



**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



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.