



**Form 12-PS: APPLICATION FOR RECERTIFICATION**

***I am a: CPS \_\_\_\_\_ CPS-Reciprocal \_\_\_\_\_***

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 (***minimum of 40 hours required***):

3 clock hours Ethics \_\_\_\_\_

Relevant Education clock hours \_\_\_\_\_

**Total Hours** \_\_\_\_\_

**FEES ENCLOSED**

Recertification Fee: **\$200.00** \_\_\_\_\_

Late Fee (1-45 days late postmarked): **\$100.00** \_\_\_\_\_

CEU Approval Fee (if applicable) - **\$15.00 per workshop** \_\_\_\_\_

(must be included for 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