Iowa Board of Certification

Form 11-AS: Verification of Assessment Specialist Professional Development

Note: You must submit a COPY of each certificate of completion listed below. Do not submit original certificates.

Name _____

Date of Certificate Expiration _____

IBC-Approved Trainings

Date of Training	Title of Training	Alcohol & Drug Spec.	Special Pops	Ethics	Generic

Distance Learning/non-IBC Approved Trainings (requires $10.00 CEU Processing Fee for each training)**

Date of Training	Title of Training	Alcohol & Drug Spec.	Special Pops	Ethics	Generic

** 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** _____