

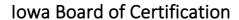
## **Iowa Board of Certification**

## PREVENTION SPECIALIST (CPS/ACPS) APPLICATION FOR RECERTIFICATION

(Page 1 of 2)

Complete this form and email it to IBC at <u>Sarah@iowabc.org</u> or mail in a printed copy to the address below. 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 ce	rtificate)			
Other last names you have used				
Certificate Number	Certificate Expiration	Credential: CPS	redential: CPS ACPS	
Highest Level of Education: H.S	Some College Associates	Bachelors Masters Doc	torate	
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 credentia Yes No (If yes, in		dorsement, etc.) revoked, suspe , for what reason, and the current stat		
PROFESSIONAL DEVELOPMENT I	DOCUMENTATION			
Total number of professional de  3 clock hours Ethics Relevant Education clock Total Hours		s recorded on page 2 (minimum	of 40 hours):  Number of Hours  ———————————————————————————————————	
	te postmarked): nop for each distance learning & r trainings are considered face-to-f online )			
APPLICANT SIGNATURE		DATE	<u></u>	





## Verification of CPS/ACPS Professional Development

(Page 2 of 2)

<u>Directions</u>: 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.

Date of Certificate Expi	ration				
BC-Approved Trainings (these can be found on IBC's website "Education" tab)			# of	# of Hours	
Training Date		Title of Training		Ethics	Relevant Ed.
	non-IBC Approved Tr		proval Fee owed for each training		Delevent Ed
Training Date		Title of Training		Ethics	Relevant Ed
			rs are <u>not</u> considered distance	learning,	
however if they were not	: IBC approved, the \$15.0	DO fee needs to be paid.			
Attest: Lam attesting t	hat all information abo	ove is correct and accura	te		
Accest. Fam accesting t	nat an imorriación abo	The 13 correct aria accura	Signature		
	* *	* * *	* * * *		
		(FOR OFFICE USE	ONLY)		
Total # clock hours ap	pproved:				
IBC Signature			Date		