

Iowa Board of Certification

Form 11-PS: Verification of Prevention 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	Is this an in-service?

* See Prevention Specialist handbook for more details. **Maximum 10 hours allowed for approved in-service training.**

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	Other Categories*

** 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

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(FOR OFFICE USE ONLY)

Total # clock hours approved: _____

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IBC Signature _____

Date _____