



# Iowa Board of Certification

## TREATMENT ASSISTANT (CTA) APPLICATION FOR RECERTIFICATION

(Page 1 of 2)

**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 \_\_\_\_\_

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 15 hours):

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

### **FEE**

Recertification Fee:	<b>\$ 50.00</b>	_____
Late Fee (if 1-45 days late postmarked):	<b>\$ 10.00</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

