



Iowa Board of Certification

MENTAL HEALTH PEER SUPPORT SPECIALIST (MHPSS) APPLICATION FOR RECERTIFICATION

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Complete this form online, save it to your computer, and email it to IBC at info@iowabc.org. It may also be faxed (515-965-5540) or printed and mailed to the IBC office. Application and fees are due to IBC on or before your date of expiration or the late fee will be due.

Name (as you want it 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____

Home Address _____

City, State, Zip Code _____

Phone Number (____) _____ Cell _____ E-Mail _____

Note: IBC will occasionally send text messages with relevant news. Check here if you do not wish to receive text messages from IBC _____. You may also text [ibc4me](tel:33222) to 33222 to opt in for texting.

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):

2 clock hours Ethics

Relevant Education clock hours

Total Hours

Number of 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. Note: live zoom/virtual trainings are considered face-to-face.

TOTAL PAID (cash ____ check ____ debit/credit ____ Paypal ____)

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 Mental Health Peer Support Specialist (MHPSS) 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 copies of your certificates of completion for trainings listed below unless audited. **Be sure dates and titles of trainings are correct.**

Name _____

Date of Certificate Expiration _____

IBC-Approved Trainings (these can be found on IBC's website "Education" tab)

of Hours

| Training Date | Title of Training | Ethics | Relevant Ed. |
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Distance Learning & non-IBC Approved Trainings (\$15.00 CEU Approval Fee owed for each training)

| Training Date | Title of Training | Ethics | Relevant Ed. |
|---------------|-------------------|--------|--------------|
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Maximum of 12 hours distance/online learning allowed. Live virtual webinars are not considered distance learning, however if they were not IBC approved, the \$15.00 fee needs to be paid.

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

Signature

* * * * *

(FOR OFFICE USE ONLY)

Total # clock hours approved: _____

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IBC Signature _____

Date _____