



# Iowa Board of Certification

## CO-OCCURRING (CCDP) APPLICATION FOR RECERTIFICATION

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**Complete this form online, save it to your computer, and email it to IBC at [info@iowabc.org](mailto:info@iowabc.org). It may also be printed and mailed to the IBC office.**

Name (as you want it typed on your certificate) \_\_\_\_\_  
Other last names you have used \_\_\_\_\_

Certificate Number \_\_\_\_\_ Certificate Expiration \_\_\_\_\_ I am a CCDP \_\_\_ CCDP-D \_\_\_

Highest Level of Education: H.S. \_\_\_ 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? Yes \_\_\_ No \_\_\_ (If yes, 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, as recorded on page 2 (minimum of 40 hours):

	<u>Number of Hours</u>
3 clock hours Ethics	_____
Relevant Education clock hours	_____
<b>Total Hours</b>	_____

### FEE

Recertification Fee:	<b>\$200.00</b>	_____
Late Fee (if 1-45 days late postmarked):	<b>\$50.00</b>	_____
CEU Approval Fee (if applicable) - <b>\$15.00 per workshop for each distance learning &amp; non-IBC approved trainings</b>		_____
<b>TOTAL PAID</b> (cash ___ check/money order ___ Dwolla ___)		_____

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SEND BOTH PAGES OF THIS APPLICATION AND REQUIRED FEE(S) TO:**  
[info@iowabc.org](mailto:info@iowabc.org) or Iowa Board of Certification, 225 NW School St., Ankeny, Iowa 50023



# Iowa Board of Certification

## Verification of Co-Occurring (CCDP) Professional Development

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**Directions:** Complete this Form for your recertification - you may make copies of this form if you need more space. You do NOT need to submit a **COPY** of your certificate of completion trainings listed below, however **be sure to keep copies of your certificates in case your recertification is audited by IBC.**

Name \_\_\_\_\_

Date of Certificate Expiration \_\_\_\_\_

<b>IBC-Approved Trainings</b>		<b># of Hours</b>	
<b>Training Date</b>	<b>Title of Training</b>	<b>Ethics</b>	<b>Relevant Ed.</b>

### **Distance Learning & non-IBC Approved Trainings (\$15.00 CEU Processing Fee owed for each training)**

<b>Training Date</b>	<b>Title of Training</b>	<b>Ethics</b>	<b>Relevant Ed</b>

ALL distance learning must be accompanied by CEU processing fee, including those approved by NAADAC and Iowa. **Maximum of 20 hours distance learning allowed.**

**Attest:** I am attesting that all information above is correct and accurate \_\_\_\_\_

\*   \*   \*   \*   \*   \*   \*   \*   \*   \*

Signature

**(FOR OFFICE USE ONLY)**

Total # clock hours approved: \_\_\_\_\_

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IBC Signature \_\_\_\_\_

Date \_\_\_\_\_