



Iowa Board of Certification

Form 12: COUNSELOR APPLICATION FOR RECERTIFICATION

I am a: CADC _____ IADC (formerly ACADC) _____ ACADC Non-Reciprocal _____

Name (as you want it typed on your certificate) _____
Other last names you have used _____

Certificate Number _____ Certificate Expiration _____

Highest Level of Education: H.S.____ Some College____ Associates____ Bachelors____
Masters____ Doctorate____ Major: _____

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? _____ **If so, on the back of this page indicate: what credential, when, where, for what reason, and the current status of that credential.**

PROFESSIONAL DEVELOPMENT DOCUMENTATION

Total number of professional development hours submitted, with copies of all certificates of completion attached, as recorded on Form 11 (must be min. of 40 hours):

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

FEES TO BE ENCLOSED

| | | |
|---|-----------------|-------|
| Recertification Fee: | \$200.00 | _____ |
| Late Fee (1-45 days late postmarked): | \$100.00 | _____ |
| CEU Approval Fee (if applicable) - \$15.00 per workshop (includes all distance learning & non-IBC approved courses) | | _____ |
| TOTAL ENCLOSED | | _____ |

APPLICANT SIGNATURE _____ DATE _____

SEND APPLICATION, CEU DOCUMENTATION AND REQUIRED FEE(S) TO:
Iowa Board of Certification, 225 NW School St., Ankeny, Iowa 50023