



Iowa Board of Certification

Form 12: COUNSELOR APPLICATION FOR RECERTIFICATION

I am a: CADC _____ ACADC _____

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

Certificate Number _____ Certificate Expiration _____

Highest Level of Education: _____ Major: _____

Home Address _____

City, State, Zip Code _____

Telephone Number (____) _____ 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>
6 clock hours Alcohol & Drug Specific/Special Populations	_____
3 clock hours Counseling Ethics	_____
Generic 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) - \$10.00 per workshop (includes all distance learning & non-IBSAC approved courses)		_____

TOTAL ENCLOSED _____

APPLICANT SIGNATURE _____ DATE _____

SEND APPLICATION, CEU DOCUMENTATION AND REQUIRED FEE(S) TO:
Iowa Board of Certification, 3850 Merle Hay Rd. – Suite 303, Des Moines, Iowa 50310