
From: Ashley Jorgensen
Sent: Friday, August 31, 2012 3:05 PM
To: Kimberly McCormick
Subject: FW: Colleen
Attachments: 20120813121019562.pdf

Colleen reported that she has not received a warrant. Is there a hold up somewhere that I can assist with?

From: Ashley Jorgensen
Sent: Monday, August 13, 2012 1:33 PM
To: Kimberly McCormick
Subject: FW: Colleen

Can you not open the attachment, or is this not the information that you need?

Please charge it to the Choices PCA. I will check to see where the warrant is located. Perhaps with Laura or Colleen, do you happen to know?

From: Ashley Jorgensen
Sent: Monday, August 13, 2012 12:15 PM
To: Kimberly McCormick
Subject: Colleen

Attached is Colleen's information to take the CADDC exam. Looks like it will cost 185.00. Can I get the warrant issued, and is there anything else I need to do?

Ashley Jorgensen, LCSW
Program Manager
Idaho Department of Juvenile Corrections-Nampa
Phone: 208-465-8443 x183

IBADCC

P.O. Box 1548
Meridian, ID 83680

Ph: (208) 468-8802
Fax: (208) 466-7693
www.IBADCC.org

Friday, July 06, 2012

Important Certification Testing Information

Colleen Foster

ID

Dear Colleen,

Congratulations! You have been approved to take the computer based test (CBT) for CADCC Certification. CBT will allow you to test on demand, within a twelve month testing window, from the date of this letter. Additionally, you will receive immediate exam scoring at the completion of your exam.

Please take the following steps to sign up for your exam:

1. Provide a copy of this letter and a check payable to the IBADCC in the amount of \$185.00, to cover your computer based testing fee.

2. Provide the following required information:

a. An email address for CBT test instructions/notifications to be sent (required for self scheduling) : Colleen.Foster@IDJC.Idaho.Gov

b. Home phone number: 208 [REDACTED]

c. Work phone number: 208-465-8443 [REDACTED]

d. Social Security number: [REDACTED]

e. Date of birth: [REDACTED]

Once we have received and processed the items above, we will send you a testing confirmation letter which will outline your final instructions.

PLEASE NOTE: You have ONE (1) year from the date your application is approved to test. Please see your certification manual for disability related needs and notify our office 30 days in advance of your desired test date of said needs. If you have not tested within that year your file will become inactive and a \$50.00 re-activation fee will be charged, in addition to the test fee.

We welcome your participation in this important professional credentialing process.

Sincerely,
Chris Daniel
Executive Director

SD 9/4/12

* Sent

Idaho Board of Alcohol/Drug Counselor Certification

[REDACTED]

[REDACTED]