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| Florida Infant Toddler Developmental Specialist  Certification Renewal |  |

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| PROVIDER INFORMATION | |
| Full Name: | First Middle Last |
| Home Address: | Street /Apt. # City State ZIP |
| Home Phone number: |  |
| Work Phone number: |  |
| E-mail Address: |  |
| Individual NPI# (or SS#) |  |
| Local Early Steps enrollment - provide LES name(s): |  |
| Date of Initial Certification or Approval |  |
| Certification Renewal Due Date: |  |
| Date of Renewal: |  |

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| Continuing education credits or in-service hours | | |
| *By checking the boxes below, I acknowledge that I understand the following requirements:* | | |
|  | ITDS Certification must be renewed every three years from the date of the last certification | |
|  | Twenty-four hours of continuing education credits **AND/OR** in-service hours must be documented every three years in order to renew certification. | |
| SIGNATURES | | |
| Signature of Applicant | | Date |
| Signature of Early Steps Director | | Date |