

FAMILY PEER SUPPORT SPECIALIST (FPSS) APPLICATION FOR RECERTIFICATION

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Complete this form online and either email it to IBC at <u>Sarah@iowabc.org</u> or mail it 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 | | Certificat | e Expiration | |
| Home Address | | | | |
| City, State, Zip Code | | | | |
| Phone Number | Cel | II | E-Mail | |
| Current Place of Employment | | | | |
| Address | | | | |
| Phone Number | | E-Mail | | |
| Yes No (If yes, please in PROFESSIONAL DEVELOPMEN | nclude: what cre | dential, when, when | re, for what reaso | etc.) revoked, suspended or sanctioned? on, and the current status of that credential) on page 2 (minimum of 20 hours): |
| | · | | | Number of Hours |
| 3 clock hours | | | | |
| Relevant Edu | | | | |
| Total Hours | | | | |
| <u>FEE</u> Recertificatio | n Fee: | \$ 5 | 50.00 | |
| Late Fee (if 1-45 days late postmarked): \$ 10.00 | | | | |
| | l Fee (if applica each distance | able) - \$1 learning & non-l | 15.00 BC training) | |
| TOTAL PAID | (check | online |) | · |
| APPLICANT SIGNATUF | RE | | | DATE |

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Directions: Save this form to your computer and fill out. You can email the completed form to sarah@iowabc.org or you can mail it the IBC office. You do NOT need to submit a copies of your certificate of completions listed below, however, be sure to keep copies of your certificates in case your recertification is audited by IBC. Application and fees are due to IBC on or before your date of expiration or the late fee will be due.

| lame: | Date of | Date of Cert Exp: | | | | |
|---------------------|--------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|--|--|--|
| | IBC Approved Trainings | | # of Hours | | | |
| raining Date | Title of Training | Ethics | Relevant Ed | | | |
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| \$: | nce Learning/Non-IBC Approved Trainings 15.00 CEU processing fee for each training | | # of Hours | | | |
| raining Date | Title of Training | Ethics | Relevant Ed | | | |
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| | urs distance/online learning allowed. Live virtual we ere not IBC approved the \$15.00 fee still applies. | binars are not considere | d distance learning, | | | |
| ttest: I am attesti | ng that all information above is correct and accurat | e | | | | |
| | | J. | | | | |
| | * * * (FOR OFFICE USE ONL | * Y) | | | | |
| otal # hours app | proved: | | | | | |
| SC Signature: | | Date: | | | | |