



# Iowa Board of Certification

## REQUEST FOR INACTIVE STATUS CPS, ACPS

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

**Be sure you carefully review the eligibility requirements for requesting Inactive Status (in the Counselor Handbook which is found on the IBC website) as well as IBC's policy and procedure for reactivating once you return to the field.**

I am a: CPS \_\_\_ ACPS \_\_\_

Name (as shown on your certificate) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

**Note: It is essential that you provide an email address so you continue to receive notifications and updates from IBC**

Certificate Number \_\_\_\_\_

Certificate Expiration \_\_\_\_\_

### Reason for Requesting Inactive Status

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Date working in the Prevention Field \_\_\_\_\_

Approximate date for returning to the Prevention Field \_\_\_\_\_

### FEE

Inactive Fee (first year)	\$85.00
Inactive Fee (every year after first year)	\$60.00
Late Fee (if received 1-45 days late)	\$50.00

**TOTAL PAID** (cash \_\_\_ check/money order \_\_\_ Dwolla \_\_\_) \_\_\_\_\_

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

DATE \_\_\_\_\_