IOWA BOARD
OF CERTIFICATION

PEER RECOVERY SPECIALIST (PRS) APPLICATION FOR RECERTIFICATION

Complete this form online, save it to your computer, and email it to IBC at Sarah@iowabc.org. It may also be 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) _____

Certificate Number _____   Certificate Expiration _____

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, please 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 20 hours):

                                                                  <u>Number of Hours</u>

       6 clock hours Ethics   _____

       Relevant Education clock hours   _____

       Total Hours   _____

       <u>**FEE**</u>
       Recertification Fee: $ 50.00   _____
       Late Fee (**if 1-45 days late postmarked**): $ 10.00
       CEU Approval Fee (if applicable) - **$ 15.00**
                (per each distance learning & non-IBC training)   _____

       TOTAL PAID   (check ___   online ___)   _____

APPLICANT SIGNATURE _____   DATE _____

SEND ENTIRE APPLICATION TO: Sarah@iowabc.org
or MAIL APP & FEES TO: IBC, 22600 Grand Ave, Ste. 114, Des Moines, IA 50312

Iowa Board of Certification

Verification of PRS Professional Development

Iowa Board of Certification

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 <u>not</u> 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 _____

<div align="center">Signature</div>

<div align="center">*   *   *   *   *   *   *   *   *</div>

<div align="center">**(FOR OFFICE USE ONLY)**</div>

Total # clock hours approved: _____

IBC Signature _____   Date _____