# Iowa Board of Certification

## Form 11-PS: Verification of Prevention Specialist Professional Development

**(This form must accompany Form 12)**

**Directions:** Complete only one Form 11 for your recertification - you may make copies of this form if you need more space. You must cubmit a **COPY** of your certificate of completion for each training listed below - do not send your original certificate (training will not be accepted without this copy).

**Name** _____

**Date of Certificate Expiration** _____

**IBC-Approved Trainings**

| Date of Training | Title of Training | Ethics | Relevant Ed. |
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**Distance Learning & Non-IBC Approved Trainings (requires $15.00 CEU Processing Fee for each training)***

| Date of Training | Title of Training | Ethics | Relevant Ed. |
|---|---|---|---|
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* ALL distance learning must be accompanied by fee, including those approved by NAADAC and Iowa. Maximum of 20 hours distance learning allowed.

**Attest: I am submitting the required supportive documentation described above** _____

Signature

* * * * * * * * *

**(FOR OFFICE USE ONLY)**

Total # clock hours approved: _____

IBC Signature _____ Date _____

7/09