



# Iowa Board of Certification

## Form 12-CCS: APPLICATION FOR RECERTIFICATION

Name (as you want it typed on your certificate) \_\_\_\_\_  
Other last names you have used \_\_\_\_\_

Certificate Number \_\_\_\_\_ Certificate Expiration \_\_\_\_\_

Highest Level of Education: Masters\_\_ Doctorate\_\_ Major: \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Current Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Have you ever had any credential (i.e. license, certification, endorsement, etc.) revoked, suspended or sanctioned? \_\_\_\_ **If so, on the back of this page indicate: what credential, when, where, for what reason, and the current status of that credential.**

### **PROFESSIONAL DEVELOPMENT DOCUMENTATION**

Total number of professional development hours submitted, with copies of all certificates of completion attached, as recorded on Form 11 (must be min. of 40 hours):

	<u>Number of Hours</u>
3 clock hours Ethics	_____
Relevant Education clock hours	_____
<b>Total Hours</b>	_____

### **FEES TO BE ENCLOSED**

Recertification Fee:	<b>\$200.00</b>	_____
Late Fee (1-45 days late postmarked):	<b>\$ 50.00</b>	_____
CEU Approval Fee (if applicable) - <b>\$15.00 per workshop</b> (includes all distance learning & non-IBC approved courses)		_____
<b>TOTAL ENCLOSED</b>		_____

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SEND APPLICATION, CEU DOCUMENTATION AND REQUIRED FEE(S) TO:**  
Iowa Board of Certification, 225 NW School St., Ankeny, Iowa 50023