



IAAP Central Office
PO Box 24167
Indianapolis, IN 46224
PH: 317-481-9255
www.iaapin.org

IAAP Certified Clinical Supervisor Renewal

Name: _____

Address: _____

City, State, Zip: _____

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 April 1st
 - Two year certification renewal (*members*) \$80
 - Two year certification renewal (*non-members*) \$215

REMEMBER to submit proof of the following completed course requirement:

- 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 form and check to:

IAAP
PO Box 24167
Indianapolis, IN 46224

Questions?
Call Casey at 317-481-9255