



Addiction Professionals Certification Board, Inc.
1200 Tices Lane - Suite 206- East Brunswick, NJ 08816
www.certbd.org fax: 732-249-1559

International Certified Alcohol and Drug Counselor



Reciprocal Credential

The ICADC is based on your current LCADC/CADC in New Jersey issued by the Board of Marriage and Family Counselors, Alcohol and Drug Committee. To qualify for the ICADC, you must have renewed your LCADC or CADC through July 2014 and have passed the IC&RC written and oral examinations if you were licensed or certified by the DCA-M&F Board after 2005.

The ICADC recognizes that you have met the reciprocal requirements for similar credentials throughout the US and many foreign countries, including Canada, China, Spain, Germany, India, Mexico and many more. You can check the full list of all boards by going to the IC&RC's website at <http://www.icraoda.org/member.asp>.

The \$25 per year fee goes towards IC&RC dues, administration, and other costs to register and maintain your CADC with the IC&RC. This two year recertification fee is \$50. You will receive a separate ICADC certificate verified by the IC&RC which will be recognized in over 80 Boards worldwide that include 45 US State Boards, the Four Armed Forces, US Territories etc. You may only use the ICADC in conjunction with you active New Jersey LCADC or CADC. If your New Jersey license expires, or is terminated for any reason, your ICADC will become invalid.

Please complete the information on the following page and mail with your \$50 ICADC recertification fee, (payable to the Certification Board), to 1200 Tices Lane, Suite 206, East Brunswick, NJ, 08816. [Contact the Certification Board](#) with any questions.

If you are a CADC, or grandfathered into the LCADC prior to 2006, all you have to complete are boxes one and two.

If you became an LCADC after 2005, you must complete boxes 1-3 to verify that you have passed the written exam and oral exams as it is a requirement for International Reciprocity thru New Jersey.



APPLICANT INFORMATION SHEET

NAME _____
(Please Print Your Name as it should appear on your Certificate)

EMAIL _____

HOME ADDRESS _____ **ZIP** _____

COUNTY _____

HOME PHONE # _____

HIGHEST DEGREE OF EDUCATION _____

AGENCY EMPLOYED AT _____

Active NJ LCADC _____ **or Active CADC** _____

1. Attached is a copy my LCADC or CADC active through 2014.

2. The \$50 application fee. (Two year cycle)

3. Attached is a copy of my test scores

or

I passed the IC&RC Written ADC exam on _____ month _____ year. &

I passed the New Jersey LCADC Oral Exam on ____ month ____ year.