



# Iowa Board of Certification

## PEER RECOVERY SPECIALIST (PRS) 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 \_\_\_

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

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

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

Note: IBC will occasionally send text messages with relevant news. Check here if you do not wish to receive text messages from IBC: \_\_\_\_\_. You may also text EZTJJ83742 to 797979 to opt in for texting.

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 20 hours):

Number of Hours

6 clock hours Ethics \_\_\_\_\_

Relevant Education clock hours \_\_\_\_\_

**Total Hours** \_\_\_\_\_

### **FEE**

Recertification Fee: **\$ 50.00** \_\_\_\_\_

Late Fee (if 1-45 days late postmarked): **\$ 10.00** \_\_\_\_\_

CEU Approval Fee (if applicable) - **\$15.00 per workshop for each distance learning & non-IBC approved trainings** \_\_\_\_\_

**TOTAL PAID** (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 Peer Recovery Specialist (PRS) Professional Development

(Page 2 of 2)

**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>

Note: If a training is approved by IBC, you will find it on the IBC website and the certificate will clearly indicate IBC approval.

### **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 10 hours distance learning allowed.

Attestation: I attest that all information above is correct and accurate \_\_\_\_\_

Signature  
\* \* \* \* \*

**(FOR OFFICE USE ONLY)**

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

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