THE COLOMBO PLAN

Global Centre for
Credentialing and Certification

APPLICATION FOR ICAP CREDENTIALING EXAMINATION IN TREATMENT

Global Centre for Credentialing and Certification (GCCC)
The Colombo Plan Secretariat,
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PART I: APPLICATION FOR ICAP EXAMINATION

Instructions to fill out this PDF document

1. Position the mouse pointer inside a field and click
2. Enter text
3. After entering text, press Tab to accept and to go to the next field
4. Once you have filled in the appropriate fields, click the Print button on the bottom of the form.
5. Go to ***File***> ***Save As***, and Enter your name as the file name and Click *Save* Button

SECTION 1: CANDIDATE INFORMATION *(To be typed or filled in block letters)*

Title (Mr. /Ms. / Mrs. / Dr.)

Family Name

Other Names

Name to be printed on the Certificate

Mailing Address

Phone Number/s (Home)

Phone Number/s (Office)

Mobile Number/s

Preferred Email Address

Enter Email Address again

Personal ◯ Work ◯

SECTION 2: ELIGIBILITY AND BACKGROUND INFORMATION

Check the appropriate answer

A. FOR WHICH EXAMINATION ARE YOU APPLYING

◯ ICAP I - Treatment Practitioner ◯ ICAP I - Trainer

◯ ICAP II - Treatment Practitioner ◯ ICAP II - Trainer

◯ ICAP III - Treatment Practitioner ◯ ICAP III - Trainer

B. B. IN WHICH OF THE FOLLOWING LANGUAGES DO YOU PREFER TO TAKE YOUR EXAM?

◯ English ◯ Spanish ◯ Portuguese ◯ Bhasa Indonesia ◯ Bahasa Malaysia ◯ Dari
◯ Korean ◯ Thai ◯ Pashto ◯ Urdru ◯ Russian ◯ Vietnamese ◯ Laotian ◯ Bengali
◯ Arabic

C. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

Yes ◯ No ◯

If yes, indicate (date, month, year) and name under which the examination was taken

Date Name

D. ARE YOU CURRENTLY CERTIFIED IN ADDICTION TREATMENT BY GCCC?

ICAP I ◯ ICAP II ◯ ICAP III ◯ NO ◯

E. HOW DID YOU ACQUIRE YOUR DRUG ADDICTION TREATMENT TRAINING?

- ◯ Speciality training in substance use disorder counselling
- ◯ Substance use disorder counselling course as part of degree program
- ◯ Continuing education courses
- ◯ On-the-job training
- ◯ Other (Please specify)

F. IN WHAT TYPE OF SETTING DO YOU PRACTISE?

- ◯ Private Practice
- ◯ Private Treatment Centre
- ◯ Treatment Centres run by Non-Profitable Organisations
- ◯ Hospital Programme
- ◯ State / Government Agency or Programme
- ◯ Employee Assistance Programme
- ◯ Other (Please specify)

G. IN WHICH OF THE FOLLOWING DO YOU SPEND AT LEAST TEN HOURS PER WEEK?

- ◯ Counselling Clients with Substance Use Disorder Problems
- ◯ Other Counselling
- ◯ Clinical Supervision
- ◯ Assessment and Referral
- ◯ Prevention/Community Service
- ◯ Outreach
- ◯ Research/Evaluation
- ◯ Administration
- ◯ Professional and Staff Development
- ◯ Other (Please specify)

H. PERCENT OF WORKING TIME CURRENTLY SPENT IN SUBSTANCE USE DISORDER TREATMENT?

- ◯ Less than 25%
- ◯ 25% to 50%
- ◯ 51% to 75%
- ◯ More than 75

I. TREATMENT OR MODALITY YOU PROVIDE:

- ○ Inpatient only
- ○ Outpatient only
- ○ Inpatient and Outpatient
- ○ Other

J. PROFESSIONAL BACKGROUND:

- ○ Counsellor
- ○ Rehabilitation Therapist
- ○ Facility Coordinator / Manager
- ○ Social Worker
- ○ Psychologist
- ○ Nurse/ Allied Health Staff
- ○ Physician other than Psychiatrist
- ○ Psychiatrist
- ○ Peer Counsellor/ Outreach Worker
- ○ Other

K. EXPERIENCE IN SUBSTANCE USE DISORDER TREATMENT:

year(s)

L. HIGHEST ACADEMIC LEVEL:

- ○ High School or Equivalent (minimum requirements for ICAP I and II)
- ○ Diploma Programme
- ○ Bachelor's Degree (minimum requirements for ICAP III)
- ○ Postgraduate Diploma/Certificate
- ○ Master's Degree
- ○ Doctoral Degree
- ○ Other

M. MAJOR SUBJECT OF HIGHEST EDUCATIONAL QUALIFICATION

SECTION 3: OPTIONAL INFORMATION

Note: *Information related to nationality, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.*

Nationality

Age

Gender

I certify that the information given in this application is accurate, correct, and complete.

Candidate's Signature: Click here to insert scanned signature... Date

For Office Use Only

Fee Cash ○ TT ○

Click here to insert scanned signature...

Signature of the GCCC official

PART II APPLICATION FOR THE ICAP EXAMINATION

DIRECTIONS: Candidates applying for International Certified Addiction Professional I (ICAP I) must have at least 1 year of full-time (at least 1500 hours) of supervised working experience in the substance use disorder field.

Candidates applying for International Certified Addiction Professional II (ICAP II) must have at least 2 years of full-time (at least 3,000 hours) of supervised experience as an Alcohol and/or Drug Abuse counsellor.

Candidates applying for International Certified Addiction Professional III (ICAP III) must have at least five years full-time (at least 8,000 hours) of supervised experience as an Alcohol and Drug Abuse counsellor.

NOTE: *Failure to complete all requested information in both Part I and II will be returned as incomplete.*

SECTION 1: CURRENT LOCAL LICENSE/CERTIFICATION

(Enter information requested and enclose copy of local Certification if applicable)

Credential Issuing Authority

Expiration Date Number

Name on Certificate

SECTION 2: CAREER HISTORY IN CLINICAL PRACTICE

(Job experience/s to be verified by the supervisor/s. List current position first.)

☐ **Check here if applying for ICAP - Trainer Credential (Clinical experience is not required)**

(1) Institution/Practice Site:

Address:

Dates: From to Position Title

Job Description:

Name of the Supervisor

Signature of the Supervisor Telephone:

(2) Institution/Practice Site:

Address:

Dates: From to Position Title

Job Description:

Name of the Supervisor

Signature of the Supervisor Telephone:

(3) Institution/Practice Site:

Address:

Dates: From to Position Title

Job Description:

Name of the Supervisor

Signature of the Supervisor Telephone:

(4) Institution/Practice Site:

Address:

Dates: From to Position Title

Job Description:

Name of the Supervisor

Signature of the Supervisor Telephone:

SECTION 3: LIST OF DOCUMENTS TO BE SUBMITTED BY THE CANDIDATE

1. Detailed CV of the candidate *(signed by the candidate with date)*
2. Narrative description of the most recent work experience in SUD treatment *(verified and recommended by your supervisor on organisation's letter head)*
3. Certified true copies of the training certificates documenting the required number of hours *(Attended in the last 5 years)*
4. Certified true copies of School / University applicable certificates *(As mentioned in the CV)*

Note: *Failure to include all requested documents will result in your application being returned as incomplete*

An examination fee of US$100 excluding bank charges to be submitted after the approval of application.

Bank details for payment:

Name of the account:	The Colombo Plan Credentialing Fee
Address of the account:	556, Bauddhaloka Mawatha, Colombo 8, Sri Lanka
Account number:	72950509
Name of the bank:	Bank of Ceylon
SWIFT code:	BCEYLKLX
Address of the bank:	Kollupitiya Super Grade Branch, BOC Merchant Tower, Colombo 3, Sri Lanka