



Iowa Board of Certification

MENTAL HEALTH PEER SUPPORT SPECIALIST (MHPSS) APPLICATION FOR RECERTIFICATION

(Page 1 of 2)

Complete this form online, save it to your computer, and email it to IBC at info@iowabc.org. It may also be printed and mailed to the IBC office.

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

Certificate Number _____ Certificate Expiration _____

Highest Level of Education: H.S. ___ Some College ___ Associates ___ Bachelors ___ 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? Yes ___ No ___ (If yes, 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, as recorded on page 2 (minimum of 24 hours):

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

FEE

Recertification Fee:	\$ 50.00	_____
Late Fee (if 1-45 days late postmarked):	\$ 10.00	_____
CEU Approval Fee (if applicable) - \$15.00 per workshop for each distance learning & non-IBC approved trainings		_____
TOTAL PAID (cash ___ check/money order ___ Dwolla ___)		_____

APPLICANT SIGNATURE _____ DATE _____

SEND BOTH PAGES OF THIS APPLICATION AND REQUIRED FEE(S) TO:
info@iowabc.org or Iowa Board of Certification, 225 NW School St., Ankeny, Iowa 50023

