



## CCS APPLICATION

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### Certified Clinical Supervisor

#### APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

**Do not apply until all requirements are met.**

#### TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** DCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** [info@decertboard.org](mailto:info@decertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@decertboard.org](mailto:info@decertboard.org).*

#### REVIEW & APPROVAL PROCESS

1. Application submitted to DCB. To confirm receipt of application, email DCB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. An application is considered approved when applicant receives an email from the testing company to register for the examination.
5. Follow all instructions to register for the examination provided in the email.
6. If the applicant has not heard from DCB regarding their application or received an email from the testing company to register for the examination after 10 business days, email [info@decertboard.org](mailto:info@decertboard.org).
7. Once the applicant passes the examination, they are certified.
8. A certificate will be mailed to the applicant within 10 business days.

## CERTIFIED CLINICAL SUPERVISOR REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application except for the official college transcript which is sent to DCB directly prior to application.

### PREREQUISITE

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**REQUIRED: Hold a current and valid CADC, CAADC, CCDP, or CCDPD OR a master's degree in a relevant field.**

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**Transcripts do not have to be resubmitted if you hold a current and valid credential with DCB.**

**If you do not hold a current and valid credential with DCB and you are applying based on holding a relevant master's degree, it is recommended that transcripts are requested/ordered approximately three weeks prior to the applicant sending in their application. An official transcript must be mailed directly to DCB or emailed to [info@decertboard.org](mailto:info@decertboard.org) by the educational institution.**

The degree must be from an accredited college/university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. If the degree is from outside the United States, a degree equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and to pay all costs.

If the applicant has a sealed official transcript in their possession, they may mail it in the sealed envelope to DCB prior, or with, their application.

If the applicant has outstanding debt or other issues which prevent the college/university from releasing their official transcript, the applicant must resolve these issues with the school prior to applying for certification.

### CLINICAL WORK EXPERIENCE

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**REQUIRED: Five (5) years of full time or 10,000 hours of part-time work experience in the CCS domains AND**

**REQUIRED: Two (2) years of full-time or 4000 hours of part-time work experience providing clinical supervision to counselors who work with individuals with substance use disorder (SUD) or co-occurring disorders. The two (2) years of clinical supervisor work experience may be included in the five (5) years of counseling work experience.**

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**Qualifying counseling work experience** is defined as:

1. Providing primary, direct, clinical, SUD or co-occurring counseling to persons whose primary diagnosis is that of SUD, or
2. Providing supervision of persons who provide counseling to persons whose primary diagnosis is that of SUD.

Applicant must have primary responsibility for providing SUD counseling in an individual and/or group setting, preparing treatment plans, documenting client progress and is clinically supervised. No other work experience in the drug and alcohol field can be used for counselor certification other than what is stated above.

**Qualifying clinical supervision work experience** is based on a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct and indirect observation of a counselor(s) clinical work.

Qualifying work experience:

1. Can be from multiple employers to accumulate the required years/hours however, they must include **documentation from previous employer(s)** verifying their title, duties and dates employed with their application.
2. Cannot be documented via a resume as proof of previous work experience. Resumes will not be accepted.
3. Must have occurred within the last seven (7) years. Volunteer work is not acceptable. Time spent participating in or facilitating mutual support groups is not acceptable.

The applicant **must be currently employed as a clinical supervisor** at the time of application.

**Clinical internships** completed as part of a college degree program may be eligible to use toward the required work experience.

Internships must:

1. Be ones in which the student was providing drug and alcohol counseling as described under the Work Experience portion of the application;
2. Be well documented by the agency in which the internship occurred;
3. Have been supervised; and
4. Appear on the official college transcript.

## CURRENT JOB DESCRIPTION

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**REQUIRED: Copy of current clinical supervisor job description, obtained from current employer, and signed by both the applicant and their immediate clinical supervisor.**

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All applicants must include a copy of their current clinical supervisor job description, which is signed and dated by the applicant and their immediate supervisor.

Job descriptions determine and verify eligible current work experience. Job description must clearly delineate clinical supervision as a primary function of the position.

**If the applicant held different counselor and/or clinical supervisor positions with their current employer**, the applicant must provide all relevant job descriptions with the application. For instance, if he applicant started as a counselor assistant, then was promoted to a Counselor I and then a Counselor II, and then to a Clinical Supervisor, include all job descriptions.

In lieu of job description(s), employer may provide an official position description on agency letterhead. This required documentation must include the applicants' dates of employment (to/from) employment status (full-

time or part-time), title of position, a detailed description of the duties and responsibilities for the position, and the average number of hours per week the applicant worked.

## ON-THE-JOB SUPERVISION

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**REQUIRED: 200 hours of on-the-job supervision in the specific CCS domains. A minimum of 10 hours of supervision must be in each of the specific CCS domains.**

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Supervision is a formal or informal process that is evaluative, clinical, educative, and supportive. 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.

**DCB has no requirements for who provides supervision.** The person providing supervision is at the discretion of the agency and/or state requirements.

Supervision can be provided in an individual, one-on-one setting and/or observation of skills or group supervision setting.

Supervision can be provided by **more than one supervisor**. In this case, each supervisor should complete the supervision portion of this application on behalf of the applicant.

## EDUCATION/TRAINING

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**REQUIRED: 30 hours of clinical supervision education/training in the specific CCS domains.**

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**Education is defined as** formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses, and online education.

There is **no limit to the amount of online education** that may be submitted.

Most three-credit college/university courses count as 45 hours. One training CE/CEU counts as one hour.

Out of state education is acceptable.

**All education/training must be documented.** College courses are documented with an official college transcript. Trainings are documented with copies of training certificates.

Training certificates must have the applicant's name, title of training, date(s) of training, the number of hours being awarded, and the name of training organization. Training certificates submitted without this required information on them will not be accepted.

If a training title on a certificate of attendance does not clearly indicate the education content, attach a copy of the training description.

Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

**Training must be non-repetitive** meaning the same training cannot be claimed more than one time even if the training is taken on different dates from different providers.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided that the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

There is **no time limit** on when the education/training was received.

## EXAMINATION

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**REQUIRED: Once application is approved, applicant must pass the IC&RC Examination for Clinical Supervisors (CS examination).**

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Examination information provided on page 6 and on IC&RC's website: [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

## CERTIFICATION FEE

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**REQUIRED: \$350.00**  
**(fee includes examination and must accompany certification application)**

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The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment.

Fee payment information provided on page 9 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to DCB.

**Applications received without payment will not be processed.**

One-half of the fee is refundable if application is denied or cancelled prior to the examination. No refund will be issued if application is denied or cancelled after examination.

## APPLICATION INFORMATION

### GENERAL INFORMATION

Email addresses provided to DCB must be active accounts that are checked regularly. We will not be able to contact you or register you for the examination without an email address. Please print legibly.

Applicants must either live or work in DE at the time of application.

This certification is an international, reciprocal credential recognized and transferrable to many other states and countries.

## **APPEAL PROCESS**

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

## **FELONIES & DISCIPLINARY ACTIONS**

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through DCB does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

## **REQUESTS TO CHANGE APPLICATION**

Professionals who wish to have their application re-reviewed for another credential DCB offers prior to taking the examination or after an unsuccessful attempt at the examination will incur a \$50 application change/review fee.

## **CERTIFICATION TIME PERIOD**

Certification encompasses two calendar years beginning on the date the applicant passes the examination. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

## **RECERTIFICATION**

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

## **EXAMINATION INFORMATION**

### **TYPE OF EXAMINATION**

The successful completion of an IC&RC examination is required. The examination is computer based, 150 multiple-choice questions, and offered at approved testing sites statewide. Candidates choose the day, time, and site for their examination. Once an application is approved, candidates will receive an email from the testing company with instructions for scheduling their examination.

### **TIME PERMITTED**

Three hours are permitted to complete the examination.

## **EXAMINATION CONTENT**

The examination is developed from the IC&RC Job Analysis which identifies domains and tasks for competent practice. Domains for the examination are Counselor Development; Professional & Ethical Standards; Program Development & Quality Assurance; Assessing Counselor Competencies & Performance; Treatment Knowledge.

## **CANDIDATE GUIDE**

The domains, including the task statements per domain, sample examination questions, and a list of references from the IC&RC Job Analysis are included in the Candidate Guide. Candidate Guides are available from the DCB website.

## **STUDY MATERIAL**

Professional study guides and practice exams have been published for the examination. This information can be found on the IC&RC's website at: [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

## **SPECIAL SITUATIONS AND ACCOMMODATIONS**

Individuals with disabilities and/or religious obligations that require modifications in examination administration may request specific procedure changes in writing with official documentation to DCB no fewer than 60 days prior to their examination date. Contact DCB on what constitutes official documentation. DCB will coordinate appropriate modifications to the examination process when documentation supports the need.

## **CANCELLATION/RESCHEDULING POLICY**

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

## **RETESTING**

Candidates who fail the examination can retest after a 90-day wait period from the date of their last examination. Candidates will be sent instructions and fee information. Candidates have three (3) opportunities to retake an examination. If a candidate fails the examination four (4) times, they must submit a study plan to DCB and wait one-year from the date of the final failed examination before they will be permitted to retest again.

## CCS: APPLICANT INFORMATION

Application can be completed and saved. You may then print the appropriate pages to submit to DCB.

### TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SSN (last four): \_\_\_\_\_

Have you ever received any disciplinary action from another certification/licensing authority? ☐ Yes ☐ No  
*If yes, provide full details on a separate sheet.*

Have you read and understood the DCB Code of Ethical Conduct? ☐ Yes ☐ No  
*The Code of Ethical Conduct is located at [www.decertboard.org/ethics](http://www.decertboard.org/ethics).*

### CONTACT INFORMATION

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

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

Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_  
***REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.***

Secondary Email: \_\_\_\_\_

### DEMOGRAPHICS

*Data is never released with identifying information. It is used to report workforce data to state and federal agencies.*

#### What is your gender?

- ☐ Female
- ☐ Male
- ☐ Nonbinary
- ☐ Prefer to self-describe: \_\_\_\_\_
- ☐ Prefer not to disclose

#### Do you identify as transgender?

- ☐ Yes
- ☐ No
- ☐ Prefer not to disclose

#### How do you describe your sexual orientation or sexual identity?

- ☐ Heterosexual or straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Questioning or unsure
- ☐ Prefer to self-describe: \_\_\_\_\_
- ☐ Prefer not to disclose

#### Which best describes you?

- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native American or Alaska Native
- ☐ White or Caucasian
- ☐ Multiracial or Biracial (please specify): \_\_\_\_\_
- ☐ Not listed (please specify): \_\_\_\_\_
- ☐ Prefer not to disclose



**What is your yearly income?**

- ☐ Less than \$20,000
- ☐ \$20,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ Over \$100,000
- ☐ Unsure

**Do you have military experience?**

- ☐ Active duty
- ☐ Veteran
- ☐ Not Applicable

**Language(s) spoken fluently (check all that apply):**

- ☐ American Sign Language
- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ German
- ☐ Indigenous Language
- ☐ Italian

- ☐ Korean
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog (Filipino)
- ☐ Vietnamese
- ☐ Other, please specify: \_\_\_\_\_

**Employment plans for the next two years (check all that apply):**

- ☐ Obtain full time employment/Increase hours
- ☐ Obtain part-time employment/Decrease hours
- ☐ No change
- ☐ Retire
- ☐ Move to a different career/field
- ☐ Unknown

## PAYMENT INFORMATION

**FEE OF \$350 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

- ☐ Check   ☐ Money Order   ☐ VISA   ☐ MasterCard   ☐ Discover   ☐ American Express

*Checks & Money Orders made payable to DCB*

- ☐ My employer/organization is mailing payment directly to DCB.

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_

*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_

## CCS: PREREQUISITE

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**REQUIRED:** Hold a current and valid CADC, CAADC, CCDP, or CCDPD OR a master's degree in a relevant field.

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I hold a current and valid DCB clinical credential. ☐ Yes ☐ No

I do not hold a current and valid DCB clinical credential but instead hold a relevant master's degree. ☐ Yes ☐ No

I am including a sealed official transcript with my CCS application. ☐ Yes ☐ No

I have ordered an official transcript to be sent to DCB. ☐ Yes ☐ No

College/University: \_\_\_\_\_

Name on Transcript: \_\_\_\_\_

Date Transcript Requested: \_\_\_\_\_

**Delivery Method:**

☐ Mailed to DCB

☐ Emailed to DCB

## CCS: EDUCATION/TRAINING

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**REQUIRED:** 30 hours of clinical supervision education/training specific to the CCS domains.

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I have included copies of training certificates. ☐ Yes ☐ No

I have included a copy of my training tracking system/learning management system report. ☐ Yes ☐ No

## CCS: CLINICAL WORK EXPERIENCE & JOB DESCRIPTION

**REQUIRED:** Five (5) years of full time or 10,000 hours of part-time work experience in the CCS domains AND

**REQUIRED:** Two (2) years of full-time or 4000 hours of part-time work experience in the specific CCS domains, providing clinical supervision of counselors who work with individuals with SUD or co-occurring disorders. The two years of clinical supervisor work experience may be included in the five years of counseling work experience.

**REQUIRED:** Copy of current clinical supervisor job description, obtained from current employer, and signed by both the applicant and their immediate supervisor.

### CURRENT EMPLOYMENT INFORMATION

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

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

Applicant Position/Title: \_\_\_\_\_

Start Date in Current Position: \_\_\_\_\_

How many hours do you work per week? \_\_\_\_\_

Total hours/years worked in current position? \_\_\_\_\_

I have attached my current clinical supervisor job description, dated, and signed by both me and my supervisor.

☐ Yes ☐ No

Do you need to document previous employment to fulfill the experience requirement? ☐ Yes ☐ No

If yes, complete the section below **AND** submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.

### PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE)

Letter (on company letterhead) from previous employer(s) verifying your title, duties & dates employed must be included with your application.

Organization Name: \_\_\_\_\_

Organization City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_ End Date in Position: \_\_\_\_\_

How many hours did you work per week? \_\_\_\_\_

Total hours/years worked in previous position? \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_ End Date in Position: \_\_\_\_\_

How many hours did you work per week? \_\_\_\_\_

Total hours/years worked in previous position? \_\_\_\_\_

## CCS: ON-THE-JOB SUPERVISION

**REQUIRED:** 200 hours of on-the-job supervision in the specific CCS domains, with a minimum of 10 of those hours of supervision being in each specific CCS domain.

Information below is to be completed by applicant's current and/or previous clinical supervisor(s).

This page is to document the supervision hours provided to the applicant, not their total work hours.

The total hours of supervision should be 200 hours but could be more depending on the applicants' length of employment or could be less if the applicant was provided supervision from a previous employer.

Applicants may copy this page and provide it to previous supervisors.

Applicant Name: \_\_\_\_\_

### SUPERVISOR INFORMATION

Name: \_\_\_\_\_

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

Licenses, Certifications and/or Degrees: \_\_\_\_\_

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

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

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

### SUPERVISION DOCUMENTATION

Supervision was provided to the above-named applicant in the following Domains:

DOMAIN	EXACT NUMBER OF HOURS
<input type="checkbox"/> Counselor Development	_____
<input type="checkbox"/> Professional & Ethical Standards	_____
<input type="checkbox"/> Program Development & Quality Assurance	_____
<input type="checkbox"/> Assessing Counselor Competencies & Performance	_____
<input type="checkbox"/> Treatment Knowledge	_____
<b>TOTAL NUMBER OF HOURS OF SUPERVISION:</b>	_____

**Supervisor Attestation:**

I attest that the above-named applicant has been provided with supervision as documented above.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

## CCS: ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant.*

### RELEASE

I request that the Delaware Certification Board (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 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 information relative to my application;
- Falsification of any documents 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 education, employment and/or supervision 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.

### INITIAL EACH STATEMENT

\_\_\_\_\_ I have read and understood this Acknowledgements and Release.

\_\_\_\_\_ I either live or work in Delaware at least 51% of the time.

\_\_\_\_\_ I understand one-half of the application fee is refundable if application is denied or cancelled prior to the examination and no refund will be issued if application is denied or cancelled after examination.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

\_\_\_\_\_ I understand that if I request to have my application re-reviewed for another credential DCB offers prior to the examination, or after an unsuccessful attempt at the examination I will incur a \$50 change/review fee.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## CCS: CHECKLIST

Applicant Name: \_\_\_\_\_

Page must be completed and submitted with the application. Do not submit your application until checklist is reviewed, completed and all documentation is compiled.

Prior to applying, all requirements must be met and documented. Use the table below as a guide for gathering documentation.

**Do not submit any documentation with an application that is not listed on the table or the application unless specifically instructed by a DCB staff member. Do not apply until all requirements are met.**

REQUIREMENT	DOCUMENTATION	✓
Application page with payment	<ul style="list-style-type: none"> <li>• Page 8 &amp; 9</li> </ul>	
Prerequisite/Formal Education page	<ul style="list-style-type: none"> <li>• Page 10</li> </ul>	
Education	<ul style="list-style-type: none"> <li>• Official college transcript</li> <li>• Copies of training certificates (if applicable)</li> </ul>	
Clinical Work Experience	<ul style="list-style-type: none"> <li>• Page 11</li> <li>• Previous relevant employment documentation (if needed)</li> </ul>	
Current job description	<ul style="list-style-type: none"> <li>• Obtain from employer</li> </ul>	
Supervision page	<ul style="list-style-type: none"> <li>• Page 12</li> </ul>	
Notarized Acknowledgement & Release page	<ul style="list-style-type: none"> <li>• Page 13</li> </ul>	
Checklist Page	<ul style="list-style-type: none"> <li>• Page 14</li> </ul>	
Disciplinary Actions?	<ul style="list-style-type: none"> <li>• Include letter of explanation with application</li> </ul>	
Convicted of a felony?	<ul style="list-style-type: none"> <li>• Include letter of explanation with application</li> </ul>	
Company paying fee?	<ul style="list-style-type: none"> <li>• Include applicant name on payment</li> </ul>	
Copy entire application for records		

**TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

- 1. Mail:** DCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- 2. Email:** [info@decertboard.org](mailto:info@decertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- 3. Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@decertboard.org](mailto:info@decertboard.org).*

**I acknowledge, that to the best of my ability, I have submitted a completed application.**

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