



Iowa Board of Certification

Iowa Board of Certification

Form 12-CGTC: APPLICATION FOR RECERTIFICATION

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

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 _____ Email _____

Current Place of Employment _____

Address _____

City, State, Zip Code _____

Phone 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	_____
3 clock hours Ethics	_____
 TOTAL	 _____

FEES TO BE ENCLOSED

Recertification Fee:	\$200.00	_____
Late Fee (31-90 days late postmarked):	\$100.00	_____
CEU Approval Fee (if applicable) - \$15.00 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, 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.