



Iowa Board of Certification

Form 12: ASSESSMENT SPECIALIST APPLICATION FOR RECERTIFICATION

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

Certificate Number _____ Certificate Expiration _____

Highest Level of Education: HS/GED__ 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-IBSC 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



Iowa Board
of Certification

Credit Card Payment Authorization

Check one: Visa MasterCard Other _____

Name _____

Card # _____

Billing _____
Address _____

Expiration Date _____

Security Code _____

IBC Fees: \$ _____

*Processing Fee: \$ 5.00

Amount to Charge \$ _____ (Total of IBC Fees and Processing Fee)

*Credit Card processing fee

Signature _____ Date _____

In case I owe more or less than the amount shown above, I give IBC permission to charge my credit card the total amount owed and understand that IBC will contact me via email or phone to confirm this amount.

Signature _____ Date _____

***Note:** Please carefully check the amount owed – every credit card charge will be assessed a \$5.00 fee, regardless of the amount of charge. Fees are clearly indicated for all services/products; you are welcome to call the IBC office at 515-965-5509 if you have questions regarding specific fees.