED/UNLICENSED PRACTICE

**Rule 8.1** A co-occurring disorders professional shall not refer a person served to a person that he/she knows or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

## DISCIPLINE IN OTHER JURISDICTIONS

**Rule 9.1** A co-occurring disorders professional holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the Board of such disciplinary action.

## COOPERATION WITH THE BOARD

**Rule 10.1** A co-occurring disorders professional shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:

1. the willful misrepresentation of facts before the disciplining authority or its authorized representative;
2. the use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
3. the use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed;
4. refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the CCDP/CCDPD's credential until the ethical complaint is resolved.

**Rule 10.2** A co-occurring disorders professional shall:

1. not make a false statement to the DCB or any other disciplinary authority;
2. promptly alert colleagues informally to potentially unethical behavior so said colleague could take corrective action;
3. report violations of professional conduct of other certified professionals to the appropriate licensing/disciplinary authority when he/she knows or should have known that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.

**Rule 10.3** A co-occurring disorders professional shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of alleged violation. Failure to report a violation may be grounds for discipline.

**Rule 10.4** A co-occurring disorders professional with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with the DCB investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in the DCB investigation or disciplinary proceeding shall be grounds for disciplinary action.

**Rule 10.5** A co-occurring disorders professional shall not file a complaint or provide information to the DCB, which he/she knows or should have known, is false or misleading.

**Rule 10.6** In submitting information to DCB, a co-occurring disorders professional shall comply with any requirements pertaining to the disclosure of person information established by the federal or state government.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# RELEASE

*(must be notarized below)*

I hereby request that DCB grant the credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the DCB Code of Ethical Conduct;

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by DCB to officers, members, and staff of the aforementioned Board;

I consent to authorize DCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;

Allegations of ethical misconduct reported to DCB before, during, or after application for certification is made will be investigated by DCB and could result in the nullification of the application or denial or revocation of certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, by me \_\_\_\_\_

a notary public, the undersigned officer, personally appeared: \_\_\_\_\_,

known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and

acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I hereby

set my hand and official seal. Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

201\_\_\_\_.

\_\_\_\_\_  
Notary Public **SEAL:**