



Iowa Board of Certification

CLINICAL SUPERVISOR (CCS) 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 typed on your certificate) _____

Other last names you have used _____

Certificate Number _____

Certificate Expiration _____

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](https://www.4me.org) 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

Applicants **must** hold a current and valid IADC, IAADC, CCJP, or CCDP **OR** hold a specialty substance abuse credential in another professional discipline in the human services field at the **master's level or higher at the time of recertification**. Total number of professional development hours submitted, as recorded on page 2 (minimum of 6 hours):

3 clock hours Ethics

Relevant Education clock hours

Total Hours

Number of Hours

FEE

Recertification Fee: \$ 75.00

Late Fee (if 1-45 days late postmarked): \$ 50.00

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 CCS 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 Certification Expiration _____

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

of Hours

Training Date	Title of Training	Ethics	Relevant Ed.

Distance Learning & non-IBC Approved Trainings (\$15.00 CEU Approval Fee owed for each training)

Training Date	Title of Training	Ethics	Relevant Ed.

Maximum of 3 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 _____