

ILLINOIS CERTIFICATION BOARD

d/b/a Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc.

PETITION FOR CONTINUING EDUCATION UNITS (CEUs)

Check if new address _____ You may photocopy this form.

Name _____
First MI Last

Credential Number _____

Address _____

Credential Level _____

City State Zip Code

Birth Date _____

CEU Category Requested:

Please identify credential (and/or endorsement) and the CEU categories (if applicable) being requested below.

Credential Type _____

Categories Needed _____

If requesting CEUs for more than one credential, please utilize the section below. If not, please proceed to Name of Training Program section.

Credential Type _____

Categories Needed _____

Credential Type _____

Categories Needed _____

Name of Training Program _____

Number of CEUs Requested _____ Date of Training Program _____

Brief Summary of Training Program Content and Goals:

Rationale: Why should this training program be recognized by ICB?

Attach documentation of program description, schedule, (may attach brochure)

Attach documentation of attendance (certificate, letter of verification, roster or sign in sheet) if applying for CEUs after attending the training program.

Signature _____

Date _____

One training program per petition. Petitions must be submitted at least 90 days prior to your certification expiration date, or with a completed recertification packet. Petitions received at least 90 days before the expiration date will be reviewed within 30 days of receipt and, you will be sent a letter regarding the results of the review.

Petition Fee \$10.00 - please send payment, with petition, in the form of a check, money order, or credit card. Make checks payable to ICB, Inc. The petition fee is non-refundable. **Mail petition and payment to:** ICB, Inc.

401 E Sangamon Ave
Springfield, IL 62702

Please note, a 3.75% service charge will be added to all credit/debit card transactions.

Amount to be charged _____

Credit Card Number _____ - _____ - _____ - _____ Expiration Date _____
(VISA or MasterCard only)

(Three-digit code listed near the signature line on the back of the credit card) Security Code: _____

Name on Card _____ Telephone Number () _____ - _____

Billing Address _____

City _____ State _____ Zip Code _____