



# Iowa Board of Certification

## Form 12-CCDP/CCDP-D: 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: 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	_____
<b>Total Hours</b>	_____

### **FEES TO BE ENCLOSED**

Recertification Fee:	<b>\$200.00</b>	_____
Late Fee (1-45 days late postmarked):	<b>\$100.00</b>	_____
CEU Approval Fee (if applicable) - <b>\$15.00 per workshop</b> (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



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.