



Iowa Board of Certification

PREVENTION SPECIALIST (CPS/ACPS) APPLICATION FOR RECERTIFICATION

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Complete this form and email it to IBC at Sarah@iowabc.org 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 certificate) _____

Other last names you have used _____

Certificate Number _____ Certificate Expiration _____ Credential: CPS ACPS

Highest Level of Education: H.S Some College Associates Bachelors Masters Doctorate

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, include: 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):

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

FEE

Recertification Fee:	\$220.00	_____
Late Fee (if 1-45 days late postmarked):	\$ 50.00	_____
CEU Approval Fee -	\$ 15.00	_____

**Note: per workshop for each distance learning & non-IBC approved training --
live zoom/virtual trainings are considered face-to-face.**

TOTAL PAID (check online) _____

APPLICANT SIGNATURE _____

DATE _____

SEND BOTH PAGES OF THIS APPLICATION AND REQUIRED FEE(S) TO: Sarah@iowabc.org or mail to

Iowa Board of Certification, 2600 Grand Ave Ste 114, Des Moines, IA 50312



Iowa Board of Certification

Verification of CPS/ACPS 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.

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 20 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 _____