



# 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

<b>For Credit Card Users:</b> <input type="checkbox"/> Master Card		<input type="checkbox"/> Visa
_____ Full Name		_____ Account Number + 3 digit security code
_____ Billing address if different from above		_____ Expiration Date (MM/YY)
_____ City	_____ State	_____ Zip
		_____ Signature