



Iowa Board of Certification

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Form 12-CGTC: APPLICATION FOR RECERTIFICATION

Name (as you want it typed on your certificate) _____

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

Approved Verification forms (Form 11) for at least 40 clock hours of Professional Development are submitted as follows:

<u>Category</u>	<u>Number of Hours</u>
40 clock hours of Professional Development	_____
<u>Including:</u>	
20 clock hours Gambling-Specific	_____
6 clock hours Special Populations	_____
3 clock hours Ethics	_____
Generic clock hours	_____

FEES TO BE ENCLOSED

Recertification Fee:	\$120.00	_____
Late Fee (31-90 days late postmarked):	\$100.00	_____
CEU Approval Fee (if applicable) - \$10.00 per workshop		_____
(including all distance learning & NAADAC coursework)		_____
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