



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 _____

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

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**):

6 clock hours Alcohol & Drug Specific/Special Populations _____
3 clock hours Ethics _____
Generic hours _____
Total Hours _____

FEES ENCLOSED

Recertification Fee: **\$200.00** _____
Late Fee (1-45 days late postmarked): **\$100.00** _____
CEU Approval Fee (if applicable) - **\$10.00 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
3850 Merle Hay Rd. – Suite 303, Des Moines, Iowa 50310