



IAAP Central Office
3125 Dandy Trail, Suite 110
Indianapolis, IN 46214
PH: 317-481-9255
www.iaapin.org

IAAP Certified Clinical Supervisor Renewal 2016

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____ Certification Number: _____

Follow these steps to renew:

Sign below (as agreement to IAAP recertification requirements)

Submit the renewal fee to IAAP Central Office by July 1st

Two year certification renewal (<i>members</i>)	\$80
Two year certification renewal (<i>non-members</i>)	\$215

REMEMBER to maintain YOUR proof of the following completed course requirements:

Completion of minimum of 12 hours of Supervision training.

I affirm that I have completed the requirements for IAAP CCS recertification, and I will continue to adhere to the IAAP Code of Ethics in all professional situations and circumstances.

Signature

Please mail completed renewal form and check (Payable to IAAP) to:

IAAP
3125 Dandy Trail, Suite 110
Indianapolis, IN 46214

Questions?
Call Stephanie at 317-481-9255