

Iowa Board of Certification

CRIMINAL JUSTICE (CCJP) APPLICATION FOR RECERTIFICATION

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

Name (as you want it typed on your Other last names you have us	certificate) ed				
Certificate Number	Certificate Expirat	tion			
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, cert	ification, endo	rsement, etc.)) revoked,	suspended or

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 40 hours):

3 clock hours Ethics 6 clock hours Special Populations 15 hours Criminal Justice Specific Relevant Education clock hours Total Hours		Number of Hours
FEE Recertification Fee: Late Fee (if 1-45 days late postmarked): CEU Approval Fee (if applicable) - \$15.00 per distance learning & non-IBC approve TOTAL PAID (cash check/money order _	ed trainings	
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



Iowa Board of Certification

Verification of Criminal Justice (CCJP) Professional Development

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Directions: Complete this Form for your recertification - you may make copies of this form if you need more space. You do NOT need to submit a COPY of your certificate of completion trainings listed below, however be sure to keep copies of your certificates in case your recertification is audited by IBC.

Name

Date of Certificate Expiration

	IBC-Approved Trainings # of Hours		f Hours		
Training Date	Title of Training	Ethics	Crim. Just.	Spec. Pops	Relevant Ed.
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Distance Learning & non-IBC Approved Trainings (\$15.00 CEU Processing Fee owed for each training)

Training Date	Title of Training	Ethics	Crim. Just.	Spec. Pops	Relevant Ed

ALL distance learning must be accompanied by CEU processing fee, including those approved by NAADAC and Iowa. Maximum of 20 hours distance learning allowed.

*

Attest: I am attesting that all information above is correct and accurate _

Signature

(FOR OFFICE USE ONLY)

*

Total # clock hours approved: _____

IBC Signature

Date _____

7/14